



# TEXAS STATE BOARD OF PHARMACY PROFESSIONAL LIABILITY CLAIM REPORT FORM

In accordance with Section 281.18 of the Texas Pharmacy Rules of Procedure, every insurer or other entity who provides professional liability insurance covering a pharmacist or pharmacy licensed by the Texas State Board of Pharmacy, and every insurer or other entity who provides professional and supplemental liability insurance covering a pharmacy technician is required to complete this form regarding professional liability claims. Pharmacists, pharmacy technicians, or pharmacy license holders are required to complete this form, only under the following conditions: (1) if a pharmacist, pharmacy technician, or a pharmacy licensed in Texas does not carry or is not covered by professional liability insurance or supplemental liability insurance; or (2) if a pharmacist, pharmacy technician, or a pharmacy licensed in Texas is insured by a non-admitted carrier or other entity providing pharmacy professional liability insurance that does not report under the Texas Pharmacy Act. Reports are required for claims initiated or resolved on or after September 1, 1999. This form must be completed within the time period designated below and submitted to:

Texas State Board of Pharmacy  
William P. Hobby Bldg., Suite 3-600  
333 Guadalupe, Box 21  
Austin, TX 78701-3942

## **G INITIAL REPORT**

Must be submitted within 30 days of receipt of the notice of claim letter or complaint

## **G FOLLOW-UP REPORT**

Must be submitted within 105 days after disposition of claim

### **1. Insurer's Information**

Entity Name:

Address:

Reporter's Name:

Title:

Telephone Number:

### **2. Insured Subject Information** (separate forms are required for each defendant licensee or registrant)

Name:

Address:

Type of License/Registration (circle one) Pharmacist      Pharmacy      Pharmacy Technician

Texas License/Registration Number:

Insurance Policy Number:

**3. Information Pertaining to Claim**

Name(s) of plaintiff(s):

Address(es):

Phone number(s):

Date of injury:

County of injury:

**4. Cause of injury** [Please be as specific as possible. Include names of medications, date of dispensing, prescription number(s). Attach additional pages if necessary.]

**5. Nature of injury** (Categorize as *temporary/minor*, *temporary/major*, *permanent/minor*, *permanent/major*, or *death*, then describe. Please be as specific as possible.)

**6. Type of Action** (e.g., claim only, lawsuit):

Please attach a copy of the notice of claim letter or the lawsuit filed in court.

If this is a follow-up report, the following information must also be provided:

**1. Date of Disposition:**

**2. Type of Disposition** (e.g., settlement, judgement, dismissal, claim dropped, etc.):

**3. Amount of Disposition:** \$ \_\_\_\_\_

**4. Appeal**    Y    N        If yes, by which party?

Please attach a copy of court order or settlement agreement, if applicable.

Claims not required to be reported include the following: product liability claims, antitrust allegations, allegations involving improper peer review activities, civil rights violations or allegations of liability for injuries occurring on a licensee’s property, but not involving a breach of duty. An insurer reporting under Section 281.18 of the Texas Pharmacy Rules of Procedure, its agents or employees are not liable for damages in a suit brought by any person or entity for reporting as required by this section or for any other action taken under this section. Information submitted under Section 281.18 of the Texas State Board of Pharmacy, Administrative Practice and Procedures is confidential, except as provided in 281.18(f)(3) and is not subject to disclosure under Chapter 552, Government Code. The Texas Department of Insurance may impose on any insurer subject to this Act sanctions authorized by Sections 82.051-82.055 (formerly Section 7, Article 1.10) of the Texas insurance Code, if the insurer fails to report information as required by this section. 08/00