Texas Standardized Credentialing Application Attachment G - Malpractice Claims History DATE CLAIM WAS FILED (MM/DD/YYYY) INCIDENT DATE (MM/DD/YYYY) CLAIM/CASE STATUS PROFESSIONAL LIABILITY CARRIER INVOLVED ADDRESS CITY STATE/COUNTRY **POSTAL CODE** POLICY NUMBER PHONE NUMBER AMOUNT OF AWARD OR SETTLEMENT & AMOUNT PAID METHOD OF RESOLUTION □ Dismissed ☐ Settled (with prejudice) ☐ Settled (without prejudice) ☐ Judgment for Defendant(s) ☐ Judgment for Plaintiff(s) ■ 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)? ☐ Yes ☐ No 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 & AMOUNT PAID \$ METHOD OF RESOLUTION Dismissed ☐ Settled (with prejudice) ☐ Settled (without prejudice) ■ Mediation or Arbitration ☐ Judgment for Defendant(s) ☐ Judgment for Plaintiff(s) 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)? ☐ Yes ☐ No

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