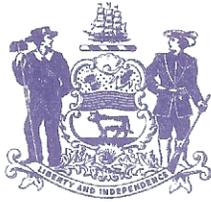


# State of Delaware



MATTHEW DENN  
INSURANCE COMMISSIONER

841 SILVER LAKE BLVD.  
DOVER, DELAWARE 19904-2465  
(302) 739-4251  
FACSIMILE (302) 739-5280

## Department of Insurance

### DOMESTIC/FOREIGN INSURERS BULLETIN NO. 18 MEDICAL NEGLIGENCE INSURANCE CLAIMS REPORTING

ISSUED: July 20, 2005

On July 7, 2005, House Bill 133 became effective as 75 *Del. Laws* Ch. 109. The law amends Delaware's medical negligence insurance litigation law by rewriting the reporting requirements for insurers settling or paying claims on medical negligence actions.

The changes to the reporting requirements in 18 *Del. C.* § 6820 now require that insurers paying any amount for insurance coverage under a medical malpractice/negligence policy shall, within sixty (60) days following final disposition of the case by agreement, settlement, order, adjudication, or otherwise, file a report with the Delaware Department of Insurance which shall include the following information:

- The name of the insured.
- A detailed statement of the medical negligence claim asserted against the insured.
- A statement detailing the result or final disposition of the claim against the insured, including disclosure of the manner of the resolution or disposition of such claim, the amount ordered, adjudged or agreed to be paid by or on behalf of the insured, the amount paid by such insurance carrier on behalf of the insured as part of that settlement, adjudication or order and the total amount paid by such insurance carrier for attorney's fees, costs and expenses incurred on behalf of the insured.

The form approved by the Delaware Department of Insurance and the Delaware Board of Medical Practice is attached and shall be used by all insurers submitting reports required by 18 *Del. C.* § 6820. Insurers shall provide a copy of the completed form to each insured party to the claim. Insurers are permitted to modify the form to provide for non-substantive recurring or routine information such as company name and contact information, claim prefix or suffix designators, etc. The form is available online and can be downloaded for form modification and use at <http://www.state.de.us/inscom/default.shtml>.



Matthew Denn  
Insurance Commissioner

**REPORT OF DELAWARE MEDICAL NEGLIGENCE CLAIMS 18 Del. C. § 6820**

(PLEASE TYPE OR PRINT CLEARLY)

TO: Delaware Insurance Department  
Attn: Shirley L. Davis  
841 Silver Lake Blvd.  
Dover, De 19904  
(302) 739-4251 Fax (302) 739-6278

FROM: Insurer's Name: \_\_\_\_\_  
Insurer's NAIC No.: \_\_\_\_\_  
Insurer's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Insurer's Telephone No.: \_\_\_\_\_

**1. INSURED PERSON OR ENTITY**

Name: \_\_\_\_\_  
Professional affiliation, if any: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Field or Specialty: \_\_\_\_\_  
Delaware License No.: \_\_\_\_\_

**2. CLAIMANT**

Name(s): \_\_\_\_\_  
Claim No.: \_\_\_\_\_

**3. CIVIL SETTLEMENT WITHOUT LAWSUIT**

If this claim was settled without a lawsuit being filed, please provide the following information:

- A. Was payment made to the claimant: Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Date of settlement \_\_\_\_\_
- C. Date claim closed \_\_\_\_\_
- D. Amount of insurer's payment to Claimant excluding attorneys fees \$ \_\_\_\_\_
- E. Amount of insurer's legal fees and non-medical costs related to the claim \$ \_\_\_\_\_
- F. If more than one person or entity contributed to the settlement:
  - The full amount of settlement \$ \_\_\_\_\_
  - The full amount of legal fees and non-medical costs related to the claim irrespective of whether the claimant received any payment \$ \_\_\_\_\_

