South Dakota Division of Insurance

Medical Malpractice Report

Instructions

a. Complete sections A and B for all adjudicated, paid or closed claims within thirty days of such event.

b. Complete section A, only, for each claim not previously reported pursuant to instruction a., reported to company during the six-month periods ending June 30th and December 31st of each year. June 30th reports are due on or before September 30th and December 31st reports are due on or before March 31st of the year following.

c. Include all professional liability claims involving the providing of health care services including, but not limited to, physicians, hospitals, nurses, chiropractors, dentists, etc.

d. Mail reports to: Division of Insurance, 346 U. Gweif Q 2nd Floor, Pierre, South Dakota 57501.

e. Attach additional sheets as necessary.

Section A

1. Name of reporting insurer: ________________________________

2. Date of this report: __________  3. Claim File I.D.: __________________________

4. Date of injury: __________  5. Date reported: __________________________

6. Insured's name: _____________________________________________

7. Insured's address: _____________________________________________

8. Place where injury occurred: ______________________________________

9. Claimant or plaintiff's name(s): _________________________________

10. Claimant or plaintiff's age(s): _________________________________

11. Claimant or plaintiff's address: ______________________________________

12. Name of injured party (if other than No. 9): __________________________

13. Nature and substance of claim (for each claimant): __________________________

Section B

14. Date of this report: _____________________________________________

15. Date of payment, judgment or closing of file: __________________________

16. Type of settlement:
   ____ Court Settlement   ____ Arbitration   ____ Negotiated   ____ Closed without payment
   ____ Other (Describe) _____________________________________________

17. If consideration was not paid on behalf of insured and judgment for no cause of action not entered, state reason for dismissal: _____________________________________________

18. Has aware been appealed? _____ Yes  ____ No
   Which party? _____ Plaintiff  ____ Insured

19. Amount of settlement on behalf of insured (separate for each clmt): $____________

20. Loss adjustment expense paid to defense counsel: $ _____________

21. Amount of other allocated loss adjustment expense: $ ______________

Signature

Printed Name __________________________ Phone Number __________________________

Title

124 South Euclid, 2nd Floor  •  Pierre, SD 57501
CHAPTER 23A
MEDICAL MALPRACTICE INSURANCE

58-23A-1. Exclusion of coverage on basis of execution of arbitration agreement prohibited.
58-23A-4. Data required on disposition of claims.
58-23A-5. Forwarding of information to professional licensing board.
58-23A-7. Insurers and division not liable for official actions under chapter.

58-23A-1. Exclusion of coverage on basis of execution of arbitration agreement prohibited. No medical or hospital professional liability insurance policy shall contain a provision or be construed to exclude coverage on the basis of the insured's execution of an agreement contemplated by chapter 21-25B.

58-23A-2. Reports of malpractice claims required of insurers -- Frequency. Each insurance company engaged in issuing professional medical malpractice insurance in this state shall file with the State Division of Insurance a report of all claims for medical malpractice made against any of its insureds and received by it since its last report. Such reports shall be made to the division not less than semiannually on dates determined by the division.

58-23A-3. Form and contents of report on claims. Such reports shall be in writing on a form prescribed by the division and shall contain the following information:
(1) Name and address of physician, nurse, hospital, or other person or institution against which claim is made;
(2) Name, address, and age of the claimant or plaintiff;
(3) Nature and substance of the claim; and
(4) Date and place from which the claim arose.

58-23A-4. Data required on disposition of claims. The following data and information shall be furnished by the insurance company to the division within thirty days from any judgment, settlement, or other dismissal involving the insured:
(1) Date of any judgment, settlement, or other dismissal;
(2) Whether any appeal has been taken and by which party;
(3) Amount of any judgment against the insured;
(4) Amount of any settlement paid on behalf of the insured, whether such settlement was negotiated by suit or without the filing of a complaint for damages; and
(5) If consideration was not paid on behalf of the insured and a judgment of no cause for action was not entered, the reason for any dismissal.
58-23A-5. **Forwarding of information to professional licensing board.** The Division of Insurance shall, within thirty days of receipt, submit in writing to the appropriate state professional and occupational licensing board, the data and information furnished to the division pursuant to this chapter, but only that which is relevant to the board.

58-23A-6. **Information and files kept by division -- Confidentiality -- Release at director’s discretion.** The Division of Insurance shall retain the information and maintain the files in the form and for a period as it shall determine necessary. The division shall maintain the data and information filed in accordance with this chapter as confidential records and shall release the same only for bona fide research, educational, or legislative purposes, or as required by § 58-23A-5. The director of the division in his sole discretion shall determine the validity of any request for the information.

58-23A-7. **Insurers and division not liable for official actions under chapter.** There is no liability on the part of, and no cause of action of any nature may arise against, an insurer reporting pursuant to this chapter or its insurance producers or employees, or the division or its representatives, for any action taken by them pursuant to this chapter.