



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

ANESTHESIOLOGY SUPPLEMENT

1. Do you employ, assist or supervise registered nurse anesthetists (RNAs) or certified

registered nurse anesthetists (CRNAs)?

Yes No

If yes, complete the following:

a. RNAs: Number You Employ: _____ Number You Supervise: _____

b. CRNAs: Number You Employ: _____ Number You Supervise: _____

c. Ratio of anesthesiologists to nurses: Doctors: _____ Nurses: _____

d. Are you present during induction?

Yes No

If yes, _____% If No, explain: _____

e. Are you present during emergence?

Yes No

If no, explain: _____

f. Do the CRNAs or RNAs carry their own professional liability insurance?

Yes No

If yes, what limits? _____

g. Do you ever simultaneously bill for "one on one" anesthesia services while you are supervising CRNAs?

Yes No

h. Do you ever use a nurse without a CRNA or RNA designation as your replacement in the operating room?

Yes No

If yes, explain: _____

2. Do you employ, supervise, or are you in any way responsible for nurse anesthetists

who work outside the hospital arena?

Yes No

a. Surgicenter?

Yes No

b. Dentist or oral surgeon's office?

Yes No

c. Doctor's office or clinic?

Yes No

d. Abortion center?

Yes No

If you answered "yes to any of the above (question 2), describe your involvement and

whether you are always physically on the premises during the administration of the anesthesia: _____

3. Do you perform itinerant anesthesia? Yes No

If yes, who is responsible for the patients when you leave the premises?

4. Do you practice chronic pain management medicine? Yes No

If "yes", please complete pain management supplement.

5. Do you (or your partner) always perform pre-operative evaluation of surgical or obstetric patients (except in emergencies)? Yes No

6. Do you ever rely on anyone other than equally credentialed D.O. or M.D. anesthesiologists for back up when you are not on call? Yes No

7. Do you provide anesthesia services for obstetrics for physicians other than ACOG board certified physicians such as family practitioners or midwives? Yes No

8. Do you provide anesthesia services for bariatric surgical procedures? Yes No

9. Please specify any procedures not listed above or not generally considered part of your specialty for which you would like to be insured: _____

Physician's Signature

Date

It is important that you keep us informed of any changes in your practice so that we can provide you with adequate coverage.

