

A. General Information:

This report form must be completed by an insurer providing professional liability insurance coverage to any health care provider, as defined in K.S.A. 40-3401. Notice of any written or oral claim or action for damages for medical malpractice must be given by sending the completed form to the Kansas Health Care Stabilization Fund and the appropriate Kansas state health care provider regulatory agency. The report shall be filed no later than 30 days following the insurer's receipt of notice of the claim or action.

B. Instructions for Completing the Numbered Items:

Item No. **Enter Following Information**

1. Name of person or persons making the claim.
2. Name of health care provider. For your guidance, the following health care providers are included:
 - a. A person licensed to practice the healing arts or engage in a postgraduate training program approved by the State Board of Healing Arts.
 - b. A person who holds a temporary permit to practice any branch of the healing arts.
 - c. An HMO which has Fund tail coverage.
 - d. A registered nurse anesthetist.
 - e. A licensed optometrist, who has Fund tail coverage.
 - f. A registered pharmacist, who has Fund tail coverage.
 - g. A licensed medical care facility.
 - h. A registered podiatrist.
 - i. A registered physical therapist, who has Fund tail coverage.
 - j. A licensed mental health center.
 - k. A licensed mental health clinic.
 - l. A professional corporation organized by persons who are health care providers.
 - m. A partnership of persons who are health care providers.
 - n. A Kansas not-for-profit corporation organized for the purpose of rendering professional services by persons who are health care providers.
 - o. A limited liability company organized for the purpose of rendering professional services by its members who are health care providers.
3. The street, city and state address of the insured.
4. The specialty of the insured or current Insurance Services Office rating classification code.
5. Kansas license number issued by the regulatory agency.
6.
 - a. Insurance company providing coverage for the listed health care provider.
 - b. Insurance policy number of named health care provider.
 - c. Inception and termination date of insurance coverage provided by the listed policy.
 - d. Check appropriate box.
 - e. Claim number assigned by the insurance company.
7. Date of occurrence or incident giving rise to this claim.
8. Date notice of claim made to insurance company.
9. Check appropriate box.
10. Date legal action was filed.