CORY WASHINGTON & CO.

SMARTER RISK. STRONGER BUSINESS.

DERMATOLOGY & PLASTIC SURGERY — COVERAGE CHECKLIST

Pull out your current policy and check the box next to any coverage you can confirm is already in place — anything unchecked is worth a quick conversation with your advisor. Coverage checklist for dermatology, Mohs, and plastic and cosmetic surgery practices. Priorities reflect typical exposure; confirm against procedures and where they are performed.

CORE PREVALENT SITUATIONAL *— Core: almost always needed · Prevalent: commonly carried by businesses in this class · Situational: depends on specific exposure*

	COVERAGE	WHY THIS BUSINESS NEEDS IT	PRIORITY
☐	**Medical Professional Liability (Physicians & Entity)**	Covers surgical and diagnostic claims — confirm limits meet any state minimums for fat transfer.	CORE
☐	**Office-Based Surgery Facility Coverage**	Confirms the policy covers procedures in an accredited office suite.	CORE
☐	**Anesthesia Provider Coverage**	Confirms CRNAs or anesthesiologists carry their own coverage or are covered by the practice.	PREVALENT
☐	**Commercial General Liability**	Covers premises injuries.	CORE
☐	**Cyber Liability**	Covers patient records and clinical photos.	PREVALENT
☐	**Regulatory / Board Defense**	Covers medical board investigation costs.	PREVALENT
☐	**Umbrella / Excess Liability**	Adds limits above primary malpractice for a surgical death.	SITUATIONAL

COMMON COVERAGE GAP FOR THIS CLASS

The most commonly missed exposure for this class is office-based surgery under sedation. Gluteal fat grafting deaths led Florida to require ultrasound guidance, case caps, registration, and minimum malpractice coverage, and other states are expected to follow. Practices should confirm accreditation, who provides anesthesia and whether they're covered, and whether limits meet any state minimums. For dermatology, missed diagnoses and lost specimens are the most frequent claims — a tracking and recall system is the core defense.