



5502 South Fort Apache Rd. St. 100  
Las Vegas, Nevada, USA 89148 1.866.953.9794  
www.AIMIS.org

## Gynecology Surgery "Accredited" - Affiliation Application

Date: \_\_\_\_\_

### Contact Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Credential(s): \_\_\_ M.D. \_\_\_ D.O. \_\_\_ Ph.D. \_\_\_ M.S.

Practice or Institute Name: \_\_\_\_\_

Professional Address: \_\_\_\_\_ Suite \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Other: \_\_\_\_\_ Please Describe: \_\_\_\_\_

### Education/Training:

College/University: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Medical School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Residency: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Fellowship: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Advanced Training: \_\_\_\_\_ Date(s): \_\_\_\_\_

Other: \_\_\_\_\_ Date(s): \_\_\_\_\_

### Board Certification(s):

Name of Certification: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medical License(s):**

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**1. Hospital Affiliation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Website: \_\_\_\_\_

CEO: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

COO: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Physician Relation Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Hospital Affiliation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Website: \_\_\_\_\_

CEO: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

COO: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Physician Relation Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Hospital Affiliation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Website: \_\_\_\_\_

CEO: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

COO: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Physician Relation Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

What type of Energy-Based Instrument(s) do you use? (Check all that apply)

\_\_\_\_ Harmonic Scalpel

\_\_\_\_ Ligasure

\_\_\_\_ PK-Gyrus

\_\_\_\_ EnSeal

\_\_\_\_ Other

## GYN Surgical Procedures

### Hospital-Based Surgeries (You may estimate):

**Procedure (CPT-Codes)	Completed in the last 24 months	Performed per Year	Comments
LSH 58541, 58542, 58543, 58544, (ICD 683.1)			
TLH 58570, 58571, 58572, 58573, 58548 (ICD 684.1)			
LAVH 58550, 58552, 58553, 58554 (ICD 685.1)			
TVH 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294 (ICD 685.9)			
TAH 58150, 58152, 58180, 58200, 58210, 58240 (ICD 684.9, 683.9)			
Diagnostic Laparoscopies Myomectomy: 58545, 58546 Other: 58578			
Exploratory Laparotomy 49000			
Endometrial Ablation 58353, 58563			
Hysteroscopy 58555, 58558, 58559, 58560, 58561, 58562			

### Office-Based Procedures (You may estimate):

Procedure	Completed to Date	Performed per Year	Comments
Tubal Ligation			
Hysteroscopy			
Endometrial Ablation			

## **GYN SURGERY- MEMBERSHIP LEVELS**

◇ **1. Physician Affiliate** – Surgeons at this membership level have committed themselves and their practice to provide MIP and MIS to their patients. All membership privileges apply. At this level, the surgeon has not yet met the requirements to become an “Accredited Surgeon”, however, the physician is committed to working towards offering minimally invasive procedures/surgeries.

◇ **2. Accredited Physician** – Surgeons at this membership level have advanced their surgical skills and have become accredited by AIMIS. As an accredited member, the Doctor provides procedural and outcome data and is recognized by the health plans as a selected surgeon with financial benefits. A surgeon can designate any or all surgeries to be recognized as accredited. The following criteria:

### O.R.-Based Surgeries:

___MI Hysterectomy:	Performs TLH/LSH/LAVH/TVH 40% of cases done TLH/LSH/LAVH/TVH per year
___MI Laparoscopy:	Performs 60% or more laparoscopy/40% laparotomy
___Hysterectomy	
___Transcervical Tubal Ligation	

### Office-Based Procedures

\_\_\_Hysteroscopy  
\_\_\_Endometrial Ablation  
\_\_\_Transcervical Tubal Ligation

- Member in “Good Standing”
- Cases reported with complications
- Code of Conduct: Adheres to AI-MIS policies
- Board Certification/Board Eligible
- Attended: At least 1 MIS courses in the past 24 months at sign-up
- Attends: At least 1 MIS course per 24 months

◇ **3. COE (Center of Excellence) – Physician/Hospital** – Once an accredited AIMIS surgeon and hospital (or surgical center) has combined efforts and meets MIS standards, the center is recognized as a COE. The COE will have international recognition. Health plans provide unique financial rewards.

Member in “Good Standing”  
Laparoscopic Designated Operating Room(s)  
MEC to uphold designated surgeon minimum standards  
Technology: Meets AI-MIS standards  
Patient Care: Meets AI-MIS standards  
Code of Conduct: Adheres to AI-MIS policies

◇ **4. Academic COE (Center of Excellence)** – In addition to enjoying all the benefits of an AIMIS COE, these centers provide surgical training, technology development and research activities. A special designation is given to these COEs. Both academic and professional education is conducted at these institutes.

### **Authorization**

I authorized the American Institute of Minimally Invasive Surgery to obtain information from your institution and outside agencies. With my signature, I proclaim that all the information provided is accurate to the best of my knowledge.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Membership Checklist and Practice Needs

1. \_\_\_\_ Membership Application
2. \_\_\_\_ CV
3. \_\_\_\_ Biography (Optional)
4. \_\_\_\_ Payment \$450.00
5. \_\_\_\_ Options to submit application:
  - Fax: 702-242-6418
  - Mail: 5502 S. Fort Apache Rd #100  
 Las Vegas, NV 89148

Website link information and contact: \_\_\_\_\_

I need the following Media and Website Resources:

Standard Website	
Customized Website	
Standard AIMIS Practice Brochure	
Customized AIMIS Practice Brochure	
Press Kit	
Other Media Services	

I need the following Insurance and/or Business Development Resources:

Insurance Contracting Review	
Third-Party Negotiations with Payer(s)	
Practice Management Review/Development	
Technology/Equipment Assessment	
Other	
Other	