

Procedure/Surgery/Service	Non-FTCA	FTCA
Minor Procedures and Surgeries:	-----	-----
Biopsy of lesions on the skin and of the mucous membranes		
Biopsy excision of lymph nodes within the subcutaneous tissue		
NORPLANT insertion or removal		
Surgical treatment of cysts, abscesses and traumatic wounds		
Intermediate Procedures and Surgeries:	-----	-----
Carpal tunnel release		
Catheterization – right heart		
Circumcision		
Dilation and curettage of the uterus (other than for the termination of a pregnancy)		
Herniorrhaphy (inguinal or femoral only)		
Hemorrhoidectomy and other procedures limited to the anal ring		
Hysteroscopy		
Injection treatment of varicose veins		
Lithotripsy		
Myringotomy		
Orthopedic operations of the interphalangeal joints		
Tonsillectomy and adenoidectomy		
Transurethral procedures on the kidney, ureter, bladder or urethra		
Vasectomy and other procedures involving cutting of the scrotal sac		
Other intermediate procedures and surgeries (specify): _____ _____ _____ _____		

Procedure/Surgery/Service	Non-FTCA	FTCA
Major Surgery:	-----	-----
Amputations		
Angiography		
Angioplasty		
Catheterization – left heart and noncoronary		
Fracture repair – plating, pinning or open reduction		
Mastectomy		
Reconstructive vascular surgery, thromboembolectomy and thrombectomy of the arteries and veins and arterial-venous fistula creation/revision		
Neurological surgery		
Ophthalmic surgery		
Operations within the middle inner ear		
Orthopedic surgery (other than orthopedic operations on the interphalangeal joints)		
Plastic (cosmetic or reconstructive) surgery		
Prostatectomy		
Submucous nasal resection and other sinus surgery		
Stenting – coronary and noncoronary		
Thyroidectomy		
Any surgical procedure on malignant lesions (other than for diagnostic purposes)		
Any cutting into or on the kidney, urethra or bladder		
Any surgical procedure involving cutting into or within the abdominal cavity, cranial cavity, orbital cavity, spine or facial sinuses (not already identified in the major surgery section)		
Other major surgery (specify): _____ _____ _____ _____		

Service	Non-FTCA	FTCA
Adult Day Care Services (average number enrolled)		
Child Day Care Services (average number enrolled)		
Halfway House (average number of occupied beds)		
Long Term Inpatient Mental Health (average number of occupied beds)		
Nursing Home (average number of occupied beds)		
Residential Treatment Center (average number of occupied beds)		
Aerobics (square feet of dedicated space)		
Other services (specify): _____ _____		

REMARKS

Beneath "Question Number," please indicate the question number and, if applicable, the letter (for example, 2 or 3b):

Page Number	Section	Remarks
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Please provide any additional information material to the risk that has not otherwise been addressed in this form:

REPRESENTATIONS AND WARRANTIES

NOTE: "Warrant" in the following statement is not applicable to Arizona or New Mexico clinics/organizations. By statute, Arizona or New Mexico clinics/organizations are only required to represent the truth of their statements and information.

I represent and warrant the truth of my statements and information mentioned herein, and that I have not withheld any information that may be relevant to my clinic's/organization's or the applicable health care provider's coverage. I agree to notify NORCAL Mutual Insurance Company immediately if the practice changes in any way and of any change in the information contained in this form.

Signature of Clinic's/Organization's Authorized Representative

Date

Print Name