



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT

MAIL TO:
 STATISTICS SECTION
 P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690

SEE INSTRUCTIONS ON REVERSE - PLEASE TYPE OR PRINT					
1A. NAME OF INSURER & NAIC GROUP & COMPANY CODE				1B. CLAIM FILE IDENTIFICATION	
2A. DATE OF INJURY		2B. DATE REPORTED TO INSURER		2C. DATE REOPENED	
2D. ORIGINAL CLAIM ID NUMBER					
3A. LICENSE NUMBER		3B. INSURED LAST NAME/HOSPITAL/OTHER		3C. FIRST NAME	
				3D. MIDDLE INITIAL	
				3E. SUFFIX (MD, DO, ETC)	
3F. AGE		3G. CITY		3H. STATE	
				3I. ZIP CODE	
4A. PROFESSION CODE OF INSURED		4B. SPECIALTY CODE		4C. TYPE OF PRACTICE CODE	
5A. PLACE WHERE INJURY OCCURRED CODE		5B. CITY		5C. STATE	
				5D. ZIP CODE	
6A. NAME OF INSTITUTION (IF INJURY OCCURRED IN INSTITUTION)			6B. LOCATION OF INSTITUTION CODE		
7A. INJURED PERSONS NAME (LAST NAME)		7B. FIRST NAME		7C. MIDDLE NAME	
				7D. AGE	
				7E. SEX	
				7F. DATE OF BIRTH	
7G. STREET		7H. CITY		7I. STATE	
				7J. ZIP CODE	
				7K. TELEPHONE NUMBER	
8A. PERSON INSTITUTING CLAIM IF INJURED PARTY IS DECEASED OR A MINOR (LAST NAME)			8B. FIRST NAME		8C. MIDDLE NAME
8D. STREET		8E. CITY		8F. ZIP CODE	
				8G. TELEPHONE NUMBER	
9A. PLAINTIFF ATTORNEY'S NAME			9B. CITY		9C. STATE
					9D. ZIP CODE
10A. THE NATURE AND SUBSTANCE OF CLAIM (PROVIDE ALL AVAILABLE INFORMATION)					
10B. THE CONDITION FOR WHICH TREATMENT WAS SOUGHT					
10C. THE PROCEDURE(S) AND EVENT(S) THAT LED TO THE ADVERSE OUTCOME					
10D. THE SPECIFIC ALLEGED MEDICAL ERROR OR IMPROPER OR INCORRECT PERFORMANCE					
10E. THE NATURE OF THE INJURIES SUSTAINED BY THE PATIENT AS A RESULT OF THE ALLEGED ERRORS					
11A. Allegation and code (ENTER THREE DIGIT CODE IN APPROPRIATE CATEGORY)					
Failure to Take Appropriate Action		<input type="text"/>		Delay in Performance	
Unnecessary/Contraindicated Procedure		<input type="text"/>		Communication/Supervision	
Behavior/Legal		<input type="text"/>		Cannot be determined from Available Records	
				Error/Improper Performance	
				Continuity of Care/Care Management	
				Allegation - Not Otherwise Classified (specify)	
				<input type="text"/>	
12. SEVERITY OF INJURY CODE					
13. DATE OF THIS PAYMENT OR CLOSURE		14. CLAIM DISPOSITION CODE		15. SETTLEMENT CODE	
				16A. COURT CODE	
16B. NAME OF COURT		16C. DOCKET NUMBER		16D. DATE SUIT WAS FILED	
				16E. COUNTY FIPS CODE	
17a. Indemnity paid by you on behalf of this defendant		\$		20. Injured person's incurred medical expense	
17b. Economic damages		\$		21. Injured person's anticipated future medical expense	
17c. Non-economic damages		\$		22. Injured person's incurred wage loss	
17d. Punitive damages		\$		23. Injured person's anticipated future wage loss	
18. Loss adjustment expense paid to defense counsel		\$		24. Injured person's other expenses	
19. All other allocated loss adjustment expense paid by you		\$		25. Total amount allocated for future periodic pay (for all defendants)	
26A. CONTACT PERSON		26B. TELEPHONE NUMBER			
26C. ADDRESS				26D. PERSON RESPONSIBLE FOR REPORT	

MEDICAL MALPRACTICE REPORT INSTRUCTIONS

Instructions and all related codes available on the Department's website at <http://www.insurance.mo.gov/industry/filings/stats/medmalinstr.php>.

Submit a report when a claim/demand for payment of damages is received in writing from claimant, a lien letter was received or a lawsuit has been filed. An incident is not to be reported until it becomes a claim. All claims closed without payment and claims with payment must be reported. Report all dollar amounts in whole dollars, all dates as MMDDYYYY. All open and closed reports are to be submitted to the Department of Insurance on a quarterly basis.

Open claims: No suit filed, Items 1 through 12 must be completed, if suit has been filed, Items 1 through 16e must be completed.

Closed claims: The total form must be completed.

1a. Name of Insurer & NAIC Group & NAIC Company Code: Enter name of company or self-insurer reporting this claim. The NAIC Group & Company Code is assigned to insurance companies by the NAIC. Self-insureds are assigned a number by the Department of Insurance.

1b. Claim File Identification: Assign a distinguishing claim file identification number to each claim report. This number must be sufficient identification to enable tracking of a particular claim.

2a. Date of Injury: Date of principal injury or alleged injury.

2b. Date Reported to Insurer: Date when claim was first reported to insurer.

2c. Date Reopened: Date claim was reopened.

2d. Original Claim ID Number: If claim is reopened, original claim identification number used when claim was originally filed with the Department.

3a. License Number: Enter Missouri license number of insured, if unavailable, enter federal identification number, not applicable to clinics and corporations.

3b. Insured Last Name/Hospital/Other: Enter last name of insured named in the claim.

3c. First Name: First name of insured.

3d. Middle Initial: Middle initial of insured.

3e. Suffix (MD, DO, Etc): Suffix of insured.

4a. Profession Code of Insured: Enter appropriate code for insured named in 3b.

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|-----------------------------|--------------------------------|
| (1) Physicians and Surgeons | (6) Pharmacies/Pharmacists |
| (2) Hospitals | (7) Optometrist |
| (3) Nurses | (8) Chiropractors |
| (4) Nursing Homes | (9) Podiatrist/Chiroprapist |
| (5) Dentists | (0) Clinics/Corporations/Other |

4b. Specialty Code: Enter appropriate five-digit specialty code, located only on our website at: <http://insurance.mo.gov/industry/filings/stats/medmalspec.php>

4c. Type of Practice Code: Enter one of the following codes if the insured named in 3b is a physician or other medical professional. Not applicable if hospital or health care facility is the insured.

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|---|-------------------------|
| (1) Institutional (including academic) | (6) All Other Employees |
| (2) Professional Corporation or Partnership (Group) | (7) Intern or Resident |
| (3) Self-employed | |
| (4) Employed Physician | |
| (5) Employed Nurse | |

5a. Place Where Injury Occurred: Enter the appropriate code for the place where the principal injury occurred:

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|----------------------------------|---|
| (1) Hospital Inpatient Facility | (6) Patients Home |
| (2) Emergency Room | (7) Other Outpatient Facility (include clinics) |
| (3) Hospital Outpatient Facility | (8) Other (describe place) |
| (4) Nursing Home | |
| (5) Physician's Office | |

If the claim resulted from a diagnostic error, code place where error occurred, regardless of where it was discovered or treated.

5b. City: Enter city for place of injury coded in 5a.

5c. State: Enter two-letter state abbreviation for place of injury coded in 5a.

5d. Zip: Enter zip for place of injury coded in 5a.

6a. Name of Institution: Enter name of institution, if injury occurred in an institution (5a should be coded 1, 2, 3, 4 or 7).

6b. Location of Institution Code: Enter appropriate code for location within institution where injury occurred: Applicable only when 5a is coded 1 or 4.

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|-----------------------------|---------------------------------|
| (1) Patients Room | (6) Special Procedure Room |
| (2) Labor and Delivery Room | (7) Nursery |
| (3) Operating Suite | (8) Radiology |
| (4) Recovery | (9) Physical Therapy Department |
| (5) Critical Care Unit | |

7a. through 7c. Injured Persons Last Name, First name and Middle Initial.

7d. Age: Injured persons age at time of injury.

7e. Sex: Sex of injured person as "M" (male) or "F" (female).

7f. Date of Birth: Injured persons date of birth.

7g through 7k: Injured Persons Street Address, City, State, Zip and Telephone Number.

8a through 8g: Person Instituting Claim: If injured party is a minor, enter last name, first name, middle initial, street address, city, state, zip and telephone number of the person who is instituting the claim.

9a through 9d: Plaintiff Attorneys Name: Enter name, city, state, zip of attorney

10a through 10e: Nature and Substance of Claim: Give a complete description of all actions and circumstances causing the claim, include allegations made by claimant and the specific outcome.

11a. Allegation and Code: Identify allegation(s) and related three-digit code(s), same codes used by National Practitioner Data Bank.

12. Severity of Injury: Enter severity of injury from scale provided below. Code principal injury if several injuries are involved:

	<u>Severity of Injury Scale</u>	<u>Examples</u>
Temporary	(1) Emotional Only (2) Insignificant (3) Minor (4) Major delayed.	Fright, no physical damage Lacerations, contusions, minor scars, rash. No delay. Infections, misset fracture, fall in hospital. Recovery delayed. Burns, surgical material left, drug side effect, brain damage. Recovery
Permanent	(5) Minor (6) Significant (7) Major (8) Grave (9) Death	Loss of fingers, loss or damage to organs. Includes nondisabling injuries. Deafness, loss of limb, loss of eye, loss of one kidney or lung. Paraplegia, blindness, loss of two limbs, brain damage. Quadriplegia, severe brain damage, life long care or fatal prognosis.

13. Date of this Payment or Closure: Enter close date of claim. When reporting a reopened case enter new closure date.

NOTE: If 14 is 1, then 15 must be 1, 2, 3 or 9 and 16a must be 0. If 14 is 2, then 15 must be 4, 5, 6, 7 or 9 and 16a must be 0. If 14 is 3 then 15 must be 2, 3, 4, 5, 6, 7 or 9 and 16a must be 1, 2, 3, 4, 5, 6, 7, 8, or 9.

14. Claim Disposition Code: For all claims, enter final method of claim disposition:

- (1) Settled or disposed by parties before or during trial.
- (2) Settled or disposed by parties after trial.
- (3) Disposed by court.

15. Settlement Code: Enter the appropriate settlement code:

- (1) Before filing suit or demanding arbitration hearing.
- (2) Before trial or hearing.
- (3) During trial or hearing.
- (4) After trial or hearing, but before judgment.
- (5) After judgment or decision, but before appeal.
- (6) During appeal.
- (7) After appeal.
- (9) During review panel or nonbinding arbitration

16a. Court Code: For all claims, enter the appropriate court code:

- (0) Not disposed of by court, claim closed by settlement or was abandoned or other means.
- (1) Direct verdict for plaintiff.
- (2) Direct verdict for defendant.
- (3) Judgment notwithstanding verdict for plaintiff (verdict for defendant).
- (4) Judgment notwithstanding verdict for defendant (verdict for plaintiff).
- (5) Judgment for plaintiff.
- (6) Judgment for defendant.
- (7) Judgment for plaintiff after appeal.
- (8) Judgment for defendant after appeal.
- (9) Case dismissed or other court action.

16b through 16d. Name of Court, Docket Number, Date Suit was Filed: Enter full name of court, docket number and date suit was filed.

16e. County FIPS Code: Identify County FIPS Code of court location.

17a. Indemnity Paid by you on Behalf of Defendant: Enter indemnity paid by you on behalf of this defendant. If more than one policy is involved, total the amounts paid by you under all policies.

17b. Economic Damages: Enter from 17a the amount of damages arising from pecuniary harm including, without limitation, medical damages and those damages arising from lost wages and lost earning capacity.

17c. Non-Economic Damages: Enter from 17a the amount of damages arising from non-pecuniary harm including, without limitation, pain, suffering, mental anguish, inconvenience, physical impairment, disfigurement, loss of capacity to enjoy life and loss of consortium, but shall not include punitive damages.

17d. Punitive Damages: Enter from 17a the amount of punitive damages intended to punish or deter willful, wanton or malicious misconduct.

18. Loss Adjustment Expense Paid to Defense Counsel: Enter loss adjustment expense paid by you to defense counsel for this defendant.

19. All Other Allocated Loss Adjustment Expenses Paid by You: Enter all allocated loss adjustment expense paid by you for this defendant. Include filing fees, telephone charges, photocopy fees, expenses of defense counsel, etc.

For questions 20 through 25, actual amounts should be reported, if unknown, report estimated amounts. If estimated amounts are reported, please indicate accordingly.

20. Injured Person's Incurred Medical Expense: Enter amount of incurred medical expense from date of injury to date of closure.

21. Injured Person's Anticipated Future Medical Expense: Enter total future medical expense if it appears the claimant will incur expenses in the future.

22. Injured Person's Incurred Wage Loss: Enter amount of wage loss from date of injury to date of closure.

23. Injured Person's Anticipated Future Wage Loss: Enter total future wage loss if it appears the claimant will incur wage loss in the future.

24. Injured Person's Other Expenses: Enter amount of incurred plus future expense for substitute services and all other expense. Include funeral expenses here.

25. Total Amount Allowed for Future Periodic Payments (For All Defendants): If a reserve annuity, trust fund or similar mechanism was established to provide future periodic payments, enter the total amount thereof.

26a through 26d: Contact Person Name, Contact Telephone Number, Contact Mailing Address and Person Responsible for Report.