MEDICAL MALPRACTICE CLAIM REPORT

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 17118 (Rev. 1-2006)

INSTRUCTIONS

a. Complete Sections A, B, and C for all adjudicated, paid or closed claims within thirty (30) days of such event.
b. Complete Section A, only, for each claim not previously reported pursuant to instruction a reported to your company during the six-month periods ending June 30th and December 31st of each year. The June 30th reports are due on or before September 30th, and the December 31st reports are due on or before March 31st of the following year.
c. Include all professional liability claims involving the providing of health care services including, but not limited to, physicians, hospitals, nurses, chiropractors, etc.
d. When completing the section about individuals named in the complaint, include the name of the physician, nurse, chiropractors, etc. and their addresses, if they are named as the defendant or named in the complaint.
e. A copy of North Dakota Century Code Section 26.1-01-05, which explains the purpose of this form, is provided on the reverse side of this form.
f. Mail report to the North Dakota Insurance Department, State Capitol, 600 E. Boulevard Avenue, Bismarck, North Dakota 58505- 0158.
g. If more space is needed, please attach additional sheets.

NOTE: IF THE PROVIDER OR THE INSURER OF A PROVIDER DOES NOT HAVE ANY CLAIMS, SETTLEMENTS OR CLAIMS OR FINAL JUDGMENT TO REPORT, IT IS NOT NECESSARY TO FILE A FORM WITH THE COMMISSIONER.

SECTION A

PLEASE TYPE ALL INFORMATION

Name of Reporting Insurer			Current Date
Claim File I.D.	Date of Injury	City Where Injury Occurred	Date Reported
Individual Named in Complaint (Defendant) - See Instruction d			
Address			
City		State	Zip Code
Nature and Substance of Claim			

SECTION B

Date of Payment, Judgment, or Closing of File	Claim Disposition ☐ Settled by Parties ☐ Disposed by Court ☐ Binding Arbitration ☐ Claim Abandoned/Not Pursued
Settlement ☐ Before Trial of Hearing ☐ During Trial or Hearing ☐ After Trial or Hearing	Court Results ☐ No Proceedings ☐ Verdict/Judgment for Plaintiff ☐ Verdict/Judgment for Defendant ☐ All Other

SECTION C

Please Provide a Brief Explanation for Closing of Claim		
Amount Paid to Plaintiff	Loss Adjustment Expense Paid to Defense Counsel	
Amount of Other Allocated Loss Adjustment Expense		
Contact Person	Title	Telephone Number
Address		
City	State	Zip Code
Signature of Person Responsible for this Report		

REPORTING OF MEDICAL MALPRACTICE

The 1983 North Dakota Legislature enacted 26.1-01-05 as follows:

26.1-01-05. REPORTING AND REVIEW OF MEDICAL MALPRACTICE CLAIMS, SETTLEMENTS, AND JUDGMENTS.

1. A health care provider or the insurer of a health care provider, if any, shall report all claims, settlements of claims, or final judgments against the health care provider to the commissioner. The report must be made in the manner prescribed by the commissioner and must provide those facts the commissioner deems necessary to gather adequate information regarding claims, settlements of claims, and final judgments against health care providers. For purposes of this section, a "health care provider" includes any person, corporation, facility, or institution licensed by this state to provide health care of professional services as a physician, hospital, dentist, professional or practical nurse, physician's aide, optometrist, podiatrist, chiropractor, physical therapist, or psychologist, or an officer, employee, or agent acting in the course and scope of employment.

2. The commissioner shall forward copies of all reports required by this section to the appropriate board of professional registration, examination, or licensure. That board shall review all reports which it receives and may take any necessary disciplinary action against a health care provider where the action is appropriate, including censure, imposition of probation, or suspension or revocation of the health care provider's license. The board shall conduct the review as an administrative hearing in the manner provided in chapter 28-32, including the giving of appropriate notice.

Submit to: North Dakota Insurance Department
600 E. Boulevard Avenue - Dept 401
State Capitol
Bismarck, ND 58505-0158