

**TYPE OF PROVIDER:**

Physician - Plastic Surgery

**CRITERIA:**

Licensed by the State of Illinois or the state in which the medical services are being provided.

A member in good standing of the approved staff of the health care facility approved by DSCC for the services to be provided.

Certified by the American Board of Plastic Surgery, Inc.

If practice includes treatment of children, a minimum 25% pediatric practice is preferred.

For providers who see only patients 16 years and older, there is no preferred minimum pediatric practice percentage.

**ADDITIONAL REQUIREMENTS:**

Provide evidence of medical malpractice insurance by insurer licensed in the State of Illinois. Such professional liability insurance shall be in minimum amount of \$1,000,000 per claim and \$3,000,000 aggregate or meet the limits of liability set by law in any state other than Illinois.

Maintain continuous medical malpractice insurance coverage and purchase "tail coverage" if malpractice insurance is discontinued or reduced below level described above.

Will not seek further payment from DSCC child or child's family beyond amount paid by third party payers or DSCC for approved care.

**ADDITIONAL DESIRABLE CRITERIA:**

Accept Medicaid and All Kids reimbursement.

Additional formal pediatric training and experience.

Member of multidisciplinary craniofacial disabilities team.

Affiliated with the teaching hospital of a medical school.

Faculty appointment in a medical school.