

**INDEPENDENT NEVADA DOCTORS INSURANCE EXCHANGE
Physicians & Surgeons Professional Liability Application
WEIGHT MANAGEMENT ADDENDUM**

ATTACH TO APPLICATION

1. What is your current medical specialty? _____
2. Describe your training related to the performance of weight management:
3. What percentage of your practice is devoted to weight management? _____%
4. Describe your criteria for determining a patient is a candidate for weight management:
5. Please describe what type of weight management programs you utilize:
6. Do you perform surgery for weight management? Yes No If yes, please describe:
7. Do you prescribe drugs for weight management? Yes No If yes, please list:
8. Do you advertise in any form of media including the internet? Yes No If yes, please list and provide copies:
9. Do you utilize an informed consent and/or patient contract outlining the risks and complications of weight management? Yes No If yes, please provide a copy. If no, please explain.

I hereby warrant that the information contained in this application is accurate and complete to the best of my knowledge. I understand that this application shall be considered a part of the terms and conditions of my insurance policy with the Independent Nevada Doctors Insurance Exchange if a policy is issued.

Signature of Applicant

Date of Signature