

**TEXAS MEDICAL BOARD
HEALTH CARE LIABILITY CLAIMS REPORT**

FILE ONE REPORT FOR EACH DEFENDANT LICENSEE

SUBMIT COMPLETED FORM TO: es.response@tmb.state.tx.us

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 of insurer:

Address of insurer:

2. Defendant licensee:

License number:

3. Plaintiff's name:

4. Patient Name (if different from plaintiff):

Patient DOB:

5. Policy number:

6. Date claim reported to insurer/self-insured licensee:

7. Date of Incident:

8. State of incident:

County of incident:

9. Cause No.:

Court:

County of Suit:

10. 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:

Date:

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.

11. Date of Settlement:

12. 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)

13. 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)

14. Appeal, if known: Yes No

If yes, which party:

Person completing this report:

Phone number:

Date: