

Specialty Supplemental Application – Orthopedics

IMPORTANT NOTICE

This is a SUPPLEMENT to an MIEC application. This document alone is insufficient to apply for and be approved for coverage with MIEC. Be sure to submit this along with your complete signed and dated MIEC application.

APPLICANT

Entity or Last name, first name

ORTHOPEDICS

ANSWERS A-D

A. Do you specialize in any of the following?

- Hand
- Foot
- Sports Medicine
- Spine
- Trauma

B. Check all procedures/categories that you perform or apply to your practice:

- Fracture reductions Open? Closed?
- Spine surgery
- Hand surgery (check here if you **ONLY** do this)
- Total Hip/Knee replacement
- Carpal tunnel surgery
- Arthroplasty surgery
- Arthroscopy
- Biopsy of skin
- Reconstructive surgery
- Skin repair
- Amputation
- Bone graft
- Elbow surgery
- Pain management **If yes, please complete the pain management supplement**
- Orthobiologic and Regenerative Medicine Treatments
 - Platelet-rich plasma (PRP) injections
 - Bone marrow aspirate injections
 - Adipose tissue injections
 - Cell therapies
 - Cryotherapy

C. Do you provide any of the following **IN** your office **AND** as a part of your practice?

- Physical/occupational therapy Yes No
- Imaging services Yes No
- Physicals for workers compensation or IME's Yes No
- Acupuncture Yes No
- Chiropractic services Yes No

D. Describe your practice setting for surgery and percentage of practice in each

- Hospital _____%
- Surgery Center _____%
- Other (please describe): _____ %

- E. What percent of your patients are under 18 years of age? _____ %
- F. In the last three years, have you treated any professional or college athletes? Yes No
- G. Are you a team physician for any athletic team at a level higher than high school? Yes No
 - 1. If yes, for which team? _____
 - 2. Are those services to be covered by the MIEC policy? Yes No
- H. For patients referred to you, do you have a documented plan for follow up with these patients? Yes No

SIGNATURE

SIGNATURE

Signature

Date