



**STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE**

November 20, 1985

**Administrative Letter 1985-18**

**T0:** All Companies Licensed To Write Liability Other Than Automobile Insurance In Virginia

**RE:** Reporting Of Medical Malpractice Claims  
Virginia Code Section 38.1-389.3:1

Section 38.1-399.3:1 of the Code of Virginia requires that effective July 1, 1985, all medical malpractice claims settled or adjudicated to final judgment against a person, corporation, firm, or entity providing health care and any such claim closed without payment during each calendar year shall be reported annually to the Commissioner of Insurance by the insurer of the health care provider or, if there is no insurer, by the health care provider. The reports shall not identify the parties.

The report shall include a statistical summary of the information collected in addition to an individual report on each claim. Each annual report shall be a matter of public record.

We are enclosing two forms, which should be reproduced, for use by each company. Form VMM2 (11/85) must be completed for each individual medical malpractice claim settled or adjudicated to final judgment or closed without payment from July 1, 1985 through December 31, 1985. Form VMMI (11/85) is the statistical report to be completed by each company summarizing part of the information from the VMM2 (11/85) individual reports.

For the period July 1, 1985 through December 31, 1985, the statistical summary report, VMMI (11/85), and all of the individual reports, VMM2 (11/85), should be received by the Bureau of Insurance no later than March 1, 1986. Subsequent reports should be on a calendar year basis, and received by the Bureau of Insurance no later than March 1 of each ensuing year.

Any questions you have concerning this matter should be communicated to the Bureau in writing.

Sincerely,

James M. Thomson  
Commissioner of Insurance

JMT/kac

Enclosures

REPORT OF VIRGINIA MEDICAL MALPRACTICE CLAIM PURSUANT TO SECTION 38.1-389.3:1

TO: COMMISSIONER OF INSURANCE  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE  
BOX 1157  
RICHMOND, VIRGINIA 23209

INSURER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: COMPANY CLAIM FILE NUMBER: \_\_\_\_\_

1. Nature of claim: \_\_\_\_\_  
\_\_\_\_\_
2. Damages asserted and alleged injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Principal medical and legal issues: \_\_\_\_\_  
\_\_\_\_\_
4. Attorney's fees and expenses incurred in connection with the claim or defense to the extent these amounts are known: \_\_\_\_\_  
\_\_\_\_\_
5. Amount of settlement or judgment: \_\_\_\_\_  
\_\_\_\_\_
6. Specialty of health care provider: \_\_\_\_\_  
\_\_\_\_\_

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**REPORT OF VIRGINIA MEDICAL MALPRACTICE CLAIMS PURSUANT TO SECTION 38.1-389.3:1**

**TO: COMMISSIONER OF INSURANCE  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE  
BOX 1157  
RICHMOND, VIRGINIA 23209**

**INSURER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NO.:** (    ) \_\_\_\_\_

**SUMMARY: CALENDAR YEAR**

- 1. Total number of claims closed. \_\_\_\_\_
- 2. Number of claims closed without payment. \_\_\_\_\_
- 3. Total amount of damages asserted.     \_ \$ \_\_\_\_\_
- 4. Amount of damages asserted on claims closed without payment.     \_ \$ \_\_\_\_\_
- 5. Total amount of attorney's fees and expenses incurred in connection with the claim or defense to the extent these amounts are known.     \_ \$ \_\_\_\_\_
- 6. Amount of attorney's fees and expenses incurred in connection with the claim or defense to the extent these amounts are known on claims closed without payment.     \_ \$ \_\_\_\_\_
- 7. Total amount of settlements and judgments.     \_ \$ \_\_\_\_\_

**Report Submitted By:**

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_