

South Carolina Joint Underwriting Association
 550 South Main Street, Suite 525, Greenville, SC 29601 *corporate office*
 Lock Box 932523, Atlanta, GA 31193-2523 *payment remittance address*
 864.240.5449 *main* 866.893.6270 *toll-free* 864.240.2750 *fax*
 www.scjua.com

THE SOUTH CAROLINA JUA is a not-for-profit association established to insure, support and defend South Carolina medical professionals. The association is managed by Marsh USA, Inc.

DENTIST AND ORAL SURGEON PROCEDURES REQUEST

Instructions:

1. Please complete, and return form via fax to 864-240-2750
2. The procedure page must be signed and dated by the insured.

A. INSURED INFORMATION AND SPECIALTY CLASS:

1. Name of Insured: _____
2. JUA Policy Number: _____ 2a. Current Policy Period: ____ / ____ / ____ until ____ / ____ / ____
3. Date these procedures are effective: ____ / ____ / ____
4. Please check the appropriate class in the far right column below. Any Procedure or Anesthesia in a higher class would make the higher class applicable.

Class	Procedure and / or Specialty	Anesthesia	Check Appropriate Class
1	General Dentistry Endodontics Pediatrics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Prostheses / Non-Surgical Removal of Impacted Wisdom Teeth Soft Tissue Only	In the office: Local Nitrous Oxide Oral Conscious IV Administered in the hospital by other than an insured or insured's employee: General Deep Intra Muscular (I.M.)	<input type="checkbox"/> (1)
2	Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Removal of Impacted Wisdom Teeth, Other than Soft Tissue <i>Est. Percentage soft tissue ____ vs. other than soft tissue ____.</i>	Conscious I.M. in the office	<input type="checkbox"/> (2)
2A	Surgical Implants		<input type="checkbox"/> (2A)
3	Oral Surgeon Maxillofacial Surgery	General Anesthesia and / or Deep Sedation given in a dosage to render the patient unconscious and done in the office, or in a hospital if administered by an insured or insured's employee.	<input type="checkbox"/> (3)

B. AUTHORIZATION:

Signature of Insured

____ / ____ / ____
Date