



MEDICAL BOARD OF CALIFORNIA Central Complaint Unit



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
	11. Defense Counsel Telephone
7. License Number	12. SEE REVERSE FOR INSTRUCTIONS
8. Specialty/subspecialty	

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? Yes 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) Settlement Judgment Arbitration Award Enclose Copy of Supporting Documents (i.e., settlement agreement, judgment, etc.)	28. Date Resolved:	29. Total Amount of Award: \$	30. Total Paid on Behalf of Physician: \$
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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

REVERSE PAGE - REPORT OF SETTLEMENT, JUDGMENT OR ARBITRATION AWARD

12. 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	License #	Specialty	Amount Paid on Behalf of Physician (If Applicable)
			\$ <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award
			\$ <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award
			\$ <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award
			\$ <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award
			\$ <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award

26. 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):
