MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM SURVEY

(1) Claim File Identification:

(2) Name of Hospital:

(3) Name and Phone Number of Person Completing Form:

(4) Date of Injury:	**(5) Date Form Completed:**	**(6) Date Claim Reported to Insurer:**	**(7) Date Claim Closed:**

(8) Name of Insurer, Self Insured Health Care Entity, or Risk Retention Group:

(9) Name of health care facility or office where injury occurred, if applicable, or county where injury occurred if location of health care facility or office is not known:

(10) Age of Injured Person at Time of Injury:	**(11) Gender of Injured Person at Time of Injury:**

(12) Type of Alleged Injury:

- ❍ Death
- ❍ Permanent Total Disability
- ❍ Other Bodily Injury
- ❍ A physical or mental impairment that substantially limits one or more of the major life activities of an individual lasting more than 7 days or still present at the time of discharge.
- ❍ Other, specify:

(13) Description of injury or alleged injury, including, if applicable, a description of the misdiagnosis or alleged misdiagnosis, a description of the procedure giving rise to the claim and a description of the principal injury giving rise to the claim:

(14) Type of medical professional liability policy:

- ❍ Occurrence
- ❍ Claims made – basic
- ❍ Claims made – tail

(15) Type of patient:

- ❍ Inpatient
- ❍ Emergency room patient
- ❍ Other outpatient
- ❍ Unknown

(16) If a health care provider was named in claim.

A. Type of health care provider by category

❍ Physician, no surgery	❍ Surgeon (major & minor surgery)	❍ Psychiatrist & related specialties
❍ Nurse	❍ Nurse Midwife	❍ Optometrist
❍ Pharmacist	❍ Chiropractor	❍ Podiatrist
❍ Psychologist	❍ Dental	Other, specify:_____
❍ Nurse Anesthetist	❍ Hospital or other health care facility	

B. The physician ISO classification, or equivalent classification, if applicable:

C. Name of health care provider: License Number:

(17) Policy limits for each claim or medical incident:

(18) Policy limits for annual aggregate:

(19) Was this a zero payment claim file?

(20) Full name of the court where the suit was filed and the case was tried:	**(21) Case Number for Court where Case was Tried:**

(22) Whether settlement was reached or award was made at one of the following stages:

❍ Arbitration	❍ During trial, but before court verdict
❍ Mediation	❍ Court verdict
❍ Before suit was filed	❍ After verdict
❍ After suit was filed, but before trial	❍ After appeal was filed

(23) If settlement was reached or an award was made by court verdict.

❍ Directed verdict for plaintiff	❍ Judgment for defendant
❍ Directed verdict for defendant	❍ For plaintiff, after appeal
❍ Judgment notwithstanding the verdict for the plaintiff	❍ For defendant, after appeal
❍ Judgment notwithstanding the verdict for the defendant	❍ Any other
❍ Judgment for plaintiff	

(24) If there was no final judgment or settlement (no payment) the date the claim was closed:

(25) If there was no final judgment or settlement (no payment), the reason for the final disposition:

(26) If case went to trial, whether the case was tried by a jury or tried by a judge:

(27) The amount paid to the claimant:	**(28) The amount paid by the insurer:**
(29) The amount paid by the insured due to retention or deductible:	**(30) If applicable and known, the amount paid by an excess carrier:**
(31) If applicable and known, the amount paid by the insured due to settlement or award in excess of policy limits (do not include deductible or retention amounts):	**(32) If applicable and known, the amount paid by other defendants or contributors:**

(33) Whether a structured settlement or periodic payment was used:

❍ Structured settlement	❍ Periodic payment

(34) If a structured settlement/periodic payment was used.

A. The amount of immediate payment:

B. The present value of the projected total future payout (price of annuity if purchased):

C. The projected total future payout:

(35) The cost of the structure:

(36) If a neutral expert was used, the findings of a neutral expert witness regarding:

❍ Future medical expenses, if applicable.	❍ Future loss of earnings, if applicable

(37) If case was tried to verdict, the amount awarded for:

❍ Past medical expenses, if known and applicable.	
❍ Future medical expenses, if known and applicable.	
❍ Past lost wages, if known and applicable.	
❍ Future lost wages, if known and applicable.	
❍ Non-economic damages, if known and applicable.	
❍ Other damages, if known and applicable.	

(38) The total allocated loss adjustment expense:

(39) Of the total allocated loss adjustment expense, what amount represents:

❍ Fees paid to defense counsel:	❍ Expenses not included in defense counsel fees: