



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Enforcement Program
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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

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? 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)	28. Date Resolved:	29. Total Amount of Award:	30. Total Paid on Behalf of Physician:
	Settlement Judgment 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

