

Texas Standardized Credentialing Application

Attachment G – Malpractice Claims History

Incident date (mm/dd/yyyy)	Date claim was filed (mm/dd/yyyy)	Claim/Case status
Professional liability carrier involved		
Address		
City	State/Country	Postal code
Phone number	Policy number	Amount of award or settlement and amount paid \$ \$
Method of resolution <input type="checkbox"/> Dismissed	<input type="checkbox"/> Settled (with prejudice)	<input type="checkbox"/> Settled (without prejudice)
<input type="checkbox"/> Judgment for Defendant(s)	<input type="checkbox"/> Judgment for Plaintiff(s)	<input type="checkbox"/> Mediation or Arbitration
Description of allegations		
Were you primary defendant or co-defendant?	Number of other co-defendants	Your involvement (attending, consulting, etc.)
Description of alleged injury to the patient		
To the best of your knowledge, is this Case included in the National Practitioner Data Bank (NPDB)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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City	State/Country	Postal code
Phone number	Policy number	Amount of award or settlement & amount paid \$ \$
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