



**RENEWAL FORM**

**\*\*\*PLEASE COMPLETE, SIGN AND MAIL WITH YOUR PAYMENT\*\*\*  
OR**

**SCAN AND E-MAIL TO PIE STAFF AND THEN MAKE PAYMENT ONLINE**

**Please note any changes in Mailing Address, Telephone including Cell, e-mail address**

Dentist Name _____	Policy Number: _____	Class: _____
Practice Name _____	Office Telephone: (____) _____	
Address _____	Personal Cell Phone: (____) _____	
	current e-mail address: _____	

- General Practice \_\_\_\_\_ or Specialty (please specify) \_\_\_\_\_
- Do your hygienists give local anesthetics? (Y or N) \_\_\_\_\_ If so, do they have their own coverage? \_\_\_\_\_. If not, **you must carry PIE's H-Rider.**
- Check if you do any of the following procedures AND fill out included color **Anesthesia Flow Chart:**  
 Nitrous Oxide Analgesia.  
 In-office IV sedation provided by other professional  
 IV. or General Anesthesia provided in hospital/other setting.  
 In-office IV/IM sedation provided by you personally.  
 Oral/enteral conscious sedation w/ N<sub>2</sub>O, plus one sedative enteral drug  
 Oral/enteral conscious sedation w/ N<sub>2</sub>O, plus more than one sedative enteral drug
- Are you currently CPR Certified? \_\_\_\_\_ Up to date on required CE Hours? \_\_\_\_\_
- Are you routinely using detailed Informed Consent forms designed for specific procedures? \_\_\_\_\_ If not, why not? \_\_\_\_\_
- Note any claims filed or any threats of claims against you during the last year that have not been reported to PIE previously \_\_\_\_\_
- List any serious or life-threatening incidents in your practice during the past year: \_\_\_\_\_
- List any change in practice status; ie you have entered into any partnership/corporate situation or associateship \_\_\_\_\_
- PLEASE ENCLOSE A COPY OF YOUR UPDATED DENTAL LICENSE  
Your policy will be automatically terminated if payment and this renewal form are not received within thirty days of the due date. For delinquent accounts after this time a \$100.00 re-instatement fee may be assessed.

10. Do you work in the same office with any dentist, or bring in a contracted dentist, partner, or associate who is **not** PIE insured? Yes\_\_\_No\_\_\_ If yes, please attach a copy of your **indemnification contract** – **without having this kind of contract in place, you could be named in a lawsuit, and PIE would be forced to charge you up to \$10,000.00 in surcharge fees. Please contact us and we can help facilitate this process and provide you samples of our latest contract language.**

11. Do you ever place or restore **Full-arch Implant supported Prosthodontics?** (Overdentures excluded)  
Yes\_\_\_No\_\_\_

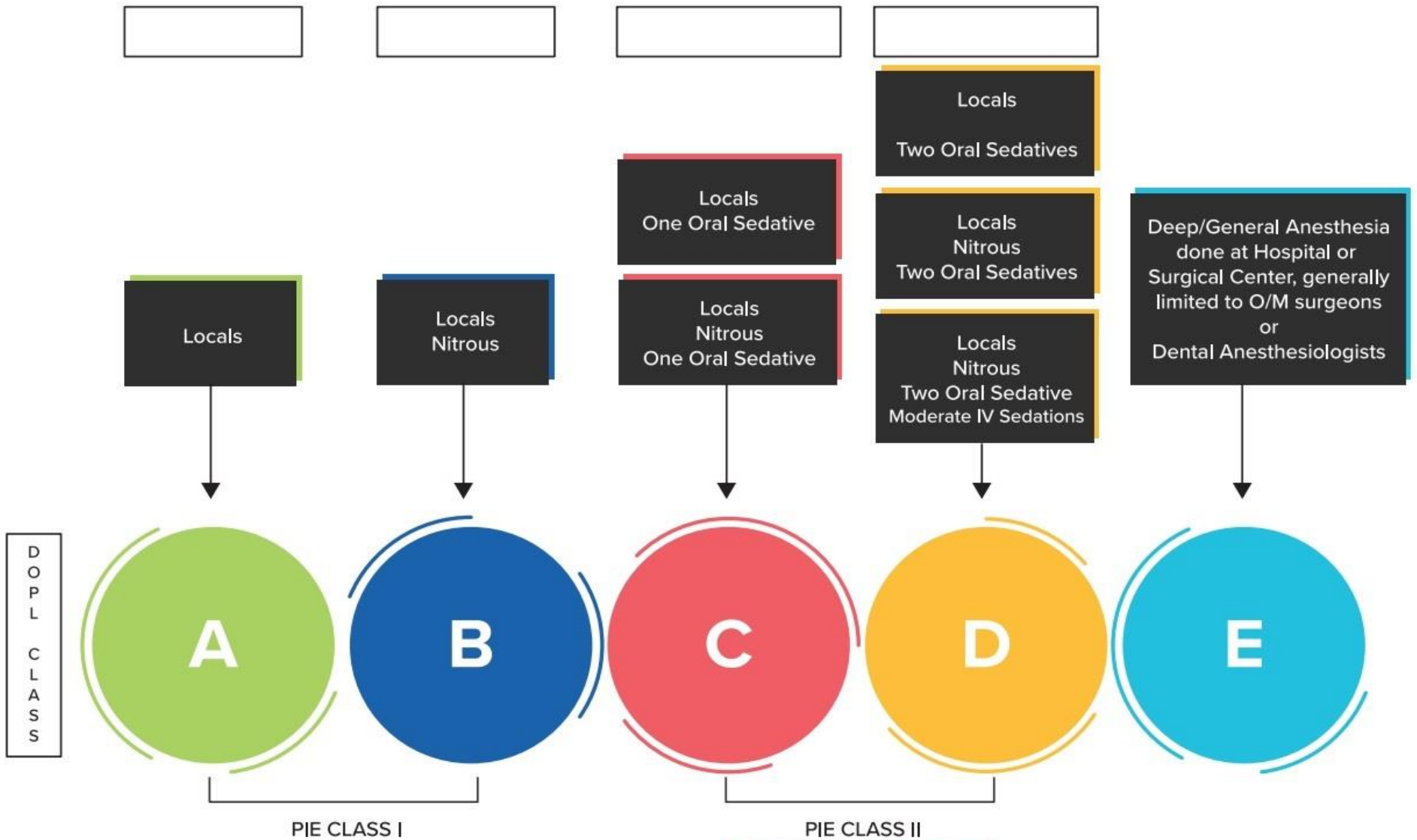
**If Yes, all dentists (specialists excluded) must purchase our **FIP Rider (\$1000)**, and show evidence of taking at least 12 hours CE on the topic of FIPs to be covered for these cases. An alternative to providing proof of CE, members may send a narrative of experience, with supporting x-rays of two successful cases completed.**

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS OR UNLAWFUL ACTS WILL RENDER MY COVERAGE NULL AND VOID. I HEREBY AGREE TO NOTIFY PIE OF ANY CHANGES TO THE ABOVE STATEMENTS WITHIN 30 DAYS. I AUTHORIZE PIE TO RELEASE PERSONALLY IDENTIFIABLE FINANCIAL INFORMATION AS APPLICABLE TO AFFILIATES AND NON-AFFILIATES DISCLOSED ON THE PIE PRIVACY STATEMENT FOR PURPOSES OF REINSURANCE PREMIUM CALCULATION, ETC.

Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Dentists, please initial in the blank square indicating the deepest level of anesthesia YOU (not an anesthesiologist) will administer this year. See that your DOPL license matches flow chart, if not, please update your license with DOPL before renewal.



Locals = Local Anesthetics. Example: Lidocaine

Nitrous = Nitrous Oxide nasal hood

Oral Sedative Drug = A prescribed oral sedative which is active at time of treatment. Examples: Triazolam, benzodiazepenes, Demerol

Moderate I.V. Sedation = Propofol NOT included, but all other sedative drugs used to achieve moderate sedation

Deep/General Anesthesia = extensive anesthesia training during Oral Surgery, Medical, or Dental anesthesia residencies - not performed in a dental office

\* Dentists who use a 3rd party to perform in-office sedation must carry PIE class II coverage.