

PAIN MANAGEMENT SUPPLEMENT

1. Full Name of Applicant:

Type of Procedure

Number of Procedures

CATEGORY A

Last Year Current Year Estimated Next Year

Acupuncture

Botox Injections

CATEGORY B

Facet Joint Blocks

Lesioning (Radio Frequency)

Peripheral Nerve Block

Radiofrequency Nerve Ablation

Selective Nerve Root Block

Sympathetic Blocks

Trigger Point Injections

CATEGORY C

Percutaneous Discectomy

Percutaneous Endoscopy Nerve Root Decompression

Dorsal Column Stimulator Implants/Reprogramming

Epidural or Spinal Catheters

Intradiscal Electrothermal Therapy

Peripheral Nerve Stimulation - Percutaneous

Spinal Manipulation Under General Anesthesia

Kyphoplasty

Vertebroplasty

CATEGORY D

Peripheral Nerve Stimulation - Open

Spinal Infusion Implants/Pumps

Discectomy - Open

TOTALS:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of
Applicant or Authorized
Representative:

Title:

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or
Authorized Representative

Current Date:

Title

Type or print your name & title

Type or print your phone number

Type or print your e-mail address