Positive Physicians Insurance Company
NAME OF INDIVIDUAL OR GROUP APPLICANT(S): _____

**MULTI-SPECIALTY HEALTHCARE PROFESSIONAL**

# PAIN MANAGEMENT SUPPLEMENTAL APPLICATION

**A. What percentage of practice is devoted to pain management?** _____%

**B. What type of pain is being treated at the facility?**
- □ Back Pain
- □ Cancer Pain
- □ Complex Regional Pain Syndrome (CRPS)
- □ Head & Neck Pain
- □ Musculoskeletal Chronic Pain
- □ Neuropathic Chronic Pain (Diabetic, Shingles, Painful Scars, MS etc.)
- □ Visceral Pain

**C. What percentage of the total pain management procedures, techniques or therapies performed at the facility includes the following: (Total must equal 100%)**
__% Drug Therapies __% Non-Invasive Techniques/Therapies __% Invasive Techniques

**D. What percentage of pain management procedures you are performing include the following: (Optional for Group Applicant - Total must equal 100%)**
__% Drug Therapies __% Non-Invasive Techniques/Therapies __% Invasive Techniques

**E. If applicable, what type of drug therapies are being prescribed by any of the applicants?**
- □ Anticonvulsants (Anti-Seizure) Medications
- □ Antidepressants
- □ Muscle Relaxants
- □ Nonsteroidal Anti-inflammatory Drugs and Acetaminophen (NSAIDs)
- □ Opiads
- □ None of the above

**F. Please check all procedures being performed by any of the applicants:**

- □ Botox Injections
- □ Bursa Injections
- □ Celiac Plexus Block
- □ Epidural Injections
- □ Facet Joint Injections
- □ Intervertebral Procedures
- □ Intravenous Medication Diagnostic Infusion
- □ Joint Injections
- □ Lumbar Sympathetic Block
- □ Neuromodulation
- □ Peripheral Nerve Blocks
- □ Pulsed Radiofrequency Interventions
- □ Radiofrequency Ablation/Neurolysis/Denervation
- □ Selective Nerve Root Injections
- □ Stellate Ganglion Block
- □ Sympathetic Nerve Blocks
- □ Sympathetic Nerve Neurolysis/Ablation
- □ Trigger Point Injections
- □ Vertebral Interventions for Compression Fractures
- □ Intravenous Ketamine Infusion

**G. Is a licensed and board certified supervising physician in pain management located on the premises at all times**? □ Yes □ No

**H. Have any of the applicants completed any additional training in pain management?** □ Yes □ No
If Yes, please explain: _____

_____

I. Do you prescribe opiates/narcotics?
If yes,
1. What percentage of your patients receive opiate/narcotic prescriptions? _____%
2. Estimate the number of prescriptions you write annually for the following:
   _____ Class II
   _____ Class III (excluding Suboxone)
   _____ Methadone
   _____ Suboxone (including generic forms)


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