



Arkansas State Medical Board

2100 Riverfront Drive
Little Rock, AR 72202
(501)296-1802 FAX (501)603-3555

PLEASE TYPE OR PRINT LEGIBLY

Arkansas law requires that all physicians having had a malpractice claim filed against them, complete this form and return it to the above address (one complaint per form).

REGULATION 23 MALPRACTICE REPORTING

Pursuant to Ark. Code Ann. § 17-95-103, requires every physician licensed to practice medicine and surgery in the State of Arkansas to report to the Arkansas State Medical Board within ten (10) days after receipt of notification of any claim or filing of a lawsuit against him charging him with medical malpractice.

Should a physician fail to comply with the terms of Ark. Code Ann. § 17-95-103 and this Regulation, then the same, shall be cause for revocation, suspension, or probation or monetary fine as may be determined by the Board; after the bringing of formal charges and notifying the physician as required by the Medical Practices Act and the Administrative Procedure Act. History: Adopted August 12, 1999

PLEASE NOTE: Registered mail does not provide proof of delivery to our office. Please use a delivery method requiring a signature, for confirmation of receipt.

1. Physician's Name: License #

Address:

2. Name of Claimant:

3. Claimant's Attorney:

4. Have allegations been reduced to lawsuit?

5. Check most appropriate allegation(s) of malpractice listed against you from this complaint.

Negligence Standard of Care Wrongful Death Failure to Diagnose Acts of Omission
Failure to Render Correct/Proper Treatment Carelessness Failure to Refer Other

6. Date claim was filed: Date of Incident:

7. Facility where incident occurred: (Name, City, State)

8. Brief statement of diagnosis and procedures, which relates to the act(s) of malpractice alleged to have been committed by you. SEE COMPLAINT or SEE ATTACHED IS NOT ACCEPTABLE.

9. What malpractice company covered this incident?

Policy # Amount of coverage \$

10. Has settlement been made?

Date of settlement

11. Amount of settlement: \$