

# Form I: Medical Professional Liability Claims Report

Texas Medical Board | Texas PA Board | Texas State Board of Acupuncture Examiners

**File one report for each claim/suit that was reported to your insurer within the 10 years prior to the date of submission of your TMB application. If the claim/suit was reported more than 10 years ago, a Form I is NOT required.**

## APPLICANT SECTION

### APPLICANT:

Complete this section of this form. Give the form to your liability carrier and have them complete and return the form to you. **Once it has been returned, forward it to the TMB.**

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

Current Mailing Address:

Street Address

City

State

Zip

Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

## LIABILITY CARRIER SECTION

### Liability Carrier:

Please complete the bottom portion of this form and return the form to the applicant.

1. Name and address of Liability Carrier:

\_\_\_\_\_

2. Person for whom liability was carried:

\_\_\_\_\_

3. Patient's Name:

\_\_\_\_\_

4. Plaintiff's Name: (if different from patient)

\_\_\_\_\_

5. Policy Number: \_\_\_\_\_ Type of Complaint: Claim \_\_\_\_\_ Suit \_\_\_\_\_

6. Date claim was reported to Insurer/Self-Insured Physician: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Alleged Injury: \_\_\_\_\_

7. Status of claim/suit (on this date):

\_\_\_\_\_

8. Date of Disposition: \_\_\_\_\_

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9. Type of Disposition:

Pre-Trial Settlement  Post-Trial Settlement  Judgment after Trial  Dismissed

Other (please specify):

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

\$ \_\_\_\_\_

**Note:** If the court or insurer in the case of multiple defendants did not determine percentage of fault, the insurer may report the total amount paid for the claim followed by a slash and the number of insured defendants (Example: \$200,000/3).

11. Appeal?  Yes  No

If yes, by which party: \_\_\_\_\_

Status of appeal: \_\_\_\_\_

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**Name and Title of person completing form**

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**Date**