

Nevada Medical Professional Liability Closed Claim Report

I. Background

1. Name of Insurer		2. Insurer Claim No.	
3. Injury Date (Date of Loss)	4. Report Date		5. Closure Date
6. Policy Type (choose a, b, or c) a) <input type="checkbox"/> Occurrence b) <input type="checkbox"/> Claims made c) <input type="checkbox"/> Tail/Reporting Endorsement			
7. Policy Limits (Per Claim/Aggregate) \$ _____ /\$ _____		8. Date This Closed Claim Report Submitted	
9. Type of Report (choose a or b) a) <input type="checkbox"/> Initial Report b) <input type="checkbox"/> Updated Report			

II. Defendant & Co-Defendants

1. Defendant's Name	Last	First	M.I.	Credentials (e.g. MD, DO, DMD, DDS)
2. License Number	3. Specialty Description _____		ISO Code _____	4. Co-Defendant(s)? __ Yes __ No __ Unknown
5. Number of Co-Defendant(s): ___ or ___ Unknown				
6. Name, License Number and Insurer of Each Co-Defendant, if known:				

III. Injured & Injury

1. Injured Party's Name		Last	First	M.I.	2. Sex: __ Male __ Female
3. Age	4. Date of Birth (MM/DD/YY)	5. Malpractice code (per Appendix 1):		6. Injury Code (per appendix 2):	
7. Description of Alleged Malpractice and Injuries (Attach Additional Sheet(s) if Necessary.)					
8. City Where Injury Occurred			9. Name of Institution (If Injury Occurred in Institution)		

IV. Medical/Dental Screening Panel (Hereafter, Panel)

1. Case Filed with Panel? __ Yes, __ No, __ Unknown (IF YES, ANSWER QUESTIONS 2 AND 3)	
2. Panel Case Number	
3. Panel Decision: Is there Reasonable Probability of Malpractice? a) __ Yes b) __ No c) __ Unable to Decide d) __ Case Dismissed e) __ Other [case settled/withdrawn before panel met]	
4. Court Case Filed After Panel Decision __ Yes __ No __ Unknown	

V. Court Case

1. Court Case Filed? __ Yes, __ No, __ Unknown (IF YES, ANSWER QUESTIONS 2 - 7)		
2. Court Case Number	3. Court Name	4. Court Department Number
5. Date Court Case Was Filed	6. Date Verdict Was Filed, if Applicable	7. Date Settlement Offer Accepted, if Applicable

VI. Reserves (Amounts Attributed to this Defendant Only, If Multiple Defendants)

1. Reserves	Initial \$	Highest \$	Last \$
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VII. Claim Disposition (Attributed to this Defendant Only)

1. Claim Disposition (check one)	a) <input type="checkbox"/> Decided By Trial in Favor of Plaintiff	b) <input type="checkbox"/> Decided By Trial in Favor of Defendant	c) <input type="checkbox"/> Decided by Arbitrator in Favor of Plaintiff	d) <input type="checkbox"/> Decided by Arbitrator in Favor of Defendant
e) <input type="checkbox"/> Settled w/o Court or Prior to Trial	f) <input type="checkbox"/> Claim Denied	g) <input type="checkbox"/> Claim Inactive	h) <input type="checkbox"/> Claim Withdrawn	i) <input type="checkbox"/> Other
2. If Claim Disposition is e, f, g, h or i, Please Explain				

Name of Insurer	Insurer Claim No.
Defendant's Name (Last, First, M.I.)	Date This Closed Claim Report Submitted

VIII. Verdict Information (Attributed to All Defendants in Case)

1. Verdict Awarded \$ _____ or ___ N/A
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IX. Claim Information (Amounts Attributed to this Defendant Only, If Multiple Defendants)

1. Verdict or Settlement Awarded \$ _____ or ___ N/A	2. Verdict or Settlement Paid \$ _____ or ___ N/A		
3. Reasons for Amount Awarded (1) Not Being Equal to Amount Paid (2), if Applicable (Check More than One, if Applicable) a) ___ Post Verdict Settlement b) ___ Award Reduced to Present Value c) ___ Interest Awarded d) ___ Court Costs Awarded e) ___ Non-economic damages limited by Judge to \$350,000 f) ___ Award Capped by Judge at Policy Limit g) ___ Other (Explain)			
4. How Will/Did Plaintiff Receive Payments?	a) ___ Lump Sum	b) ___ Periodic Payments	c) ___ N/A
5. If Periodic Payments, What is the Present Value (as of Date of Award) of the Payments? \$ _____			
6. Sources of Award Payments	a) Company \$ _____	b) Defendant \$ _____	c) Other (describe) \$ _____
7. Allocated Loss Adjustment Expenses	Total \$ _____	Attorney's Fees \$ _____	Other \$ _____

X. Claim Information (Amounts Attributed to Other Defendants)

1. Co-Defendant's Name	Last _____	First _____	M.I. _____	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description _____ ISO Code _____		4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown			6. Verdict or Settlement Awarded \$ _____ or ___ N/A	

1. Co-Defendant's Name	Last _____	First _____	M.I. _____	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description _____ ISO Code _____		4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown			6. Verdict or Settlement Awarded \$ _____ or ___ N/A	

1. Co-Defendant's Name	Last _____	First _____	M.I. _____	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description _____ ISO Code _____		4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown			6. Verdict or Settlement Awarded \$ _____ or ___ N/A	

1. Co-Defendant's Name	Last _____	First _____	M.I. _____	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description _____ ISO Code _____		4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown			6. Verdict or Settlement Awarded \$ _____ or ___ N/A	

(Attach Additional Sheet(s) if Necessary.)

XI. Closed Claim Report Information

1. Contact Person's Name (Last, First)
2. Contact Person's Phone Number {(999) 999-9999}
3. Contact Person's Address

Name of Person Responsible for Report (Last, First)
Signature of Person Responsible for Report

Appendix 1

Cause of loss for Question III. 5.

Code	Description
Procedure Related Causes	
MP	Mistake in Performance, Improperly Performed
DP	Delayed
NP	Not Performed
WP	Wrong Procedure, Procedure Not Indicated
BP	Better Alternative Available
OP	Other Procedural Errors, Including Misprescription of Medication
Diagnosis Related Causes	
FD	Failure to Diagnose
DD	Delayed Diagnosis
WD	Wrong Diagnosis
OD	Other Diagnostic Errors
Other Causes	
IO	Failure to Inform, Lack of Informed Consent
SO	Lack of Supervision
PO	Failure to Prevent Harm
OO	Other Cause(s) not Listed Above

Appendix 2

Injury Codes for Question III.6. (if multiple injuries, select code most applicable to primary injury)

Code	Description
Death	
DTH	Death (e.g., fetal death, death of patient)
Non-Physical/Emotional Injury	
NPh	Non-Physical (e.g., abandonment, breach of contract, deposition, emotional distress, defamation, negligent referral, subrogation, loss of consortium, sexual misconduct)
Physical Injury without Death	
BnD	Bone Damage (e.g., fracture)
Bth	Birth Injury (e.g., complications, brain damage to new born, abortion problems)
Crc	Circulatory Injury (e.g., heart failure, hemorrhage)
Dis	Disease (e.g., AIDS, cancer)
DLE	Diminished Life Expectancy (e.g., usually from a failure to diagnose)
Dsf	Disfigurement (e.g., scars)
Drm	Dermal Injury (e.g., burns)
Dnt	Dental Injury (e.g., broken tooth)
DLU	Diminished Use/Loss of Use (e.g., disablement of a limb, but not loss of the limb)
FnB	Foreign Body (e.g., left after surgery)
Inf	Infection (e.g., usually resulting from surgery)
LLO	Loss of Limb/Organ (e.g., amputation, removal)
MLI	Muscular/Limb Injury (e.g. atrophy)
Nrv	Nervous System (e.g., paralysis, nerve damage)
Org	Organ Injury (e.g., perforation, rupture)
Opt	Optical/Sensory Injury (e.g., vision, hearing)
Pan	Pain
Prl	Prolonged (e.g., additional care, delayed recovery)
Rpr	Reproductive System (e.g., infertility)
SdE	Side Effects (e.g., reactions)
Wrg	Wrong Organ Removed, Injury Caused by Unnecessary Treatment
Note:	If Other Injury, select one of the above codes that has the closest match