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STATE OF NEVADA

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DEPARTMENT OF COMMERCE

INSURANCE DIVISION

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BULLETIN 86-002

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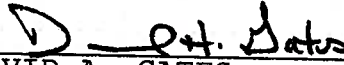
MEDICAL MALPRACTICE SETTLEMENT REPORT

NRS 690B.045 requires insurers providing liability insurance for a "practitioner of the healing arts" as defined pursuant to Chapters 630-640 of NRS, to file with the appropriate licensing board a report detailing the circumstances of the malpractice. The report to the licensing board is required only when the claim's settlement, award, or judgment is \$5,000 or more.

NRS 690B.050 requires a report to the Division of Insurance in addition to the licensing board where the insured is a physician licensed pursuant to Chapter 630 of NRS. The requirement to report is conditioned upon the existence of a liability policy covering acts of professional malpractice and a settlement, award, or judgment being reached.

It should be noted that there is no minimum settlement amount threshold under NRS 690B.050. All claims must be reported within 30 days of the close of the claim, whether or not any payment was made to the claimant. With regard reports made pursuant to NRS 690B.045, copies must now be filed with the Division at the same time they are filed with the appropriate licensing board.

To date, the Division has not formally specified a standard report form when making the reports required pursuant to NRS 690B.045 and 690B.050. As of March 31, 1986, all insurers when making a report, must utilize the modified "NAIC Medical Professional Liability Insurance Uniform Claims Report" as detailed in the "NAIC: Medical Malpractice Closed Claims Study 1975-1978" (September 1980). A copy of the report form is attached.



DAVID A. GATES
Commissioner of Insurance

DAG/ja

Attachment

Complete for all claims

1. Name of insurer _____ Claim file identification _____
2. Date of injury _____ Date reported _____ Date reopened _____
3. Insured's name _____ Age _____ City _____ State _____ Zip _____
4. Profession or business _____ Specialty _____ Type of practice _____
5. Board certification? _____ Foreign medical graduate? _____ Country _____
6. Place where injury occurred _____ City _____ State _____ Zip _____
7. Name of institution _____
8. Injured person's name _____ Age _____ Sex _____
9. Total defendants involved in claim _____ Derivative claim _____
10. Amount of reserve for indemnity if still outstanding \$ _____
11. Amount of reserve for expense if still outstanding \$ _____

Complete for Paid and Closed Claims Only

12. Plaintiff attorney's name _____ City _____ State _____ Zip _____
13. Describe action which caused claim to be made _____

14. Final diagnosis _____
15. Operation, diagnostic or treatment procedure causing the injury _____

16. Describe principal injury giving rise to the claim _____
_____ Severity of injury _____
17. Misadventures in procedures _____ Misadventures in diagnosis _____
18. Others contributing to injury _____ Associated issues _____ Coverage _____
19. Companion claim file identification 1. _____ 2. _____ 3. _____

Complete for Paid and Closed Claims Only

20. Date of this payment or closure _____ Type settlement _____
21. Disposition of trial _____ Binding arbitration? _____
22. Indemnity paid by you on behalf of this defendant \$ _____
23. Other indemnity paid by or on behalf of this defendant \$ _____
24. Indemnity paid by all parties (for all defendants) \$ _____
25. Loss adjustment expense paid to all defense counsel \$ _____
26. All other allocated loss adjustment expense paid by you \$ _____
27. Injured person's incurred medical expense \$ _____
28. Injured person's anticipated future medical expense \$ _____
29. Injured person's incurred wage loss \$ _____
30. Injured person's anticipated wage loss \$ _____
31. Injured person's other expense \$ _____

person responsible for report

NAIC MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIMS REPORT

Report each claim closed on or after July 1, 1986. Submit a report for each defendant insured by filer insurer, including claims closed without payment. Complete all blocks on the form. If information is unknown, enter "UNK," if not applicable, enter "NA." When an item calls for a dollar amount and no amount is involved, enter 0 in the space after the \$ sign. When you prepare a report on a reopened case on which a previous report has been made, mark "Previously Reported" at the top of the report. Record all amounts in whole dollars only, all dates as MM YY and all ages (on date of occurrence) as YY.

1a. Name of insurer		1b. Claim file identification			
2a. Date of injury		2b. Date reported to insurer		2c. Date reopened	
3a. Insured's name		3b. Age	3c. City	3d. State	3e. Zip
4a. Profession or business (CODE)		4b. Specialty (CODE)		4c. Type of practice (CODE)	
5a. Board certification (CODE)		5b. Foreign medical graduate?		5c. Country	
6a. Place where injury occurred (CODE)		6b. City		6c. State	6d. Zip
7a. Name of institution (if injury occurred in institution)		7b. Location in institution (CODE)	7c. Hospital identification (Leave Blank)		
8a. Injured person's name			8b. Age	8c. Sex	
9a. Total defendants involved in claim			9b. Derivative claim (CODE)		
10. Amount of reserve for indemnity if still outstanding \$			11. Amount of reserve for expense if still outstanding \$		
12a. Plaintiff attorney's name		12b. City	12c. State	12d. Zip	
13. Describe action which caused claim to be made					(Leave Blank)
					14a.
					14b.
14a. Final diagnosis for which treatment was sought or rendered (patient's actual condition)					15.
14b. Describe misdiagnosis made, if any, of patient's actual condition					15.
15. Operation, diagnostic or treatment procedure causing the injury					16a.
16a. Describe principal injury giving rise to the claim					16a.
16b. Severity of injury (CODE)					
17a. Misadventures in procedures (CODE)			17b. Misadventures in diagnosis (CODE)		
18a. Others contributing to injury (CODE)		18b. Associated issues (CODE)		18c. Coverage (CODE)	
19. Companion claim file identification					
1.		2.		3.	
20a. Date of this payment or closure		20b. Claim disposition (CODE)		20c. Settlement (CODE)	
21a. Court (CODE)		21b. Binding arbitration (CODE)		21c. Review panel (CODE)	
22. Indemnity paid by you on behalf of this defendant				\$	
23. Other indemnity paid by or on behalf of this defendant				\$	
24. Indemnity paid by all parties (for all defendants)				\$	
25. Loss adjustment expense paid to defense counsel				\$	
26. All other allocated loss adjustment expense paid by you				\$	
27. Injured person's incurred medical expense				\$	
28. Injured person's anticipated future medical expense				\$	
29. Injured person's incurred wage loss				\$	
30. Injured person's anticipated wage loss				\$	
31. Injured person's other expense				\$	
32. Total amount allocated for future periodic payments (for all defendants)				\$	

Contact Person and Telephone Number

Address

Person Responsible for Report