

Board of Podiatric Medicine

Exhibit I- Report on Professional Liability Claims and Actions

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Include information relating to liability actions occurring within the previous ten years. The actions are required to be reported under s. 456.039, Florida Statutes. A form must be completed for each occurrence. For Allopathic, Osteopathic, and Podiatric physicians, copies of reports previously submitted under the requirements of s. 456.049, Florida Statutes, may be submitted in lieu of this exhibit to satisfy the reporting requirement.

Date of occurrence: _____ Date reported to licensee: _____ Date claim reported to insurer or self-insurer: _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Injured person's full name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Age: _____ Sex: _____

List other defendants with their health care provider license number involved in this claim:

Defendant	Health Care Provider License #

Date suit was filed: _____ Date of final claim disposition: _____
MM/DD/YYYY MM/DD/YYYY

Date of judgement/settlement, if any: _____ Amount of judgement/settlement, if any: \$ _____
MM/DD/YYYY

Was there an itemized verdict? Yes No **If you responded "Yes," attach a copy of the settlement verdict.**

Indemnity paid on behalf of the defendant: \$ _____ Loss

Adjustment expense paid to defense counsel: \$ _____

All other loss adjustment expense paid: \$ _____

If no judgement or settlement, provide the following: Date: _____ Reason: _____
MM/DD/YYYY

Name of institution where the injury occurred: _____

Location of injury occurrence:

Critical Care Unit	Emergency Room	Labor & Delivery Room
Nursery	Operating Suite	Patients Room
Physical Therapy Dept.	Radiology	Recovery Room
Special Procedures Room	Other: _____	

Final diagnosis for which treatment was sought or rendered: _____

Describe misdiagnosis made, if any, of the patient's actual condition: _____

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Describe the operation, diagnostic or treatment procedure causing the injury. Use nomenclature and descriptions of the procedures used. Include method of anesthesia, or name of drug used for treatment, with detail of administration.

Describe the principal injury giving rise to the claim. Use nomenclature and descriptions of the injury. Include type of adverse effect from drugs where applicable.

Safety management steps taken by the licensee to make similar occurrences less likely.

I represent that these statements are true and correct pursuant to s. 837.06, Florida Statutes. I recognize that providing any false statement made in writing with the intent to mislead the department staff in the performance of their official duties shall be punishable as provided in s. 775.082 and 775.083, Florida Statutes.

Applicant Name _____

Applicant Signature _____

Date _____
MM/DD/YYYY