

27. Medical Malpractice Court Judgments/Settlements [See 26 VSA § 1368(a)(6A)]

A. Judgments

Please provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you, and any pending malpractice cases; complete the below information and provide copies of papers fully documenting these matters.

Judgment       Arbitration

\_\_\_\_\_  
(Date)      (Court)      (State)      (Nature of Case)      (Amount Assessed Against You)

If necessary, please use an additional sheet and check this box: .....

B. Settlements

Please provide a description of all pending settlements and settlements of medical malpractice claims against you. Please complete the below information and provide copies of papers fully documenting these matters.

\_\_\_\_\_  
(Date)      (Court)      (State)      (Amount Assessed Against You)

If necessary, please use an additional sheet and check this box: .....

**Medical Malpractice Claim**

Please provide the following information regarding each instance of alleged malpractice. This section should be photo copied and filled out separately for each claim. Additional sheets may be obtained/used if necessary.

Insurer \_\_\_\_\_

Claimant Name \_\_\_\_\_

Description of alleged claim (allegations only): This does not constitute an admission of fault or liability.

Please indicate:

1. Patient's condition at point of your involvement;
2. Patient's condition at end of treatment;
3. The nature and extent of your involvement with the patient;
4. Your degree of responsibility for the course of treatment in leading to the claim; and
5. Narrative of event.

\_\_\_\_\_  
If the incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:

Your role (circle one):

- |                           |                                     |
|---------------------------|-------------------------------------|
| 01 Anesthesiologist       | 11 PGY 4                            |
| 02 Primary Care Physician | 12 PGY 5                            |
| 03 Referring Physician    | 13 PGY 6                            |
| 04 Attending Physician    | 14 PGY 7                            |
| 05 Consultant Specialist  | 15 Workman's Compensation Evaluator |
| 06 Surgeon                | 16 Court Psychiatrist               |
| 07 Fellow                 | 17 On-Call Physician                |
| 08 PGY 1                  | 18 Group Practitioner/Partner       |
| 09 PGY 2                  | 19 Other: Specify _____             |
| 10 PGY 3                  | 20 Unknown                          |

Your Legal Representative in this matter (include name, address and telephone number)

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Indicate Decision, Appeal, Settlement, Dismissal:**

If a Court or Arbitration Panel heard your case, indicate the following:

Court \_\_\_\_\_

Court's location \_\_\_\_\_

Docket number \_\_\_\_\_

Date the action was filed \_\_\_\_\_

Decision determined by (check one): \_\_\_\_\_ Judge \_\_\_\_\_ Jury \_\_\_\_\_ Arbitration Panel

Decision: \_\_\_\_\_ Award: \_\_\_\_\_

If your case was appealed, indicate the following: Date appeal filed (month, day, year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date appeal decided: (month, day, year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If your case was settled, indicate the following:

Settlement amount paid on your behalf: \_\_\_\_\_

Total settlement amount: \_\_\_\_\_

Date of settlement: (month, day, year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Case dismissed against you \_\_\_\_\_ Against all defendants

**Important:** In addition to the above information, please attach a copy of the complaint and final judgment, settlement and release, or other final disposition of the claim. This information can be obtained from your legal representative.

Additional information, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_