

TEXAS STATE BOARD OF MEDICAL EXAMINERS

P.O. Box 2018, MC-263

Austin, Texas 78768-2018

HEALTH CARE LIABILITY CLAIMS REPORT

FILE ONE REPORT FOR EACH DEFENDANT LICENSEE.

PART I. COMPLETE FOR ANY COMPLAINT FILED IN A LAWSUIT. Attach a copy of the Complaint and Expert Report. If an Expert Report is not filed with the Court at the time the lawsuit is filed, the Expert Report shall be filed with the Board within 30 days after it is received.

1. Name and address of insurer:

2. Defendant licensee: _____

License number: _____

3. Plaintiff's name: _____

4. Policy number: _____

5. Date claim reported to insurer/self insured licensee: _____

6. Cause No. _____ Court _____

County of Suit _____

7. Initial reserve amount after investigation: _____

(If a reserve is not determined within 30 days, report this data within 30 days after determination.)

_____ Person completing this report

_____ Phone number

PART II. COMPLETE UPON SETTLEMENT OF THE CLAIM. Attach a copy of any Court Order or Settlement Agreement. "Settlement" is defined in 22 TEX. ADMIN. CODE, Section 176(1)(c), and includes payment on a claim on which a lawsuit has not been filed and dismissal, settlement, or judgment in a lawsuit that is based on a health care liability claim.

8. Date of Settlement: _____

9. Type of Settlement:

(1) Payment or agreement to pay a claim or lawsuit

(2) Judgment in a lawsuit after trial

(3) Dismissal or Non-suit of a Lawsuit

(4) Other (please specify) _____

10. Amount of indemnity agreed upon or ordered on behalf of this defendant: \$_____.

Note: If percentage of fault was not determined by the court or insurer in the case of multiple defendants, the insurer may report the total amount paid for the claim followed by a slash and the number of insured defendants. (Example: \$100,000/3)

11. Appeal, if known: _____ Yes _____ No. If yes, which party: _____

_____ Person completing this report

_____ Phone number