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Specialty Supplemental Application — Surgery

IMPORTANT NOTICE
This is a SUPPPLMENT 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

GENERAL SURGERY — ANSWERS A-F

A. Do you specialize in any of the following?

- ☐ General Surgery
- ☐ Vascular Surgery
- ☐ Thoracic Surgery
- ☐ Cardiothoracic surgery
- ☐ Trauma surgery
- ☐ Colon & Rectal surgery
- ☐ Bariatric Surgery

B. Please indicate which of the following procedures are performed in your practice:

- ☐ Reconstructive Surgery
- ☐ Appendectomy
- ☐ Bariatric Surgery (**if yes,** please also answer the questions in the bariatric section)
- ☐ Bypass surgery
- ☐ Wound repair
- ☐ Hysterectomy
- ☐ Hernia Repair
- ☐ Mastectomy – partial, radial, total
- ☐ Abortion/pregnancy termination
- ☐ Prostatectomy
- ☐ Tonsillectomy
- ☐ Open fracture reductions
- ☐ Endocrine Surgery
- ☐ Gall bladder removal
- ☐ Exploratory laparotomy
- ☐ Gender reassignment surgery
- ☐ Vein treatment (spider/varicose)
- ☐ Sclerotherapy

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

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

D. Do you take call on unassigned patients? ☐Yes ☐No **If yes**, Who does the follow up on these patients?_____

E. Do you perform Robotic surgeries? ☐Yes ☐No **If yes,** what kind of surgeries? _____
If yes, what percent of overall surgeries? _____%

F. Do you do work in a burn unit? ☐Yes ☐No **If yes,** what level trauma center is it? ☐1 ☐2 ☐3

BARIATRIC SURGERY — ANSWERS G-H

G. Please indicate which of the following procedures are performed in your practice:

- ☐ Lap banding
- ☐ Roux – en – Y gastric bypass
- ☐ Sleeve gastrectomy
- ☐ Biliopancreatic diversion with duodenal switch

H. Do you work in conjunction with any of these professionals?

- ☐ Dietician
- ☐ Nutritionist
- ☐ Psychiatrist/Psychologist
- ☐ Athletic trainer

SIGNATURE

SIGNATURE

Signature _____ Date _____