



REPORT OF SETTLEMENT, JUDGMENT OR ARBITRATION AWARD

Required by Section 801.01, California Business and Professions Code

PLEASE CHECK THE APPROPRIATE BOX:

- | | | |
|---|---|--|
| <input type="checkbox"/> Section 801.01(b)(1) (Insurance Company) | <input type="checkbox"/> Section 801.01(b)(2) (Self-insured) | <input type="checkbox"/> Section 801.01(e) (Plaintiff's Counsel) |
| <input type="checkbox"/> Section 801.01(b)(3) (State or Local Government) | <input type="checkbox"/> Section 801.01(c) (Employer-Prof. Corp., group practice, health care facility or clinic) | |

******PLEASE PRINT OR TYPE******

REPORTING ENTITY:

1. Name of Entity _____	3. Name of Person Preparing Report _____
2. Address _____	4. Telephone _____

PHYSICIAN/PROVIDER:

5. Name _____	9. Defense Counsel Name _____
6. Address _____	10. Defense Counsel Address _____
7. License Number _____	11. Defense Counsel Telephone _____
8. Specialty/subspecialty _____	12. SEE PAGE 2 FOR INSTRUCTIONS

PLAINTIFF/CLAIMANT:

13. Name _____	23. Plaintiff's Counsel Name _____
14. Address _____	24. Plaintiff's Counsel Address _____
15. Relationship to Patient _____	25. Plaintiff's Counsel Telephone _____
16. <u>Patient</u> Name _____	
17. <u>Patient</u> Date of Birth _____	
18. Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Medical Record Number _____	
20. Date of Occurrence _____	
21. Hospital Name _____	
22. Hospital Address _____	

26. SEE REVERSE FOR INSTRUCTIONS	27. Case Resulted in: (Check one)	28. Date Resolved:	29. Total Amount of Award:	30. Total Paid on Behalf of Physician:
	<input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award	_____	\$ _____	\$ _____
Enclose Copy of Supporting Documents (i.e., settlement agreement, judgment, etc.)				

31. Name and Location of Court/Arbitrator: _____	32. Filing Date: _____	33. Docket Number: _____
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Failure to substantially comply with this section is a public offense punishable by a fine of not less than five hundred dollars (\$500) and not more than five thousand dollars (\$5000).

I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge the information provided within this report and any attachments is true and correct.

Signature of Preparer

Date

REPORT OF SETTLEMENT, JUDGMENT OR ARBITRATION AWARD

Enter the full name, address, license number and specialty of every licensee alleged to have acted improperly, whether or not that individual was a named defendant in the action and whether or not that individual was required to pay any damages pursuant to the settlement, arbitration award, or judgment:

Provider's Name and Address	License #	Specialty	Amount Paid on Behalf of Physician (If Applicable)
<hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	\$ <hr/> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award </div>
<hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	\$ <hr/> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award </div>
<hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	\$ <hr/> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award </div>
<hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	\$ <hr/> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award </div>
<hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	\$ <hr/> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award </div>

Enter a comprehensive summary of the facts, including the date of occurrence and whether a death occurred, and the role of the provider(s) in the care or professional services provided to the patient with respect to those services at issue in the claim or action (Attach additional pages if necessary):

****PLEASE NOTE****: California Business & Professions Code Section 801.01(h)(3) requires every reporting entity that submits this report to include with the report copies of the records and depositions.

Records included: Yes No (If not, please provide reason):