



DOMESTIC/FOREIGN INSURERS BULLETIN NO. 18 (Revised)

**TO: ALL INSURANCE COMPANIES THAT MARKET HEALTH
INSURANCE IN DELAWARE**

RE: MEDICAL NEGLIGENCE INSURANCE CLAIMS REPORTING

DATED: July 20, 2005

REVISED: March 28, 2017

REVISED: August 13, 2019

Since July 7, 2005, Delaware's medical negligence insurance litigation law at 18 *Del C.* § 6820, has set forth reporting requirements for insurers settling or paying claims on medical negligence actions. This law requires insurers paying any amount for insurance coverage under a medical malpractice/negligence policy to, within sixty (60) days following final disposition of the case by agreement, settlement, order, adjudication, or otherwise, file a report with the Delaware Department of Insurance. As set forth at 18 *Del. C.* § 6820(a)(3), the report must include the following information:

- The name of the insured;
- A detailed statement of the medical negligence claim asserted against the insured; and
- A statement detailing the result or final disposition of the claim against the insured, which must include disclosure of all of the following:
 - The manner of the resolution or disposition of such claim;
 - The amount ordered, adjudged or agreed to be paid by or on behalf of the insured;
 - The amount paid by such insurance carrier on behalf of the insured as part of that settlement, adjudication or order; and
 - The total amount paid by such insurance carrier for attorney's fees, costs and expenses incurred on behalf of the insured.

The **purpose of the prior revision to this bulletin** was to inform insurers of the availability of a Word[®] fillable document that may be downloaded from the Department's Bulletins webpage at <http://insurance.delaware.gov/information/bulletins/>. The form (attached to the prior and the current version of this bulletin) has been approved by the Delaware Department of Insurance and the Delaware Board of Medical Practice and is to be used by all insurers submitting reports required by 18 *Del C.* § 6820.

NOTE: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Delaware Department of Insurance if additional information is needed.

Insurers are required to provide a copy of the completed form to the Department and to each insured party to the claim. Insurers are permitted to modify the form to provide for non-substantive recurring or routine information such as company name and contact information, claim prefix or suffix designators, etc.

The **purpose of the current revision to this bulletin** is to let insurers know that the Department has now established a dedicated email box to which all completed forms shall be submitted. That email box is medmal@delaware.gov. Additionally, the Department is requesting that every field on the form be completed. If a field does not apply, please mark the field "N/A."

Any questions, comments or requests for clarification about this bulletin should be emailed to consumer@delaware.gov.

This Bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation or bulletin.



Trinidad Navarro
Insurance Commissioner

REPORT OF DELAWARE MEDICAL NEGLIGENCE CLAIMS 18 Del. C. § 6820

(PLEASE TYPE OR PRINT CLEARLY)

TO: State of Delaware Department of Insurance
ATTN: Consumer Services – Medical Malpractice
1351 West North Street, Suite 101
Dover, DE 19904
(302) 674-6227
medmal@delaware.gov

FROM: Insurer's Name: _____
Insurer's NAIC No.: _____
Insurer's Address: _____

Insurer's Telephone No.: _____

1. INSURED PERSON OR ENTITY

Name: _____
Professional affiliation, if any: _____
Business Address: _____

Business Telephone: _____
Field or Specialty: _____
Delaware License No.: _____

2. CLAIMANT

Name(s): _____
Claim No.: _____

3. CIVIL SETTLEMENT WITHOUT LAWSUIT

If this claim was settled without a lawsuit being filed, please provide the following information:

- A. Was payment made to the claimant: Yes _____ No _____
- B. Date of settlement _____
- C. Date claim closed _____
- D. Amount of insurer's payment to Claimant excluding attorneys fees \$ _____
- E. Amount of insurer's legal fees and non-medical costs related to the claim \$ _____
- F. If more than one person or entity contributed to the settlement:
 - The full amount of settlement \$ _____
 - The full amount of legal fees and non-medical costs related to the claim irrespective of whether the claimant received any payment \$ _____

- Names of other parties to the settlement

4. SETTLEMENT OR JUDGMENT RESULTING FROM LAWSUIT

If this claim was settled or adjudicated after the filing of a lawsuit, please provide the following information:

A. Court name (including state/county in which filed) _____

B. Name(s) of Plaintiff(s) other than Claimant _____

C. Name(s) of Defendant(s) other than insured _____

D. Docket Number _____

E. Disposition Settlement ___ Verdict ___

 in favor of: Claimant ___ Insured ___ Other ___

F. Date of disposition _____

G. If the disposition was in favor of the Claimant:

Total amount of settlement/verdict excluding insured's legal fees and related non-medical costs \$ _____

Total amount of insured's legal fees and related non-medical costs irrespective of whether the Plaintiff received any payment \$ _____

H. Total amount paid by and/or attributable to insured for settlement/verdict, legal fees and non-medical costs irrespective of whether the Plaintiff received any payment \$ _____

5. DESCRIPTION OF THE CLAIM

Please provide a detailed description of the claim in general and the specific allegations against the insured. _____

6. NOTICE TO THE INSURED

Has the insured been provided with a copy of this form: Yes _____ No _____

Date this notice was provided to insured: _____

Except as otherwise required by law, information reported on this form to the Commissioner shall be kept confidential, shall not be subject to disclosure to the public pursuant to the Freedom of Information Act (29 Del. C. Chapter 100) or for any other reason, and shall not be subject to subpoena or any other legal process.