

Plastic/Cosmetic and Medical Aesthetics Procedures Supplemental Application

This supplemental application is part of the application process, including a renewal application submitted by or on behalf of the applicant. This document alone is insufficient to apply for and be approved for coverage with Conventus.

Section I – General Information. Please print legibly. If a question is not applicable, state “N/A.”

First Name	Middle Name/Initial	Last Name	Suffix	Credentials (MD/DO)
Practice Name			Conventus Members Policy #	

Section II – Training & Staffing

	Yes	No
Are you performing Cosmetic/Plastic or MedSpa procedures in conjunction with a medical practice?		
If yes, indicate what specialty?		
Are you operating as a MedSpa (or Medi Spa) Only?		
If yes, does the facility meet the regulatory requirements for corporate ownership and corporate practice of medicine for NJ? (NJAC 13:35-6.16)		
How long have you been performing Cosmetic/Plastic, Medical Grade Aesthetic or MedSpa procedures?		
Please indicate the training you have taken for the procedures you offer and when: <i>(Please attach copies of any training certificates)</i>		
Have you started or discontinued any cosmetic procedures within the last 24 months?		
If Yes, please describe:		
Please indicate any additional training you have taken within the last 24 months:		

Staff Breakdown:

Credentials	# of Full Time	# of Part Time	# Independent Contractors
Physicians			
Licensed Nurses (RN/LPN/LVN)			
Physicians Assistants			
Nurse Practitioners			
Aestheticians/Estheticians			
Medical Assistants			
Technicians			
Other:			

Staff Training:

Yes	No	
		For all non-physician providers and other staff members performing any services/procedures (cosmetic, plastic etc.) do you have formal written agreements or protocols in place (e.g., NPs joint protocol; PA delegation agreement etc~)?
		If No, please explain:
		Please indicate the extent of formal training your staff has had for any procedures they are performing: <i>(Please attach copies of any training certificates)</i>

~ NJAC 13:35-6.6; NJAC 13:25-2B.10

Section III – Types of Services/Procedures

Please indicate all services/procedures performed, who is performing the procedures and the total number of procedures performed annually.

Procedures	MD/DO	# Perform Annually	RN/ LPN	PA/ NP	Medical Assistant	Aesthetician/ Esthetician	Technician	# Perform Annually
Anti-aging or Integrative Medicine (Please explain):								
Autologous Fat Injection (Facial Fat Grafting)								
Bioidentical Hormone Replacement Therapy (BHRT)								
Blepharoplasty (cosmetic)								
Body Contouring/Sculpting (e.g., Bioslimming, CoolSculpting, Emsculp, Emtone, Evoke, etc.)								
Brazilian Butt Lift								
Breast Augmentation/Reduction/Lift								
Chemical Peels (Medium to Heavy)								
Coronal Lift								
Contour Thread Lifts (e.g., PDO Thread Lift)								
Dermaplaning								
Dermabrasion or Micro-Dermabrasion								
Face Lifts (Rhytidectomy) Type performed:								
Gender Affirmation Procedures								
Hair removal using laser, IPL, or radio frequency/light								
Hair Transplants or Suturing of Hair Pieces (includes NeoGraft)								
Implants (other than breast)								
Injectables & Fillers incl. Neuromodulators or Nuerotoxins*								
IPL & Photofacial Rejuvenation								
IV Therapy								
Laser Cellulite Treatment								
Laser Tattoo Removal								
Laser Skin Resurfacing (Facial or other)								
Liposuction (incl submental etc.)								
Medical Tattoos								
Mesotherapy/LipoDissolve								
Microneedling								
Permanent Makeup or Eyebrow/Eyelash Tinting								
Pigmented Lesion Removal								
Phalloplasty/Penile-Related Cosmetic Procedures†								
Platelet-Rich Plasma (PRP) or Platelet-Rich In Growth Factor Therapy (PRGF)								
Rhinoplasty (Cosmetic/Functional)								
Stem Cell Therapy (Including Pure Exosomes, use for facials etc.)								
Tummy Tuck (Abdominoplasty/Panniculectomy)								
Vaginal Rejuvenation, including laser, sound waves‡								
Vein Treatment (including injection treatments, varicose, spider etc.)								
Weight Loss Services§								
Other:								

* Injectable/Derma Fillers Include: Artefill, Botox, Collagen, DAXXIFY, Dysport, Juvéderm, Radiesse, Restylane, Sculptra, Xeomin etc.

† This includes transecting the suspensory ligament of the penis and/or subcutaneous fat injection

‡ This includes cosmetic and/or plastic surgery procedures performed on the vagina and associated structures. This includes but not limited to: vaginoplasty, labiaplasty, vaginal fat transfer, laser, and non-laser rejuvenation and more.)

§ Semaglutide; HCG; Meal Replacements; B12/Lipo-B Fat Burning Injections; Weight Loss Medications (e.g., Saxenda®, Belviq®, Contrave®, Phentermine®, Qsymia®, etc.)

Section IV – Other Exposures

Where do you perform the procedures, you have noted on Page 2? Check all that apply.

Non-surgical office setting Mobile Unit/Van Mobile/In Home
 Surgical suite within office Outpatient surgical facility Hospital

Other: _____

If you perform these procedures in your own office or free-standing facility, other than a hospital:

Do you have emergency and transfer protocols in writing Yes No
 Are you and your staff ACLS certified Yes No
 Do you have and maintain any resuscitative equipment Yes No

Do you provide Anesthesia services Yes No

If yes, what kind and who is providing the anesthesia services?

Type	%	Who is providing
Conscious		
Local		
General		
Other, describe:		

Yes	No	
		Do you provide group or party services for Botox, Fillers, or Hydration Therapy? If yes:
		Please indicate what type(s):
		Where are you providing these parties?
		Are patients pre-screened prior to participating?
		Are you performing any procedures that are non-FDA approved, or considered off-label usage?
		If yes, please describe:
		Do you compound medications or substances on premises and/or use a compounding pharmacy?
		If yes, please describe and indicate the compounding pharmacy used:
		Do you sell pre-packaged products for the skin or other areas of the body?
		If yes, what products are you selling?
		Do you sell your own unique products for the skin or other areas of the body?
		If yes, do you carry product liability insurance?
		Are herbal supplements, homeopathic remedies and/or nutraceuticals distributed or sold in your facility?
		If yes, please list what is sold:

Section VI- Signature

Signature of Applicant: _____

Date: _____

Conventus reserves the right to reject any application that does not meet its underwriting standards.

NOTICE TO NEW JERSEY APPLICANTS

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 FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.