



Oregon Malpractice Claim Report Form

Revised 05/2015

Per ORS 742.400, claim reporters are required to submit claim information to the Oregon Medical Board within **30-days** of notice to them (Part I) and again (Parts I and II) when the claim is resolved, including claims closed without payment. **The form below should be completed for every claim received by the reporting entity.** Please send the printed, completed form to the Oregon Medical Board at the address below.

PART I

Reporting Entity Information:

Initial Report? Yes No Previous Report Closure Information? Yes No

Reporting Entity _____ Claim File ID _____

Mailing Address _____ NAIC # _____

Contact Person _____ Phone _____

Covered Practitioner (MD, DO, DPM, PA only):

License # _____ Name _____ Date of Birth _____

Injury/Incident Data:

REQUIRED Is Claim Court Filed? Yes No If yes, Date Filed in Court _____

Claim Filed by/Plaintiff _____

Injured Person(s) _____ Date of Birth _____

In cases involving stillbirth, the name of the injured is "baby girl" (or boy) together with the last name of the parent.

Age At The Time of Injury _____ Male Female Date of Injury _____

City Where Injury Occurred _____

Name of Institution (if injury occurred in institution) _____

Allegations and reasons for claim. State patient's actual, original, abnormal condition and any material diagnosis, procedure, planning error, medical injury, or other allegation. Be as detailed as possible. Attach additional pages if necessary.

PART II

Closure Data (See instructions for Codes):

Closure Date _____ Claim Disposition Code _____ Court Code _____

	Court Code			
	Economic	Non-Economic	Punitive	Unspecific
Indemnity insurer paid on behalf of defendant	\$	\$	\$	\$
Other Indemnity paid by/on behalf of defendant	\$	\$	\$	\$
Indemnity paid by all parties (for all defendants)	\$	Additional Comments:		
Loss adjustment expense paid to defense counsel	\$			
All other allocated loss adjustment expenses paid	\$			

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Instructions

Malpractice reporters, as defined in ORS 742.400, **shall** use this form to report professional negligence (malpractice) claims against any physician (MD/DO), podiatrist (DPM), or physician assistant (PA) that they insure. ORS 742.400 requires reporters to submit the form to the Oregon Medical Board:

1. **Part I-** Within 30-days after receiving notice of the claim.

And

2. **Parts I and II-** Within 30-days after the date of any settlement, award, judgment or other closure.

ORS 742.400 defines a claim as a written demand for payment that is made in a complaint filed with a court. Such reports are made public only after the claim is closed. Reporters (i.e., Insurers) may also submit non-court filed claims to the Board; such claims will not be made public.

Submit one report for each claim against each professional that you insure. Consolidate information into one report if you provide both primary and excess coverage, or if you otherwise create multiple claim records.

CLOSURE DATA

Claim Disposition Code	
1	Settled by parties (including abandoned cases)
2	Disposed of by a court (including dismissals)
3	Disposed of by binding arbitration

Court Code	
0	No court proceedings were initiated
1	Directed verdict for plaintiff
2	Directed verdict for defendant
3	Judgment notwithstanding verdict for plaintiff (judgment for defendant)
4	Judgment notwithstanding verdict for defendant (judgment for plaintiff)
5	Judgment for plaintiff
6	Judgment for defendant
7	Judgment for plaintiff after appeal
8	Judgment for defendant after appeal
9	All others (including dismissals & claims settled after initiation of court proceedings)

Indemnity insurer paid on behalf of defendant	If more than one policy is involved, total the amounts paid by your company under all policies (for this defendant only)
Other Indemnity paid by/on behalf of defendant	All indemnity paid by other parties (for this defendant only)
Indemnity paid by all parties (for all defendants)	The total indemnity paid by ALL parties on behalf of all defendants involved in this incident, if known. Note: this amount must not be less than the total of indemnity insurer paid on behalf of the defendant and other indemnity paid by/on behalf of defendant.
Loss adjustment expense paid to defense counsel	The loss adjustment expense paid by you to the defense counsel for this defendant.
All other allocated loss adjustment expenses paid	All other allocated loss adjustment expense paid by you for this defendant. Include filing fees, telephone charges, photocopying fees, expenses of defense counsel, etc.