

Figure: 22 TAC §186.23(d)(6)

TEXAS BOARD OF RESPIRATORY CARE  
P.O. Box 2018, MC 263  
Austin, Texas 78768-2018

PROFESSIONAL LIABILITY CLAIMS REPORT

FILE ONE REPORT FOR EACH DEFENDANT RESPIRATORY CARE PRACTITIONER

PART I COMPLETE FOR ALL CLAIMS OR COMPLAINTS AND FILE WITH THE TEXAS BOARD OF RESPIRATORY CARE WITHIN 30 DAYS FROM RECEIPT OF COMPLAINT OR CLAIM. INCLUDE COPY OF CLAIM LETTER AND/OR PLAINTIFF'S COMPLAINT.

1. Name and address of insurer:

---

---

---

2. Defendant respiratory care practitioner:

---

Certificate number: \_\_\_\_\_

3. Plaintiff's name:

---

4. Policy number:

---

5. Date claim reported to insurer/self-insured respiratory care practitioner:

---

6. Type of complaint: \_\_\_\_\_ claim only \_\_\_\_\_ lawsuit

7. Initial reserve amount after investigation:

(If this is not determined within 30 days, report this data within 105 days of filing the Part I report with the board)

\_\_\_\_\_  
Person completing this report (SIGNATURE)

\_\_\_\_\_  
Person completing this report (PRINT NAME)

\_\_\_\_\_  
Phone number

PART II COMPLETE AFTER DISPOSITION OF THE CLAIM AS DEFINED IN 22 TAC §186.23, INCLUDING DISMISSALS OR SETTLEMENTS. FILE WITH THE TEXAS RESPIRATORY CARE BOARD WITHIN 105 DAYS AFTER DISPOSITION OF THE CLAIM. A COPY OF A COURT ORDER OR SETTLEMENT AGREEMENT MAY BE USED AS PROVIDED IN 22 TAC §186.23.

8. Date of disposition: \_\_\_\_\_

9. Type of Disposition:

- \_\_\_\_\_ (1) Settlement  
\_\_\_\_\_ (2) Judgment after trial  
\_\_\_\_\_ (3) Other (please specify)

\_\_\_\_\_

10. Amount of indemnity agreed upon or ordered on behalf of this defendant:  
\$ \_\_\_\_\_.

Note: If percentage of fault was not determined by the court or insurer in the case of multiple defendants, the insurer may report the total amount paid for the claim followed by a slash and the number of insured defendants. (Example: \$100,000/3)

11. Appeal, if known: \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, which party:

\_\_\_\_\_

\_\_\_\_\_  
Person completing this report (SIGNATURE)

\_\_\_\_\_  
Person completing this report (PRINT NAME)

\_\_\_\_\_  
Phone number