

WYOMING HEALTH CARE MALPRACTICE REPORT FORM FOR GENERAL, AGGREGATE INFORMATION

Instructions: Reports for the preceding calendar year are due to the Department of Insurance by March 1 of each year. Fill out report completely. Incomplete reports will be returned. If you need clarification, contact the Insurance Department at the number listed below. Attach additional sheets as necessary.

In addition to this report, an Individual Claim Report must be filed for each claim open during the preceding year, including a status report on any claim reported as open at the end of the previous year.

Submit completed report to: Wyoming Insurance Department, 106 East 6th Avenue, Cheyenne, WY 82001 or Fax No. (307) 777-2446.

For questions, contact Heather Canarecci at (307) 777-6916 or heather.canarecci1@wyo.gov.

Insurer: _____ NAIC No. _____

Date: _____

Provide the following general information pursuant to Wyo. Stat. §§ 26-3-124(a)(i), (ii) and (iii):

- Number and categories (i.e. doctors, dentist, nurses, hospitals, etc.) of all health care providers insured for professional liability.

Number	Category	Number	Category
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- _____ Total number of claims for which a reserve has been established against covered health care providers, including those claims in which no suit was filed.
- _____ Total dollar amount of awards and settlements on health care professional liability claims, including the costs of defense.

Report Information

Contact Name (Last, First)	Name of Person Responsible for Report (Last, First)
Contact Phone Number and E-Mail Address	Signature of Person Responsible
Contact Mailing Addresses	