



CLASS CHANGE FORM

In order to properly classify your practice, please answer yes or no as to whether you perform or desire to perform the following procedures.

PLEASE COMPLETE

	Yes	No		Yes	No		Yes	No		Yes	No
Adult Circumcisions			*Cholecystectomies			*Forceps			Peripheral Nerve Block Anesthesia		
*A & P Repair			*Chemotherapy			Fulguration of Growths			*Peritoneal Dialysis		
Appendectomies			Circumcision of Newborn			Gastroscopy			*Repair of Extensor Tendon		
Aspiration of Cyst of Breast			Conjunctivitis			Hernioplasties			Repair of Laceration Not Involving Nerve or Tendon		
*Aspiration of Hydrocele			Closed Reduction of Fractures			Hemorrhoidectomies			*Salpingectomy		
Assisting in any Surgical Procedure			*C Sections			*Hydrocelectomy			*Scalene Node Biopsy		
*Amniocentesis			*Culdocentesis			*Hysterectomy Vaginal Abdominal			*Simple Mastectomies		
Anal Fissure			*D & C			Incision of Boils			*Spinal Anesthesia		
*Anal Fistulectomies			Diagnostic Catheterization			Injection of Bursa			Splinting or Casting of Non-Displaced Fractures		
*Any Operative Orthopedics			Digital Block Anesthesia			Insertion of IUD			Superficial Abscess Incision		
Biopsy of Penile Lesions			Duodenoscopy			*I.V. Anesthesia			Suturing of Skin and Superficial Fascia		
Breast Biopsies			Elective Cardioversion			*Laparoscopy			*T & A		
*Breech Delivery			Endometrial Biopsy			Local Anesthesia			Treating critically ill infants and children		
Bronchoscopy			Endoscopy with Polypectomy			*Myringotomies			Treatment of Ectopic Pregnancy		
Cervical Biopsy			Esophagoscopy			Nasal Polypectomy			*Treatment of Torsion of the Testicle		
Cervical Cautery			*Exchange Transfusion			*Neonatology			*Therapeutic Abortion after 12 weeks		
			Excisional Punch or Needle Biopsy			*Normal Delivery			*Therapeutic Abortion prior to 12 weeks		
			Eye Infection other than Conjunctivitis			*Obstetrical Anesthesia			Tonometry		
			Foreign Body Removal from Eye			Office Gynecology other than Pap Smears & Vaginal Exams			*Tubal Ligation		
						*Oophorectomy			*Umbilical Catheterization and Monitoring		
						*Orchidectomy			*Vasectomy		
						Pap Smear & Vaginal Exam			*Vein Stripping		

Policy Number

Signature

***IMPORTANT:** Please submit documentation of special training if you have indicated yes to any of the procedures marked with an asterick above.