

Figure: 22 TAC §194.31(c)(9)

TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY
P.O. Box 2018, MC-263
Austin, Texas 78768-2018

PROFESSIONAL LIABILITY CLAIMS REPORT

FILE ONE REPORT FOR EACH DEFENDANT.

PART I. COMPLETE FOR ALL CLAIMS OR COMPLAINTS AND FILE WITH THE TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY (BOARD) WITHIN 30 DAYS FROM RECEIPT OF COMPLAINT OR CLAIM. INCLUDE COPY OF CLAIM LETTER AND/OR PLAINTIFF'S 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 and address of insurer:

2. Defendant: _____

Certificate or permit number: _____

3. Plaintiff's name: _____

4. Policy number: _____

5. Date claim reported to insurer/self-insured certificate or permit holder: _____

6. Type of complaint: _____ claim only _____ lawsuit

7. Initial reserve amount after investigation: _____

If this is not determined within 30 days, report this data within 30 days after determination.)

Person completing this report (SIGNATURE)

Person completing this report (PRINT NAME) Phone: _____

PART II. COMPLETE AFTER DISPOSITION OF THE CLAIM AS DEFINED IN 22 TAC §194.31, INCLUDING DISMISSALS OR SETTLEMENTS. FILE WITH THE BOARD WITHIN 105 DAYS AFTER DISPOSITION OF THE CLAIM. A COPY OF A COURT ORDER OR SETTLEMENT AGREEMENT MAY BE USED.

1. Date of disposition: _____
2. Type of Disposition: _____ (1) Settlement _____ (2) Judgment after trial _____ (3) Other (please specify)
3. 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)
4. Appeal, if known: _____ Yes _____ No. If yes, which party:

Person completing this report (SIGNATURE)

Person completing this report (PRINT NAME)

Phone: _____