MIEC

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COSMETIC PROCEDURES QUESTIONNAIRE

Name:_____ Policy Number:_____ Or New Applicant ☐

1. Residency completed? ☐ Yes ☐ No

   Specialty:_____ From (date):_____ To (date):_____

2. Board certified? (Other than American Academy of Cosmetic Surgery) ☐ Yes ☐ No

   Name of Board:_____ Date:_____

3. Please check the procedures you are performing and provide the estimated number you perform yearly:

A. Cosmetic Surgery	# Per Year		# Per Year
☐ Abdominoplasty	_____	☐ Facelift	_____
☐ Blepharoplasty	_____	☐ Implant	_____
☐ Breast augmentation	_____	Type:_____	
Type:_____		☐ Other _____	_____

B. Fat Removal Procedures	# Per Year		# Per Year
☐ Liposuction – Abdomen, buttocks, hips, thighs	_____	☐ Liposuction – Head and neck	_____
☐ Liposuction – Arms	_____	☐ Mesotherapy (aka lipo-dissolve; lipo-therapy)	_____
☐ Liposuction – Full body	_____	☐ Other _____	_____
☐ Liposuction – Eye area	_____		

C. Other Cosmetic Procedures	# Per Year		# Per Year
☐ Botox (Include evidence of CME Facial anatomy course)	_____	☐ Hair transplant	_____
☐ Fat Transplantation	_____	☐ Injection sclerotherapy	_____
☐ Collagen (or other) injection	_____	☐ Laser removal of tattoos	_____
☐ Photofacial	_____	☐ Laser hair removal	_____
☐ Soft tissue augmentation (Gore-Tex, etc.)	_____	☐ Laser surgery of vascular lesions (Provide evidence of proctored treatment sessions of 5-10 patients,depending on type of laser)	_____
		☐ Other _____	_____

D. Skin Resurfacing Procedures

	# Per Year		# Per Year
☐ Laser skin resurfacing	_____	☐ TCA (35% concentration or less, etc.)	_____
☐ Dermabrasion	_____	☐ TCA 50% peels	_____
☐ Microdermabrasion	_____	☐ TCA peels (Augmented with CO2, AHA, Methyl-salicylate, factors 272 or Jessner's Solution)	_____
☐ Superficial chemical peels	_____		
Solution(s) used:_____		☐ Other_____	_____
☐ Phenol Peel	_____		

If you indicated that you are performing phenol chemical peels or dermabrasion and you have not completed a fellowship in procedural dermatology (dermatologic surgery) approved by the Accreditation Council for Graduate Medical Education (ACGME), please provide proof of your training for each procedure.

For non-FDA approved procedures or off-label uses, please supply copies of supporting studies that demonstrate efficacy and safety.

4. Do you have a website? ☐ Yes ☐ No

   If yes, please provide your website address:_____

5. Do you utilize any non-physician healthcare providers, such as but not limited to medical assistants, nurses, aestheticians, etc., for the performance of any cosmetic procedure noted on this application? ☐ Yes ☐ No

   If yes, please provide an explanation and indicate whether the individual(s) are employees or independent contractors. Also indicate if these individuals are physically located at your office and under your immediate supervision at all times or whether they are operating independently at a location other than an office where you are not physically present at all times. Provide proof of training for the non-physician healthcare provider(s).

6. For each cosmetic procedure you perform, please provide the following information:

   - Evidence of training in the procedure - include any certificates of courses completed.
   - Patient selection protocol.
   - Informed consent document

7. Where do you perform the procedures you have noted?

   ☐ Non-surgical office setting

   ☐ Surgical suite within office

   ☐ Outpatient surgical facility Name of Facility_____

   ☐ Hospital Name of Facility_____

   ☐ Other_____

7a. For any of the above, are patients kept overnight? ☐ Yes ☐ No

7b. For any of the facilities noted in question 7, please indicate any facility accreditation and licensure that apply.

8. Do you use conscious sedation or general anesthesia in your office practice? ☐ Yes ☐ No

   - If yes, who administers the anesthesia and who monitors and recovers the patient?
   - If yes, is training|CME obtained annually or biannually in anesthesia administration?

9. If you perform procedures in your own office or free standing facility:

   - Are you on staff at a hospital where the patient can be admitted for an overnight stay or in the case of an emergency? ☐ Yes ☐ No
   - Do you have emergency and transfer protocols in writing? ☐ Yes ☐ No
   - Are you and your staff ACLS certified? ☐ Yes ☐ No
   - What resuscitative equipment do you have and maintain?

10. Do you advertise the performance of these cosmetic procedures noted in any manner other than a yellow pages listing? ☐ Yes ☐ No

    If yes, attach a sample of your display ad(s) and all other media advertisements.

Please be advised that no cosmetic procedure coverage will be provided until your request has been reviewed and approved by MIEC's physician consultant.

_____ _____

SIGNATURE OF APPLICANT DATE

I certify that all statements in this application are true, material, and complete.

_____

NAME