

Oregon Malpractice Claim Report Form

Revised 07/2025

Per ORS 742.400, claim reporters are required to submit claim information to the Oregon Board of Naturopathic of Medicine within **30-days** of notice to them (Part I) <u>and</u> again (Parts I and II) when the claim is resolved, including claims closed without payment. **The form below should be completed for every claim received by the reporting entity.** Send the completed form to the Oregon Board of Naturopathic Medicine at the email address below.

PA	RT I					
Reporting Entity Information:						
Initial Report? ☐ Yes ☐ No Previou	is Report Clos	ure Informati	ion? \square Y	es \square No		
Reporting Entity		Claim File	ID			
Mailing Address			AIC #			
Contact Person		Ph	ione			
Covered Practitioner (ND only):						
License #Name		Da	ate of Birth			
Injury/Incident Data:						
REQUIRED Is Claim Court Filed? □Yes □N	lo If yes, D	ate Filed in Co	ourt			
Claim Filed by/Plaintiff						
Injured Person(s)		Da				
In cases involving stillbirth, the name of the injured is "baby girl" (or boy) Age At The Time of Injury						
, ,						
Name of Institution (if injury occurred in institution	<u> </u>					
Allegations and reasons for claim. State patient's ac		ahnormal co	ndition and a	ny material		
•				•		
diagnosis, procedure, planning error, medical injury, or other allegation. Be as detailed as possible. Attach additional pages if necessary.						
recent additional pages in necessary.						
PAI	RT II					
Closure Data (See instructions for Codes):						
Closure DateClaim Disposition Code Court Code						
	Economic	Non- Economic	Punitive	Unspecific		
Indemnity insurer paid on behalf of defendant	\$	\$	\$	\$		
Other Indemnity paid by/on behalf of defendant	\$	\$	\$	\$		
Indemnity paid by all parties (for all defendants)	\$	Additional C	Comments:			
Loss adjustment expense paid to defense counsel	\$					
All other allocated loss adjustment expenses paid	\$					

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Instructions

Malpractice reporters, as defined in ORS 742.400, **shall** use this form to report professional negligence (malpractice) claims against any Naturopathic Doctors (ND), that they insure. ORS 742.400 requires reporters to submit the form to the Oregon Board of Naturopathic Medicine:

1. Part I- Within 30-days after receiving notice of the claim.

And

2. Parts I and II- Within 30-days after the date of any settlement, award, judgment or other closure.

ORS 742.400 defines a claim as a written demand for payment that is made in a complaint filed with a court. Such reports are made public only after the claim is closed. Reporters (i.e., Insurers) may also submit non-court filed claims to the Board; such claims will not be made public.

Submit one report for each claim against each professional that you insure. Consolidate information into one report if you provide both primary and excess coverage, or if you otherwise create multiple claim records.

CLOSURE DATA

Claim Disposition Code		
1	Settled by parties (including abandoned cases)	
2	Disposed of by a court (including dismissals)	
3	Disposed of by binding arbitration	

Cou	rt Code
0	No court proceedings were initiated
1	Directed verdict for plaintiff
2	Directed verdict for defendant
3	Judgment notwithstanding verdict for plaintiff (judgment for defendant)
4	Judgment notwithstanding verdict for defendant (judgment for plaintiff)
5	Judgment for plaintiff
6	Judgment for defendant
7	Judgment for plaintiff after appeal
8	Judgment for defendant after appeal
9	All others (including dismissals & claims settled after initiation of court proceedings)

Indemnity insurer paid on behalf of defendant	If more than one policy is involved, total the amounts paid by your company under all policies (for this defendant only)
Other Indemnity paid by/on behalf of defendant	All indemnity paid by other parties (for this defendant only)
Indemnity paid by all parties (for all defendants)	The total indemnity paid by ALL parties on behalf of all defendants involved in this incident, if known. Note: this amount must not be less than the total of indemnity insurer paid on behalf of the defendant and other indemnity paid by/on behalf of defendant.
Loss adjustment expense paid to defense counsel	The loss adjustment expense paid by you to the defense counsel for this defendant.
All other allocated loss adjustment expenses paid	All other allocated loss adjustment expense paid by you for this defendant. Include filing fees, telephone charges, photocopying fees, expenses of defense counsel, etc.