



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806
Juneau, AK 99811-0806
Telephone: 907-269-8163

REPORT OF MALPRACTICE CLAIM SETTLEMENT

Please read instructions carefully:

- 1) FORM MUST BE TYPED. Handwritten, incomplete or illegible reports will be returned.
- 2) Answer all questions in the form.
- 3) Return the completed form to the letterhead address.
- 4) DO NOT USE PATIENT NAME TO IDENTIFY CASE.
- 5) Submit your report within 30 days following the settlement of a case. Refer to statutes and regulation (on page 3).
- 6) Social security number for identification purposes only - not released to the public.

PART I IDENTIFICATION INFORMATION

NAME (Last, First, Middle)	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE - DAY	TELEPHONE - FAX
ALASKA LICENSE NUMBER No. _____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> PA-C	SOCIAL SECURITY NUMBER <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>

PART II CLAIM INFORMATION

Case/Claim/ Court/Chart Number: _____ Date(s) of Occurrence: _____ Date of Award/ Settlement: _____

Total Amount of Award/Settlement* Paid on Your Behalf: \$ _____

* If the amount is subject to a confidentiality order, you must report the amount and attach a copy of the court order or agreement to this report. (See additional information on page 3.)

Type of Payment (check one): One-Time Lump Sum Monthly Annuity Structured Settlement Other

Type of Award/Settlement (check one): CA (Court Award) PC (Private Compromise)
 SET-A (Settlement after initiation civil action) SET-B (Settlement before initiation civil action)

Location of Medical Records (Indicate hospital, doctor's office, etc.): _____

PART III ALLEGATION

Describe the nature of the allegation of the malpractice claim.

PART VI

STAFF AND BOARD REVIEW

STAFF REVIEW: Signature	DATE:
ENTERED IN LICENSE DATABASE: Date:	BY:
REVIEWED BY BOARD Meeting of:	
RECOMMENDATION OF BOARD: <input type="checkbox"/> No further action required <input type="checkbox"/> Additional Information Required <input type="checkbox"/> Refer to Investigations	
RETURNED TO BOARD WITH ADDITIONAL INFORMATION: Meeting of:	
FOLLOW UP LETTER SENT: <input type="checkbox"/> Closure, no further action <input type="checkbox"/> Referred to Investigations for further inquiry	

Sec. 08.64.130. Board records. (a) The board shall preserve a record of its proceedings, which must contain the name, age, residence and duration of residence of each applicant for a license, the time spent by the applicant in medical study, the place of medical study, and the year and school from which degrees were granted. The record must also show whether the applicant was granted a license or rejected.

(b) The board shall maintain records for each person licensed under this chapter concerning the outcome of malpractice actions and claims as reported under AS 08.64.200(a) and 08.64.345. The board must periodically review these records to determine if the licensee should be found to be professionally incompetent under AS 08.64.326(a)(8)(A).

(c) The board shall make available to the public the information maintained under (a) and (b) of this section for each person licensed under this chapter.

Sec. 08.64.345. Reports relating to malpractice actions and claims. A person licensed under this chapter shall report in writing to the board concerning the outcome of each medical malpractice claim or civil action in which damages have been or are to be paid by or on behalf of the licensee to the claimant or plaintiff, whether by judgment or under a settlement. This report shall be made within 30 days after resolution of the claim or termination of the civil action.

12 AAC 40.930. Requirements for Reporting the Outcome of Malpractice Claims or Actions. (a) A person licensed under this chapter shall submit to the board a signed, notarized report on a form provided by the department, explaining the outcome of each malpractice claim or action against the licensee in which damages have been or are to be paid, whether by judgement or settlement. Reports shall be submitted to the board within 30 days of the date of the resolution of the claim or action.

- (b) Malpractice reports shall include the
- (1) name and address of the licensee;
 - (2) telephone number of the licensee;
 - (3) date of the occurrence;
 - (4) summary of the alleged malpractice;
 - (5) summary of the licensee’s response to the allegations;
 - (6) case, claim, or court number of the malpractice claim or action; if a court action was not filed, the medical record or chart number, and the location of the records relating to the alleged malpractice;
 - (7) amount of the award or settlement paid or to be paid by or on behalf of the licensee;
 - (8) date of award or settlement;
 - (9) following type of resolution of the claim or action:
 - (A) court or jury award;
 - (B) settlement following initiation of civil court action;
 - (C) settlement before the initiation of civil court action;
 - (D) other private compromise.

(c) Failure to submit a malpractice report required by this section constitutes unprofessional conduct under 12 AAC 40.967 and is subject to disciplinary action by the board.

CONFIDENTIAL SETTLEMENTS:

Please note that most confidential settlements have a provision that the details of such settlements will be confidential unless required to be disclosed by law. These statutes and regulations require disclosure to the medical board regardless of the nature of the settlement. If the amount is subject to a confidentiality order from a court, a copy of the court order must be provided with the form when submitting the report. Since the information maintained by the board is subject to release to the public upon request, in order to comply with a court ordered confidentiality clause, we must have a copy of the court order on file.