

**WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE
MALPRACTICE LIABILITY CLAIMS INFORMATION**

(Copy this form to report multiple claims)

Sign and return even if there have been no malpractice claims to report.

Name of patient involved: _____

In which state did the action take place? _____

Which court? _____

Case number: _____

Amount of judgment or settlement: \$ _____

Month and year of event precipitating claim: _____

Month and year of lawsuit: _____

Insurance carrier at time: _____

What is/was your status? Primary Defendant Co-Defendant Other

Please list other defendants: _____

What were/are the allegations? _____

How were you alleged to have caused harm or injury to this patient?

Please provide specifics in reference to the adverse event:

What is/was your role in this event? _____

Current status of this claim: _____

Signature

Date