



# Monthly Closed Malpractice Claims Report

Revised 9/2017

## Requestor information:

Name		Date	
Company Name (if applicable)		Preferred Phone	
Mailing Address	City	State	Zip
E-mail		Fax <i>No international faxes</i>	
Method of delivery:	<input type="checkbox"/> Postal Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax <input type="checkbox"/> Will Call

The Monthly Closed Malpractice Claims Report contains information about **Oregon** malpractice claims that were **closed** in a particular month. Please check the boxes and indicate the year for the monthly reports you wish to purchase:

	Year		Year
<input type="checkbox"/> January	_____	<input type="checkbox"/> July	_____
<input type="checkbox"/> February	_____	<input type="checkbox"/> August	_____
<input type="checkbox"/> March	_____	<input type="checkbox"/> September	_____
<input type="checkbox"/> April	_____	<input type="checkbox"/> October	_____
<input type="checkbox"/> May	_____	<input type="checkbox"/> November	_____
<input type="checkbox"/> June	_____	<input type="checkbox"/> December	_____

**This report is \$15.00 per month.** You may purchase up to a year’s worth of reports using this form. To calculate your total cost, multiply the number of reports you checked above by \$15.00.

Number of reports: \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_ **TOTAL FEE DUE**

The Board will complete the above request upon receipt of the required fee. If paying by check, please make your check payable to the “Oregon Medical Board.” You may also purchase this report with a credit card by completing the form on the following page.

**For faster service, please return this letter with your payment. Thank you!**

For OMB Use Only	
Date Provided: _____	Provided by: _____

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## Credit Card Payment

Note: All payment information is confidential, Oregon Medical Board use only.

**DO NOT E-MAIL CREDIT CARD PAYMENT FORM**

<hr/>		\$ Amount
Company Name		
<hr/>		
Printed Name as it Appears on Card		
<hr/>		<hr/>
Signature		Phone Number with Area Code
<hr/>		
Cardholder's Mailing Address		
<hr/>		<hr/>
Credit Card Number – VISA, MASTERCARD, OR DISCOVER		Expiration Date