

TEXAS PERFUSIONIST LICENSURE ADVISORY COMMITTEE
P.O. Box 2018, MC-263
Austin, Texas 78768-2018
PROFESSIONAL LIABILITY CLAIMS REPORT

FILE ONE REPORT FOR EACH DEFENDANT PERFUSIONIST

PART I. COMPLETE FOR ALL CLAIMS OR COMPLAINTS AND FILE WITH THE TEXAS MEDICAL 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 perfusionist: _____

License number: _____

3. Plaintiff's name: _____

4. Policy number: _____

5. Date claim reported to insurer/self-insured perfusionist:

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 number

PART II. COMPLETE AFTER DISPOSITION OF THE CLAIM AS DEFINED IN 22 TAC §188.19, INCLUDING DISMISSALS OR SETTLEMENTS. FILE WITH THE TEXAS MEDICAL BOARD WITHIN 30 DAYS AFTER DISPOSITION OF THE CLAIM. A COPY OF A COURT ORDER OR SETTLEMENT AGREEMENT MAY BE USED AS PROVIDED IN 22 TAC §188.19.

8. Date of disposition: _____

9. Type of Disposition:

_____ (1) Settlement

_____ (2) Judgment after trial

_____ (3) Other (please specify)

10. 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)

11. Appeal, if known: _____ Yes _____ No.

If yes, which party: _____

Person completing this report (SIGNATURE)

Person completing this report (PRINT NAME)

Phone number