

MALPRACTICE CLAIM REPORT FOR GEORGIA LICENSED PHYSICIANS

This is a report of malpractice claims required pursuant to Georgia Law O.C.G.A. 33-3-27. You may photocopy this form as you see fit to maintain your inventory of report forms. Reports should be mailed or delivered to the following address within 10 days of payment, judgment or agreement or parties in the claims. *Composite State Board of Medical Examiners, 2 Peachtree St., NW 36th Floor, Atlanta Georgia 30303*

Check Applicable Sentence:

- () This case was resolved for more than \$10,000 after a lawsuit was filed and a copy of the complaint and affidavit is attached to this report.
- () This case was resolved for greater than \$10,000 before a lawsuit was filed and there is a demand letter attached to this report in lieu of a complaint and affidavit.

Section 1 Insured (Physician's Name Only; No P.C.s or Corporation)

Insured's Name: _____

Georgia License Number: _____ Claim#: _____

Names of Other Defendants:

- 1. _____ 3. _____
- 2. _____ 4. _____

Description of Action or Injury Precipitating Claim or Suit:

Section 2 Claimant

Claimant's Name: _____ Patient's Name: _____

Section 3 Payment information

Type of Payment: () Judgment () Settlement () Arbitration

Amount of payment: _____ Date of payment: _____

Section 4 Insurance Company

Insurer: _____ Telephone Number: () _____

Name of Person Making Report (Print): _____