2013 MEDICAL PROFESSIONAL LIABILITY CLAIMS STUDY

ILLINOIS DEPARTMENT OF INSURANCE

June 2013

Pat Quinn
Governor

Andrew Boron
Director

Illinois Department of Insurance

PAT QUINN
Governor

ANDREW BORON
Director

June 11, 2013

The Honorable Pat Quinn
Governor
207 State House
Springfield, IL 62706

The Honorable John J. Cullerton
President of the Senate
327 State House
Springfield, IL 62706

The Honorable Michael J. Madigan
Speaker of the House
300 State House
Springfield, IL 62706

Re: 2013 Medical Professional Liability Claims Study.

Dear Governor Quinn, President Cullerton, and Speaker Madigan:

Section 155.19 of the Illinois Insurance Code (215 ILCS 5/155.19) requires the Department of Insurance to periodically release a medical professional liability claims study. I am pleased to release this study, which encompasses closed claims information that is filed with the Department by insurance companies with medical professional liability claims in Illinois.

Very Truly Yours,

Andrew Boron /mto

Andrew Boron
Director

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Introduction

To assist the Director of Insurance in monitoring the long-tailed and volatile line of medical professional liability insurance, Section 155.19 of the Illinois Insurance Code (215 ILCS 5/155.19) requires licensed insurance companies to report Illinois medical professional liability claims or suits. Section 155.19 also requires the Director to periodically release statistical reports based on the reported data. The study is based on medical professional liability claims reported against defendant physicians and surgeons, which were closed between January 1, 2005, and December 31, 2011. These claims include, but are not limited to lawsuits and direct patient claims.

In 2005, PA 94-0677 (the Act) was signed into law, which changed medical professional liability reporting requirements contained in Section 155.19 of the Insurance Code. PA 94-0677 required, not only licensed insurance companies to report medical professional liability claims to the Department, but also any stop loss insurer, captive insurer, risk retention group, county risk retention trust, religious or charitable risk pooling trust, surplus lines, self-insured or any other entity authorized or permitted by law to provide medical professional liability insurance in Illinois. In 2010, the Illinois Supreme Court declared the caps on medical professional liability non-economic damages unconstitutional, which in turn led to 2005 reform laws to be deemed invalid due to the inseverability clause in the Act. After the Illinois Supreme Court ruling, Section 155.19 reverted back to Pre 2005 Law that only required licensed insurance companies to report medical professional liability claims.

This study primarily provides an analysis of the following areas:

- "Indemnity Paid" – the total amount of loss settlement dollars paid by the insurance company.
- "Amounts Paid to Defense Counsel" – defense attorney fees paid by the insurance company.
- "Adjusting and Other Expenses" (AOE) – the amount incurred by the insurance company to settle a claim.

Previously, DOI studies have mostly only included totals and averages. This study includes the median which adds another dimension to the study. With any dataset, outliers are usually an unavoidable fact and the dataset used to conduct this study is no different. When comparing median and average, there are a couple of things to keep in mind:

- When the average and median are similar, they are reflective of the typical amount in a particular category
- If the median is lower than the average, the difference is likely to be attributed to a few large amounts that raise the average.
- Similarly, if the median is larger than the average, the difference is likely to be attributed to a few small amounts that tend to lower the average.

Therefore, averages tend to be sensitive to outliers since a few small or large amounts could lower or raise the average to the point where it does not reflect the typical amount. Median on the other hand is not affected by outliers since it looks at the midpoint of all the data points, so it better reflects the typical amount for that particular variable.

* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.

Limitation

When reviewing this report, the reader should keep in mind the following limitations of the underlying data and the final report:

- Portions of this report cannot be compared to previous report results – For this report, the Department changed the methodology of compiling the data for some sections. The differences incorporated impact items such as the amounts of indemnity paid and the medical provider specialty groupings. Prior studies have not been reformatted or revised. Therefore, it is important for reviewers not to conduct improper data comparisons of this report to prior reports in these areas.
    - In addition, the current report covers two distinct time periods; Rule 928 as seen in Appendix A was effective from years 2005 to 2006* and Rule 928 as seen in Appendix B was effective from years 2007 to 2011. During this seven year period of 2005 to 2011, various types of claims were reported such as lawsuits, attorney liens, direct patient claims, investigations, respondent in discovery, deposition assistance, employment practice liability, errors and omissions/directors and officers and medicare/medicaid reimbursement. During 2005 and 2006, all of these types of claims were reported*. Starting in 2007, only lawsuits, attorney liens and direct patient claims were reported. Therefore, throughout this report, we separate any comments on 2005 to 2006* figures from 2007 to 2011 figures.

- Report does not evaluate medical professional liability insurance rates – This report does not attempt to evaluate past or current medical professional liability insurance rates, nor is it predictive of future trends in medical professional liability insurance rates.

- Report provides only a partial analysis of the overall Illinois medical professional liability insurance marketplace – This report provides only a partial analysis of the Illinois medical professional liability insurance marketplace for several reasons:

    - Data pertains to claims closed against physicians and surgeons only. This report does not include closed claim information for other health care providers such as dentists, nurses, optometrists, chiropractors, podiatrists/chiropodists, hospitals, nursing homes, pharmacies, clinics or corporations.

    - The medical professional liability insurance marketplace consists of many entities that provide medical professional liability insurance to health care providers. When the Reform Law was in effect, various entities other than licensed insurance companies were also required to report data such as Self-Insured Hospitals, Stop Loss Insurer, Captive Insurers, Risk Retention Groups, County Risk Retention Trust, Religious or Charitable Risk Pooling Trust, and Surplus Lines insurers. Under the current version of the Law, only licensed insurance companies are required to report data and the additional entities may voluntarily report data.

    - Report does not provide information about the number of active insurers writing medical professional liability insurance for physicians and surgeons and whether that number has increased or decreased over the report period, or whether insurers have made business decisions to increase or decrease their medical professional liability writings in certain classifications and/or territories.

- Data may contain anomalies – The Department makes every possible effort to ensure the accuracy, consistency, and completeness of the data. The Department provides all insurers with the same set of instructions and filing requirements, and Department personnel attempt to follow up on incomplete reports or anomalies in data. The accuracy of the report still depends largely on the accuracy of the data reported by insurers. Individual insurers and individual data entry personnel employed by those insurers may interpret data fields differently. As a result, errors and inconsistencies may still occur.

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Due to time constraints and limited resources, the Department cannot verify the accuracy of certain claim data reported and must rely solely on the accuracy of the reporting insurer. In addition, some sections within the study may have individual claims omitted if presentation would allow identification of a specific claim, i.e., only one claim is in a particular category.

- Data is not adjusted for economic differences over time – The data has not been adjusted for economic differences occurring during the report period, such as inflation and cost of medical care. According to Consumer Price Index (CPI), the average inflation rate for years 2005 to 2011 for all items less food and energy in Chicago-Gary-Kenosha, IL-IN-WI area was 1.015%. Further information on CPI can be found at http://www.bls.gov/cpi/

- Data does not distinguish between policies and coverage amounts – The report does not analyze the data by type of policy (e.g. primary or excess, prior acts or extended reporting period coverage), limits of insurance purchased, or size of deductibles to determine whether these factors affect the frequency or severity of claims.

- Data is reported separately for each insured physician or surgeon – If a claim is made against more than one physician or surgeon for the same incident, the data is reported separately for each defendant according to his/her individual policy information. While some may argue that this method overstates the frequency of "incidents" and understates the severity of an "incident," this method keeps further inconsistencies/inaccuracies to a minimum by avoiding incomplete and/or inaccurate data reporting by insurers for co-defendants they do not insure.

- Report does not include information about open claims – This report analyzes only closed claims data. Any claims that are still open, such as claims that are in settlement negotiations or on trial, are not included in this study. The analysis of closed claims information is valuable; however, open claims information may be more indicative of the current environment.

- Illinois County Population – For the slides that breakdown the data based on regions, population counts are provided for the respective regions. Further information on population can be found at http://quickfacts.census.gov/qfd/states/17000.html

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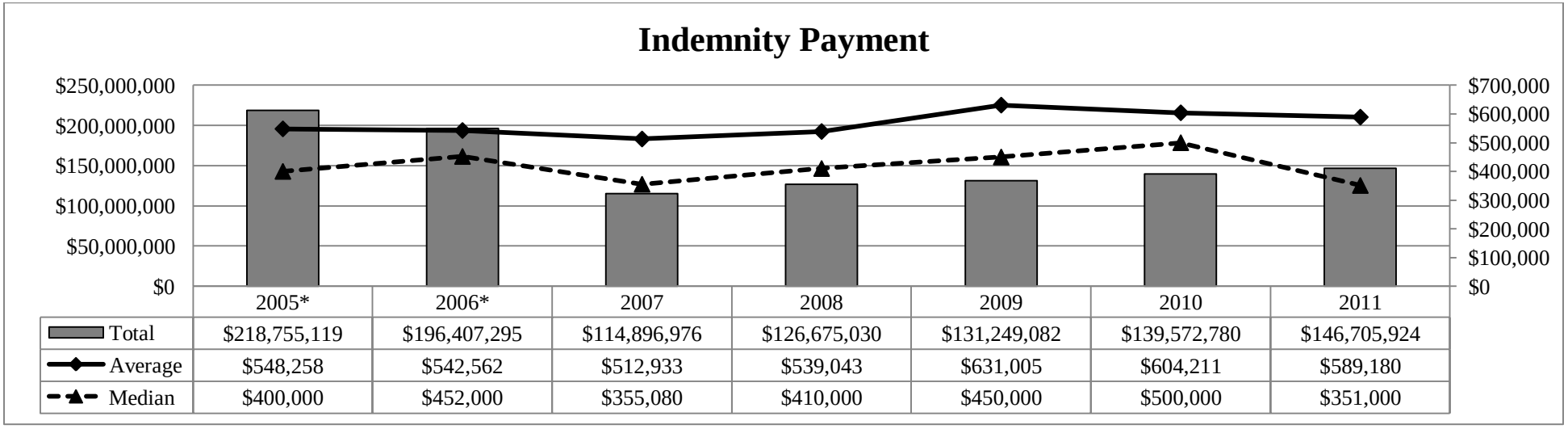
Indemnity Payment

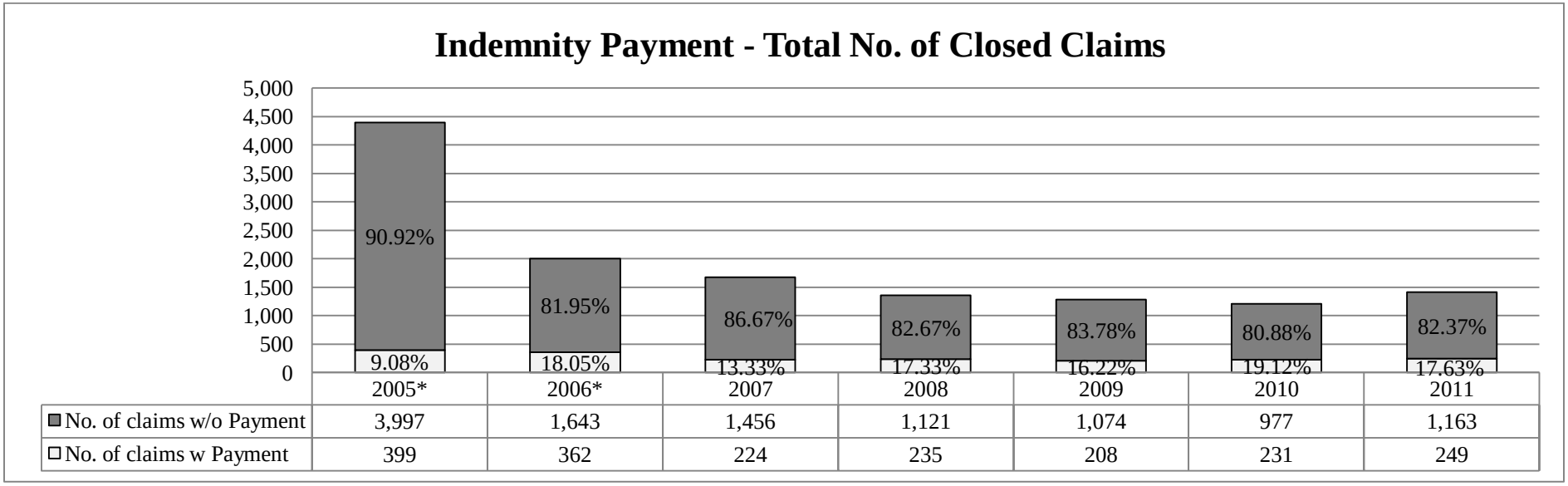
Year	Total No. of Closed Claims	No. of claims with Indemnity Payment	No. of claims without Indemnity Payment	Total Indemnity Payment	Average Indemnity of Paid Claims	Median Indemnity of Paid Claims
2005*	4,396	399	3,997	$218,755,119	$548,258	$400,000
2006*	2,005	362	1,643	$196,407,295	$542,562	$452,000
2007	1,680	224	1,456	$114,896,976	$512,933	$355,080
2008	1,356	235	1,121	$126,675,030	$539,043	$410,000
2009	1,282	208	1,074	$131,249,082	$631,005	$450,000
2010	1,208	231	977	$139,572,780	$604,211	$500,000
2011	1,412	249	1,163	$146,705,924	$589,180	$351,000
Total	**13,339**	**1,908**	**11,431**	**$1,074,262,206**	**$563,031**	

There is a reduction in the total number of claims from 2005 to 2006 and for years 2007 to 2010, followed by an increase in 2011. On the contrary, there is no consistent pattern in the number of claims with indemnity payment or the total indemnity payment. Approximately 12% of the total claims closed in 2005 and 2006 have an indemnity payment while 16% of the total claims closed from 2007 to 2011 have an indemnity payment.



The median indemnity of paid claims is lower than the average for all years, which means a few large amounts raise the average above the typical payment. Remember, the median is not affected by large variability which tends to distort an average. The average decreases for years 2005 to 2006, increases from years 2007 to 2009 and then decreases thereafter. The median on the other hand, increases from 2005 to 2006, increases from years 2007 to 2010 and then starts to decline in 2011.

* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.



Although the number of claims with indemnity payment decreased from 2005 to 2006, the percentage of claims with indemnity payment in 2006 approximately doubled compared to 2005. For years 2007 to 2011, claims with indemnity payment was less than 20% of the total claims for that year.

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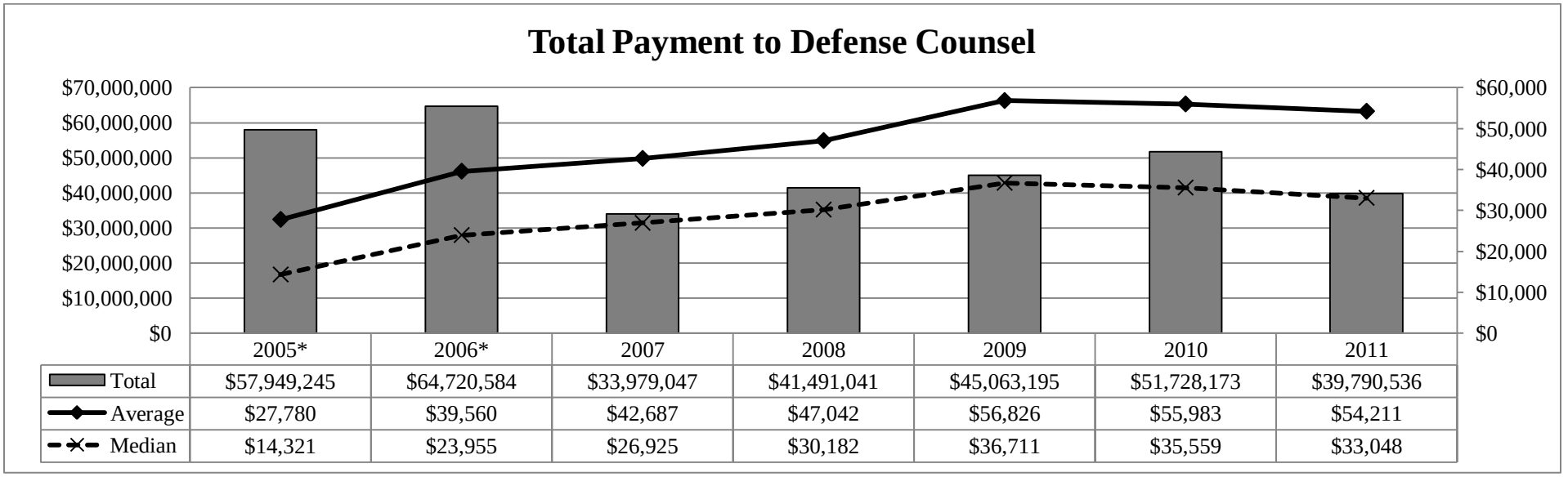
Defense Counsel Payment

Year	No. of Closed Claims	Total Defense Counsel Payments				Defense Counsel Payments Only				Indemnity & Defense Counsel Payments			
		No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
2005*	4,396	2,086	$57,949,245	$27,780	$14,321	1,721	$40,204,960	$23,361	$9,825	365	$17,744,285	$48,614	$38,757
2006*	2,005	1,636	$64,720,584	$39,560	$23,955	1,299	$42,536,752	$32,746	$19,607	337	$22,183,832	$65,827	$46,580
2007	1,680	796	$33,979,047	$42,687	$26,925	603	$22,291,295	$36,967	$21,998	193	$11,687,752	$60,558	$39,559
2008	1,356	882	$41,491,041	$47,042	$30,182	669	$26,694,103	$39,901	$25,544	213	$14,796,938	$69,469	$54,428
2009	1,282	793	$45,063,195	$56,826	$36,711	604	$28,462,816	$47,124	$29,109	189	$16,600,379	$87,833	$71,017
2010	1,208	924	$51,728,173	$55,983	$35,559	701	$32,500,703	$46,363	$29,526	223	$19,227,470	$86,222	$62,711
2011	1,412	734	$39,790,536	$54,211	$33,048	546	$23,747,114	$43,493	$23,724	188	$16,043,422	$85,337	$58,934
Total	**13,339**	**7,851**	**$334,721,821**	**$42,634**		**6,143**	**$216,437,743**	**$35,233**		**1,708**	**$118,284,078**	**$69,253**	

A large portion of defense counsel payments are for claims with defense counsel payments only. Average and median defense counsel payments for claims with no indemnity payment are lower compared to claims with indemnity payments.



The median and average total defense counsel payments, show a consistent trend pattern. The median defense counsel payment is lower than the average for all years, which means the typical payment is lower than what appears for the average. From 2007 to 2011 averages range from $42,000 to $57,000, while medians range from $26,000 and $37,000.

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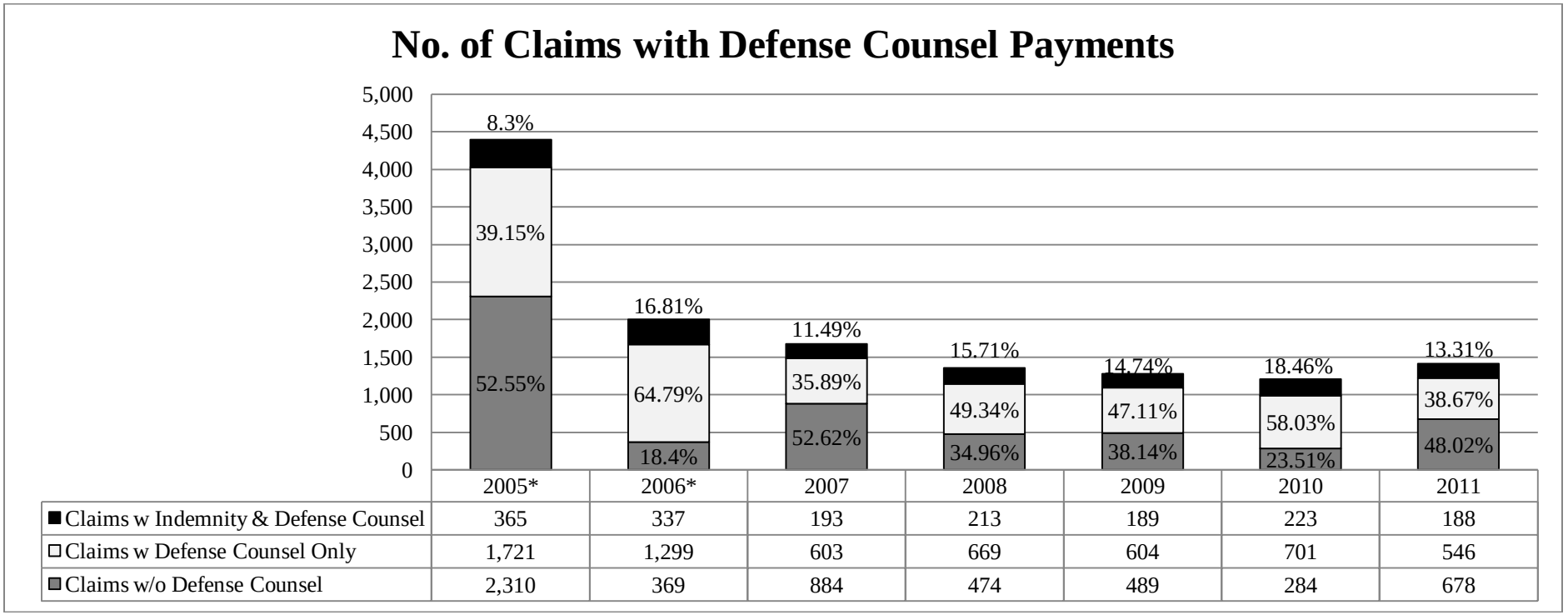

	2005*	2006*	2007	2008	2009	2010	2011
Claims w Indemnity & Defense Counsel	365	337	193	213	189	223	188
Claims w Defense Counsel Only	1,721	1,299	603	669	604	701	546
Claims w/o Defense Counsel	2,310	369	884	474	489	284	678

Each year, 35% to 65% of claims have only defense counsel payments and less than 20% claims have both defense and indemnity payments.

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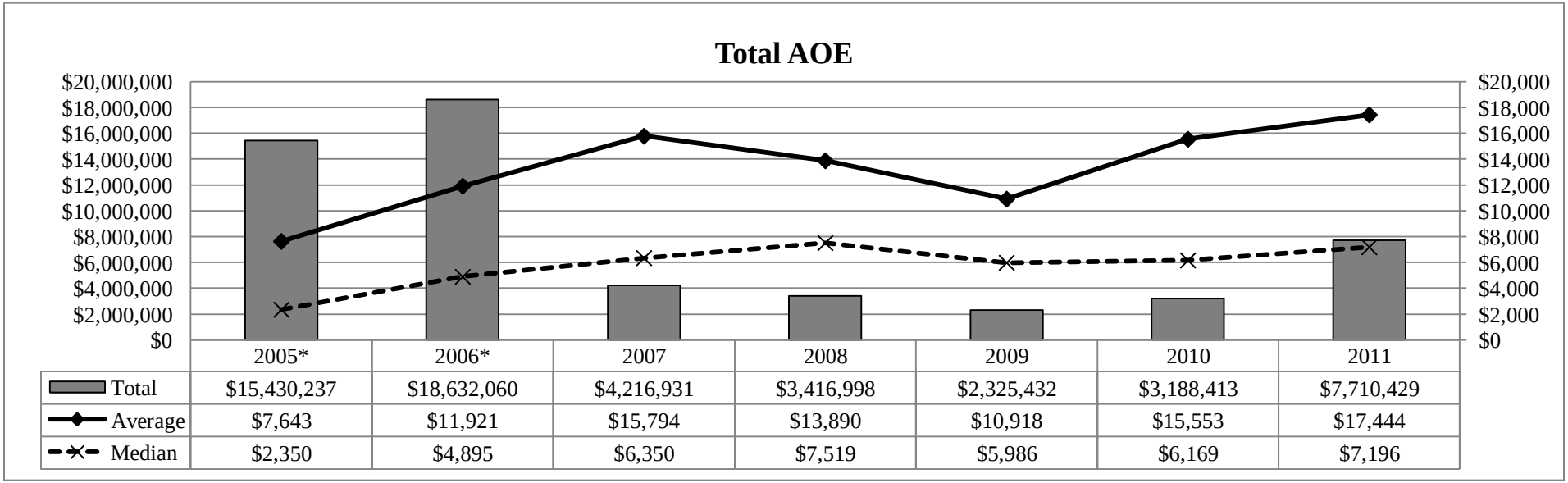
Adjusting and Other Expenses (AOE)

Year	No. of Closed Claims	Total AOE				AOE Only				Indemnity and AOE			
		No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
2005*	4,396	2,019	$15,430,237	$7,643	$2,350	1,711	$10,760,680	$6,289	$1,513	308	$4,669,557	$15,161	$8,816
2006*	2,005	1,563	$18,632,060	$11,921	$4,895	1,254	$10,732,155	$8,558	$3,599	309	$7,899,905	$25,566	$11,438
2007	1,680	267	$4,216,931	$15,794	$6,350	190	$1,990,764	$10,478	$4,833	77	$2,226,167	$28,911	$10,201
2008	1,356	246	$3,416,998	$13,890	$7,519	183	$2,192,019	$11,978	$6,332	63	$1,224,979	$19,444	$13,814
2009	1,282	213	$2,325,432	$10,918	$5,986	153	$1,288,018	$8,418	$4,750	60	$1,037,414	$17,290	$11,163
2010	1,208	205	$3,188,413	$15,553	$6,169	153	$2,062,262	$13,479	$5,436	52	$1,126,151	$21,657	$14,190
2011	1,412	442	$7,710,429	$17,444	$7,196	326	$4,730,130	$14,510	$5,728	116	$2,980,299	$25,692	$11,573
Total	**13,339**	**4,955**	**$54,920,500**	**$11,084**		**3,970**	**$33,756,028**	**$8,503**		**985**	**$21,164,472**	**$21,487**	

Claims with AOE have decreased from 2005 to 2006 and from 2007 to 2010 but then increase in 2011. Although only a small proportion of claims have AOE, claims with only AOE, make up a larger proportion of all claims with AOE in every year.



	2005*	2006*	2007	2008	2009	2010	2011
Total	$15,430,237	$18,632,060	$4,216,931	$3,416,998	$2,325,432	$3,188,413	$7,710,429
Average	$7,643	$11,921	$15,794	$13,890	$10,918	$15,553	$17,444
Median	$2,350	$4,895	$6,350	$7,519	$5,986	$6,169	$7,196

The average has periods of increases and decreases. The median is less affected by the variability caused by large claims and shows a more consistent pattern. From 2007 to 2011, average AOE ranged from $10,000 to $18,000 and median AOE ranged from $5,000 to $8000 which means the typical AOE amount is much lower than what appears for the average.

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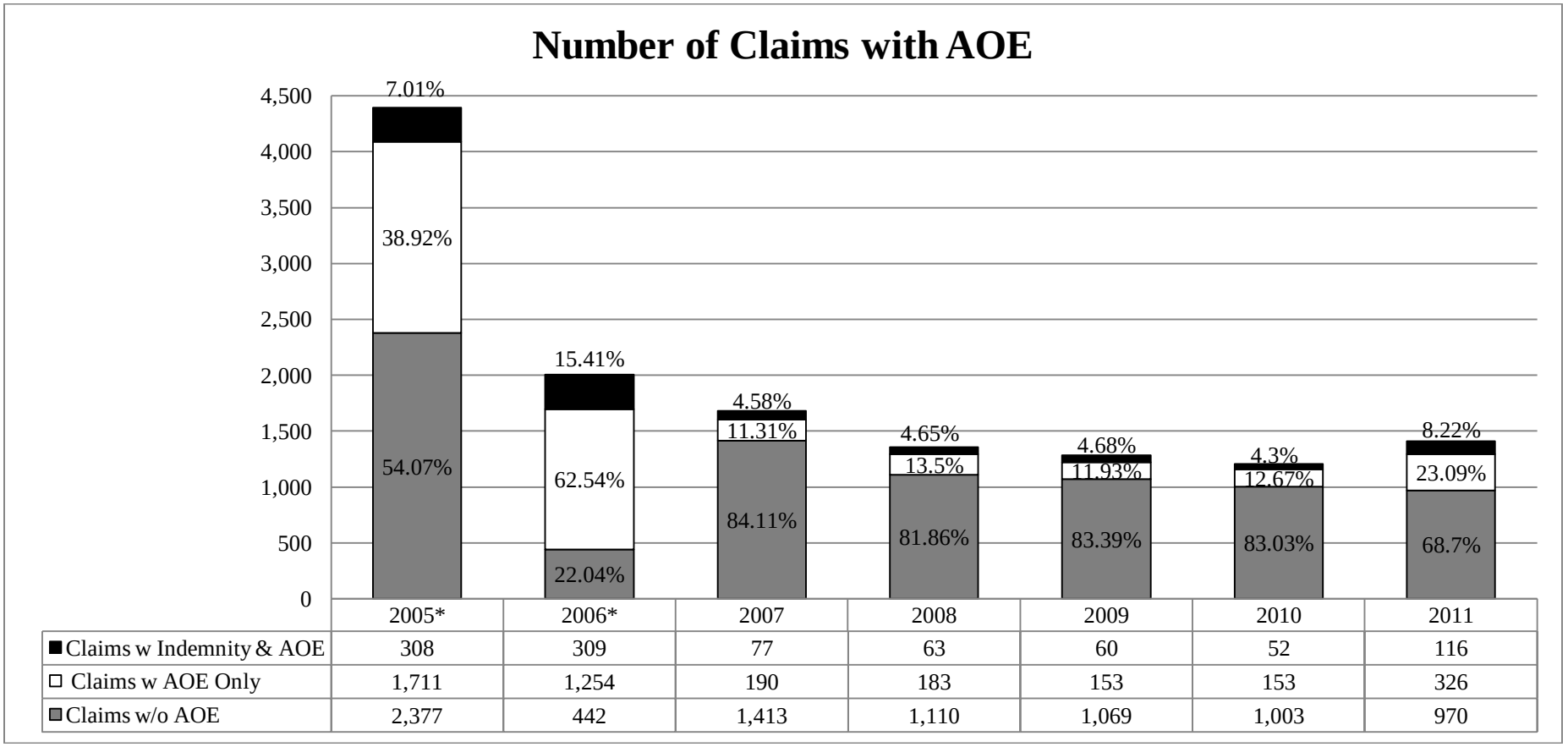

	2005*	2006*	2007	2008	2009	2010	2011
Claims w Indemnity & AOE	308	309	77	63	60	52	116
Claims w AOE Only	1,711	1,254	190	183	153	153	326
Claims w/o AOE	2,377	442	1,413	1,110	1,069	1,003	970

The Number of Claims with only AOE decreased from 2005 to 2006, but percentage of total doubled. The Number of Claims with Indemnity and AOE have stayed consistent between 2005 and 2006, but again doubled in percentage. From 2007 to 2011, claims with AOE(Indemnity & AOE and AOE Only) mostly stayed consistent with a spike in 2011.

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Indemnity Payment by Size of Loss

Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity
2005*							
	$1-$99,999	62	15.54%	$2,731,126	1.25%	$44,050	$37,500
	$100,000 - $399,999	133	33.33%	$32,123,032	14.68%	$241,527	$250,000
	$400,000 - $699,999	74	18.55%	$37,538,002	17.16%	$507,270	$500,000
	$700,000 - $999,999	62	15.54%	$51,488,899	23.54%	$830,466	$829,167
	$1,000,000 or More	68	17.04%	$94,874,060	43.37%	$1,395,207	$1,000,000
Total		**399**	**100.00%**	**$218,755,119**	**100.00%**	**$548,258**	
2006*							
	$1-$99,999	68	18.78%	$2,848,871	1.45%	$41,895	$40,000
	$100,000 - $399,999	93	25.69%	$20,106,419	10.24%	$216,198	$200,000
	$400,000 - $699,999	71	19.61%	$37,397,061	19.04%	$526,719	$500,000
	$700,000 - $999,999	51	14.09%	$41,660,173	21.21%	$816,866	$775,000
	$1,000,000 or More	79	21.82%	$94,394,771	48.06%	$1,194,871	$1,000,000
Total		**362**	**100.00%**	**$196,407,295**	**100.00%**	**$542,562**	
2007							
	$1 - $99,999	38	16.96%	$1,642,865	1.43%	$43,233	$42,273
	$100,000 - $399,999	78	34.82%	$18,044,610	15.71%	$231,341	$230,000
	$400,000 - $699,999	44	19.64%	$22,384,457	19.48%	$508,738	$500,000
	$700,000 - $999,999	27	12.05%	$23,045,512	20.06%	$853,537	$875,000
	$1,000,000 or More	37	16.52%	$49,779,532	43.33%	$1,345,393	$1,000,000
Total		**224**	**100.00%**	**$114,896,976**	**100.00%**	**$512,933**	
2008							
	$1 - $99,999	40	17.02%	$1,886,246	1.49%	$47,156	$50,000
	$100,000 - $399,999	68	28.94%	$15,323,562	12.10%	$225,347	$247,500
	$400,000 - $699,999	41	17.45%	$20,136,908	15.90%	$491,144	$500,000
	$700,000 - $999,999	39	16.60%	$31,501,265	24.87%	$807,725	$800,000
	$1,000,000 or More	47	20.00%	$57,827,049	45.65%	$1,230,363	$1,000,000
Total		**235**	**100.00%**	**$126,675,030**	**100.00%**	**$539,043**	

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Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity
2009							
	$1 - $99,999	31	14.90%	$1,570,197	1.20%	$50,652	$50,000
	$100,000 - $399,999	61	29.33%	$14,509,635	11.06%	$237,863	$250,000
	$400,000 - $699,999	41	19.71%	$20,587,978	15.69%	$502,146	$500,000
	$700,000 - $999,999	29	13.94%	$24,356,666	18.56%	$839,885	$850,000
	$1,000,000 or More	46	22.12%	$70,224,606	53.50%	$1,526,622	$1,000,000
Total		**208**	**100.00%**	**$131,249,082**	**100.00%**	**$631,005**	
2010							
	$1 - $99,999	36	15.58%	$1,755,284	1.26%	$48,758	$50,000
	$100,000 - $399,999	61	26.41%	$13,268,709	9.51%	$217,520	$215,000
	$400,000 - $699,999	49	21.21%	$24,990,073	17.90%	$510,001	$500,000
	$700,000 - $999,999	37	16.02%	$31,121,464	22.30%	$841,121	$825,000
	$1,000,000 or More	48	20.78%	$68,437,250	49.03%	$1,425,776	$1,000,000
Total		**231**	**100.00%**	**$139,572,780**	**100.00%**	**$604,211**	
2011							
	$1 - $99,999	33	13.25%	$1,619,167	1.10%	$49,066	$50,000
	$100,000 - $399,999	95	38.15%	$19,771,893	13.48%	$208,125	$195,000
	$400,000 - $699,999	29	11.65%	$14,375,864	9.80%	$495,719	$500,000
	$700,000 - $999,999	33	13.25%	$26,591,500	18.13%	$805,803	$750,000
	$1,000,000 or More	59	23.69%	$84,347,500	57.49%	$1,429,619	$1,000,000
Total		**249**	**100.00%**	**$146,705,924**	**100.00%**	**$589,180**	

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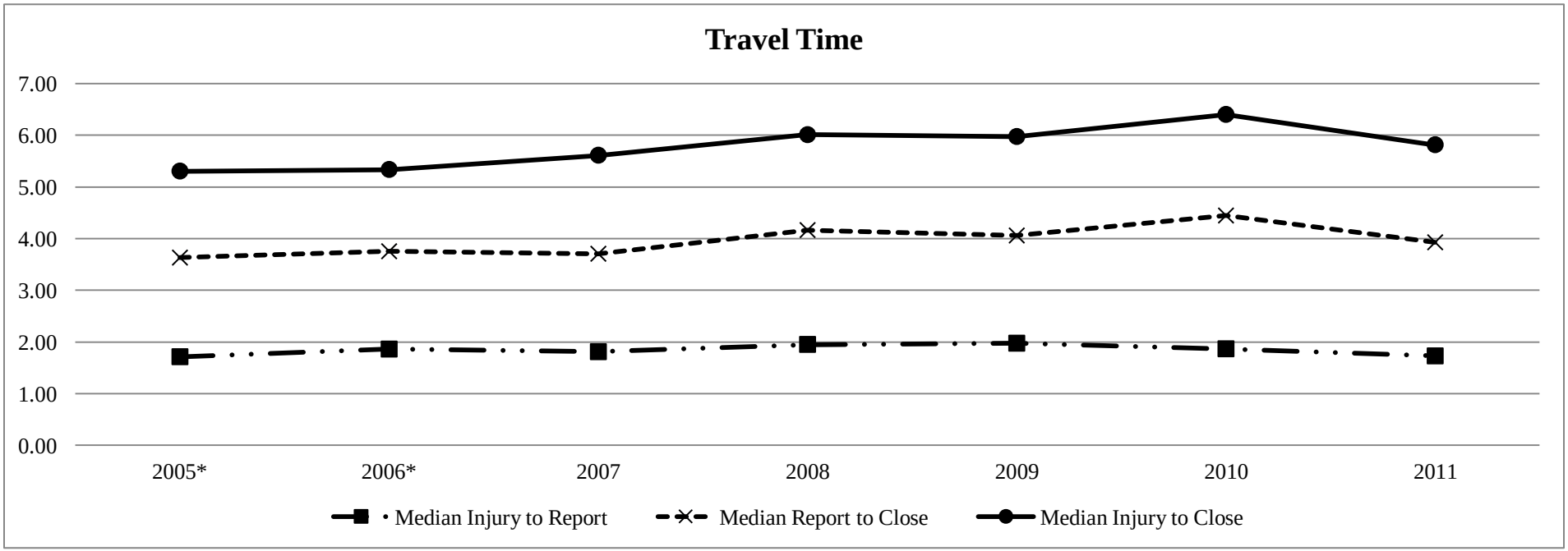
Travel Time

Year	Count	Injury to Report		Report to Close		Injury to Close	
		Average	Median	Average	Median	Average	Median
2005*	399	1.72	1.71	3.97	3.63	5.69	5.30
2006*	362	1.77	1.86	4.14	3.75	5.92	5.34
2007	224	1.96	1.81	4.08	3.70	6.04	5.61
2008	235	2.06	1.95	4.38	4.16	6.44	6.01
2009	208	2.11	1.97	4.56	4.06	6.67	5.97
2010	231	2.05	1.87	4.90	4.44	6.95	6.40
2011	249	1.81	1.73	4.35	3.93	6.15	5.81

Time is calculated in years.
It has taken about 2 years for a claim to be reported from the time of injury and about another 4 years to close the claim. On average, an injury takes about 6 to 7 years to be reported as a claim and to finally close.



Since travel time has stayed consistent over the years for both median and average, only median is displayed in the graph above. The typical time from injury to close date is about 4 to 8 months shorter than what appears for the average.

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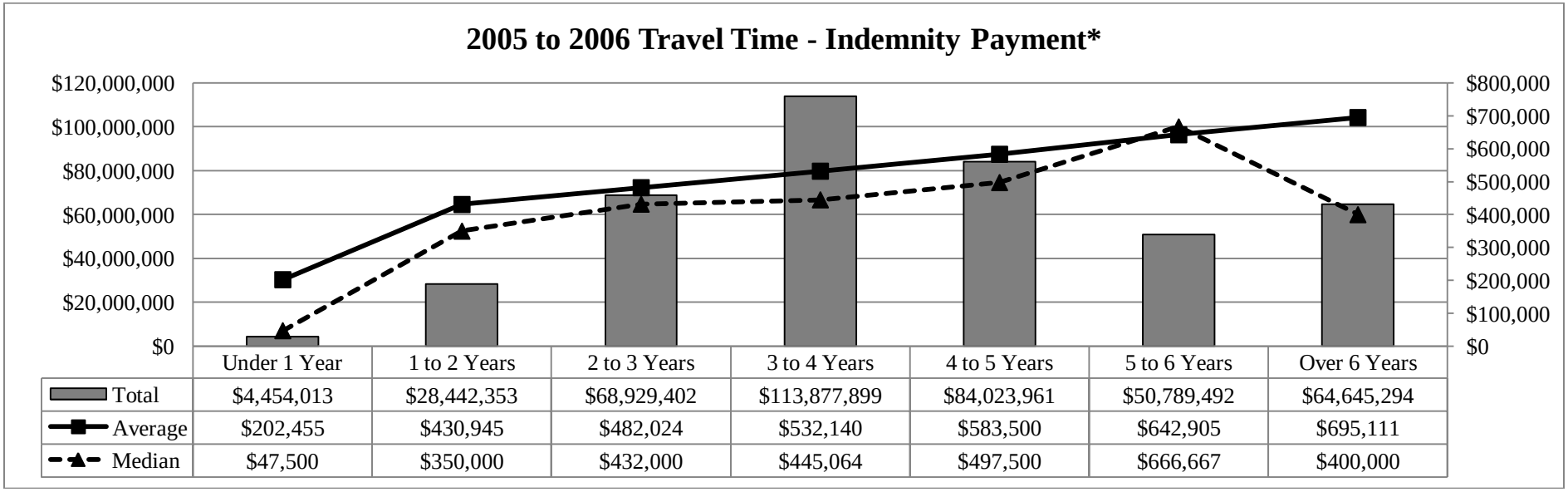
2005 to 2006 Indemnity, Defense Costs and AOE by Travel Time*

Report to Close Date	No. of Closed Claims	Indemnity Payment				Defense Costs				AOE			
		No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
Under 1 Year	3152	22	$4,454,013	$202,455	$47,500	866	$2,617,277	$3,022	$1,559	951	$456,863	$480	$155
1 to 2 Years	678	66	$28,442,353	$430,945	$350,000	473	$6,705,701	$14,177	$9,709	507	$1,698,122	$3,349	$1,853
2 to 3 Years	792	143	$68,929,402	$482,024	$432,000	712	$17,788,708	$24,984	$20,018	679	$4,813,754	$7,089	$4,634
3 to 4 Years	758	214	$113,877,899	$532,140	$445,064	708	$29,041,138	$41,019	$32,350	621	$8,871,130	$14,285	$7,264
4 to 5 Years	437	144	$84,023,961	$583,500	$497,500	418	$22,704,643	$54,317	$42,007	349	$6,021,559	$17,254	$11,715
5 to 6 Years	233	79	$50,789,492	$642,905	$666,667	208	$16,088,454	$77,348	$59,337	176	$4,167,391	$23,678	$13,819
Over 6 Years	351	93	$64,645,294	$695,111	$400,000	337	$27,723,908	$82,267	$69,309	299	$8,033,478	$26,868	$19,464
Total	**6401**	**761**	**$415,162,414**	**$545,549**		**3722**	**$122,669,829**	**$32,958**		**3582**	**$34,062,297**	**$9,509**	

The longer the duration between the report and close date, the higher the average costs. In addition, the claims with travel times between two and five years account for 66% of all the claims with an indemnity payment and account for 64% of the total indemnity payment.



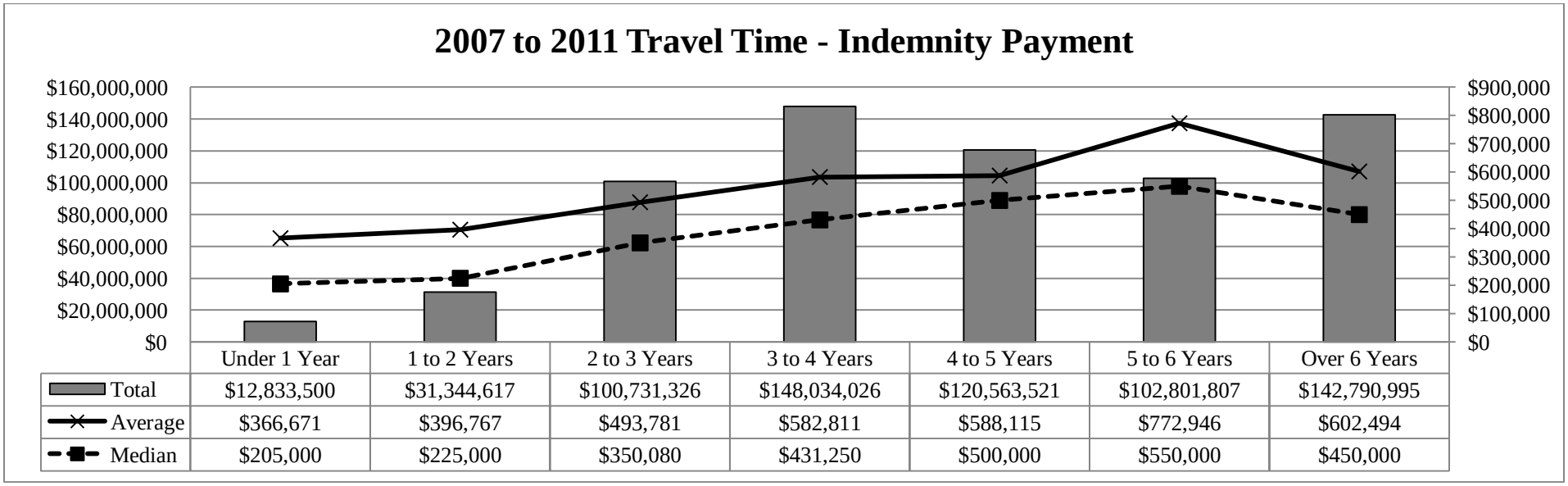
Claims that fall into Under 1 Year and Over 6 Years categories have the largest difference between the average and median, which indicates the variability of amounts in these categories. The median for the five to six year range is the only instance where the median and average are close and the median is slightly higher than the average.

* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.

2007 to 2011 Indemnity, Defense Costs and AOE by Travel Time

Report to Close Date	No. of Closed Claims	Indemnity Payment				Defense Costs				AOE			
		No. of Claims	Total	Average	Median	No. of claims	Total	Average	Median	No. of Claims	Total	Average	Median
Under 1 Year	1728	35	$12,833,500	$366,671	$205,000	613	$3,084,740	$5,032	$2,747	162	$1,026,914	$6,339	$275
1 to 2 Years	875	79	$31,344,617	$396,767	$225,000	505	$9,443,441	$18,700	$14,000	172	$688,870	$4,005	$1,948
2 to 3 Years	1018	204	$100,731,326	$493,781	$350,080	682	$24,906,835	$36,520	$28,067	199	$1,978,060	$9,940	$5,384
3 to 4 Years	1099	254	$148,034,026	$582,811	$431,250	788	$38,105,899	$48,358	$38,580	254	$3,102,489	$12,215	$7,668
4 to 5 Years	790	205	$120,563,521	$588,115	$500,000	576	$39,269,244	$68,176	$55,669	210	$5,479,244	$26,092	$12,707
5 to 6 Years	512	133	$102,801,807	$772,946	$550,000	345	$29,645,738	$85,930	$69,293	145	$3,127,365	$21,568	$15,257
Over 6 Years	916	237	$142,790,995	$602,494	$450,000	620	$67,596,095	$109,026	$88,881	231	$5,455,261	$23,616	$17,483
Total	**6938**	**1147**	**$659,099,792**	**$574,629**		**4129**	**$212,051,992**	**$51,357**		**1373**	**$20,858,203**	**$15,192**	

The claims with travel times between two and five years make up 57% of all claims with an indemnity payment and make up 56% of the total indemnity payment.



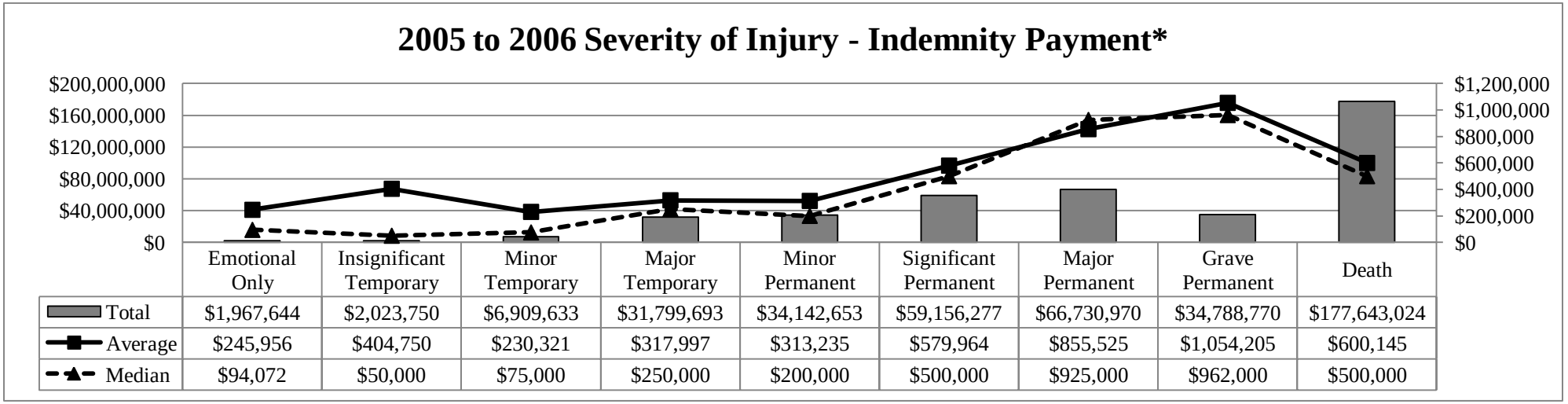
The longer the duration between the report and close dates, the higher the average and median indemnity payments are. The median and average peak at the five to six years range followed by a decrease for claims with travel times over six years.

* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.

2005 to 2006 Indemnity, Defense Costs and AOE by Severity of Injury*

Severity of Injury	No. of Closed Claims	Indemnity Payment				Defense Costs				AOE			
		No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
Emotional Only	67	8	$1,967,644	$245,956	$94,072	42	$1,389,700	$33,088	$18,335	34	$213,411	$6,277	$1,184
Insignificant Temporary	61	5	$2,023,750	$404,750	$50,000	27	$765,166	$28,339	$9,793	25	$202,862	$8,114	$826
Minor Temporary	251	30	$6,909,633	$230,321	$75,000	177	$4,771,504	$26,958	$15,118	140	$1,277,862	$9,128	$3,165
Major Temporary	2708	100	$31,799,693	$317,997	$250,000	961	$13,950,253	$14,516	$4,447	999	$3,648,937	$3,653	$543
Minor Permanent	438	109	$34,142,653	$313,235	$200,000	365	$14,078,062	$38,570	$25,031	332	$3,504,476	$10,556	$5,962
Significant Permanent	494	102	$59,156,277	$579,964	$500,000	424	$17,811,777	$42,009	$28,201	402	$5,278,322	$13,130	$5,919
Major Permanent	299	78	$66,730,970	$855,525	$925,000	248	$13,338,201	$53,783	$40,026	228	$3,115,187	$13,663	$8,316
Grave Permanent	134	33	$34,788,770	$1,054,205	$962,000	93	$6,866,052	$73,829	$40,810	84	$1,656,299	$19,718	$11,685
Death	1947	296	$177,643,024	$600,145	$500,000	1384	$49,697,954	$35,909	$22,678	1337	$15,127,570	$11,315	$3,751
Total	**6399**	**761**	**$415,162,414**	**$545,549**		**3721**	**$122,668,669**	**$32,967**		**3581**	**$34,024,926**	**$9,502**	

The claims with a severity level Major Permanent, Grave Permanent and Death make up 53% of all the claims and the indemnity payments in these three categories makes up 67% of the total indemnity payment. The highest average and median defense cost and AOE are for claims with a severity level of Grave Permanent. The lowest average and median Defense Costs and AOE are for claims with a severity level of Major Temporary. The gap between the average and median Defense Costs and AOE is the highest for claims in Grave Permanent which shows the variability in these categories. Note: Two claims are not included because presentation would allow identification of a specific claim.



Average and median show a consistent trend pattern except in the first three categories. The inconsistency in the first three categories could be attributed to the variability in the size of payments.

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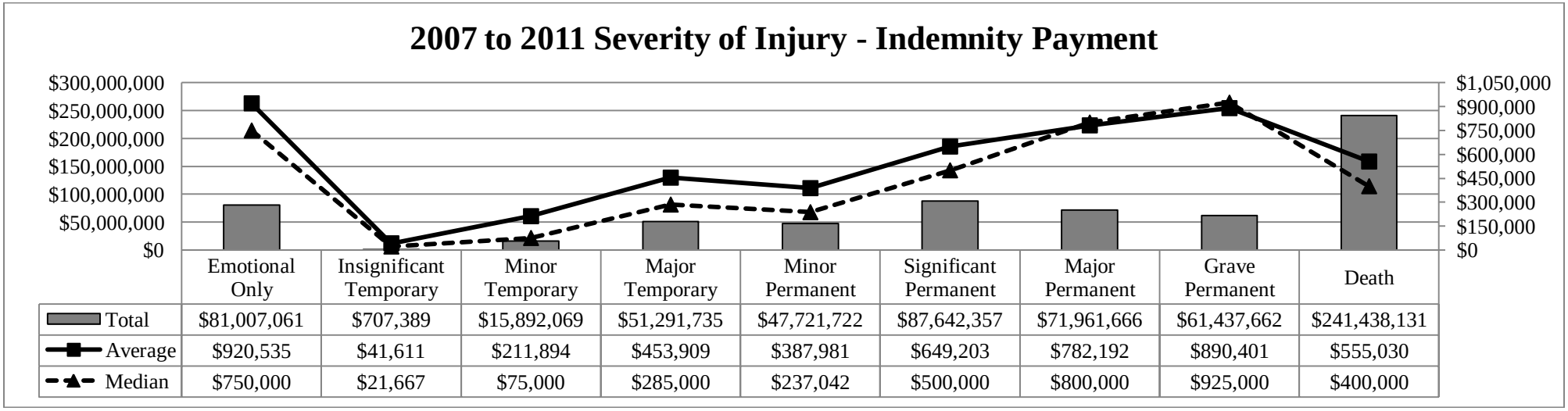
2007 to 2011 Indemnity, Defense Costs and AOE by Severity of Injury

Severity of Injury	No. of Closed Claims	Indemnity Payment				Defense Costs				AOE			
		No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
Emotional Only	735	88	$81,007,061	$920,535	$750,000	223	$9,832,241	$44,091	$26,224	161	$2,063,228	$12,815	$8,199
Insignificant Temporary	163	17	$707,389	$41,611	$21,667	72	$1,250,552	$17,369	$5,605	32	$50,419	$1,576	$429
Minor Temporary	616	75	$15,892,069	$211,894	$75,000	344	$10,497,941	$30,517	$16,033	169	$1,641,290	$9,712	$3,429
Major Temporary	809	113	$51,291,735	$453,909	$285,000	482	$18,252,587	$37,868	$24,097	103	$978,359	$9,499	$4,310
Minor Permanent	673	123	$47,721,722	$387,981	$237,042	434	$20,613,815	$47,497	$27,708	167	$3,237,927	$19,389	$7,700
Significant Permanent	666	135	$87,642,357	$649,203	$500,000	458	$24,594,369	$53,699	$36,488	107	$1,719,868	$16,074	$9,574
Major Permanent	395	92	$71,961,666	$782,192	$800,000	269	$20,617,064	$76,643	$46,784	76	$2,110,921	$27,775	$6,634
Grave Permanent	258	69	$61,437,662	$890,401	$925,000	162	$12,698,023	$78,383	$42,330	54	$603,814	$11,182	$5,491
Death	2623	435	$241,438,131	$555,030	$400,000	1685	$93,695,400	$55,606	$37,319	504	$8,452,377	$16,771	$8,022
Total	**6938**	**1147**	**$659,099,792**	**$574,629**		**4129**	**$212,051,992**	**$51,357**		**1373**	**$20,858,203**	**$15,192**	

The gap between the average and median defense costs is the highest for claims in Grave Permanent which indicate the variability of payment in this category. Insignificant Temporary claims have the lowest average and median defense costs and AOE.



Emotional Only and Grave Permanent have the highest average and median, respectively. Insignificant Temporary claims have the lowest average and median.

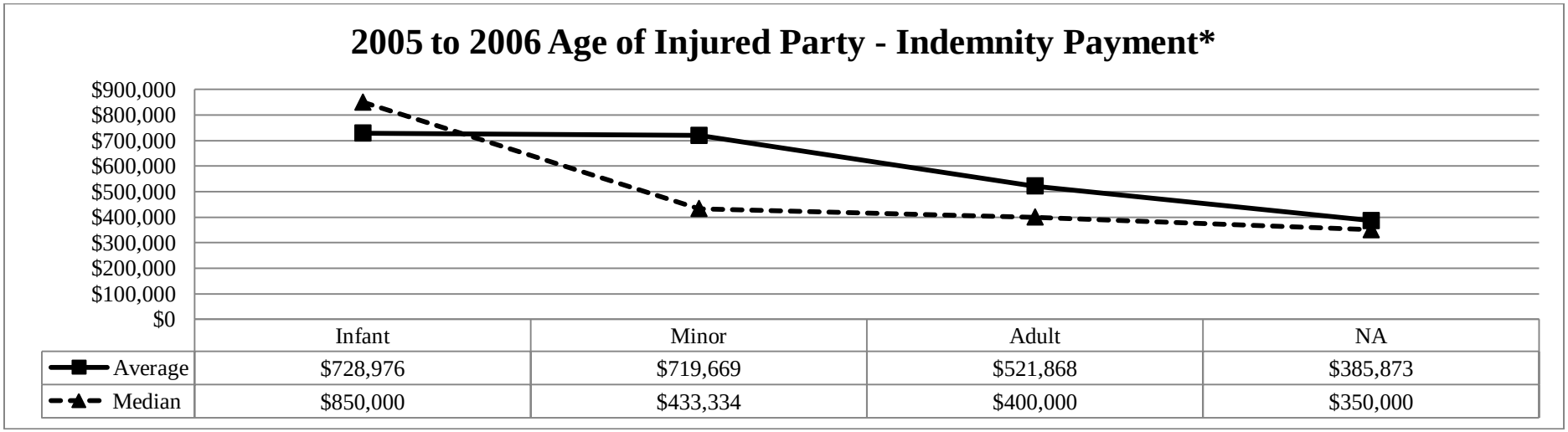
* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.

2005 to 2006 Indemnity, Defense Costs and AOE by Age of Injured Party*

Age of Injured Party
Infant – Ages 0 to 3
Minor – Ages 4 to 17
Adult – Ages 18 and older

Age of Injured Party	No. of Closed Claims	Indemnity Payment				Defense Costs				AOE			
		No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
Infant	502	70	$51,028,301	$728,976	$850,000	320	$12,150,951	$37,972	$20,161	325	$3,382,832	$10,409	$4,155
Minor	236	46	$33,104,793	$719,669	$433,334	139	$6,719,455	$48,341	$29,787	121	$1,215,695	$10,047	$4,272
Adult	3995	604	$315,208,541	$521,868	$400,000	2629	$96,118,451	$36,561	$22,700	2,510	$27,657,160	$11,019	$4,359
NA	1668	41	$15,820,779	$385,873	$350,000	634	$7,680,972	$12,115	$3,262	626	$1,806,610	$2,886	$333
Total	**6401**	**761**	**$415,162,414**	**$545,549**		**3722**	**$122,669,829**	**$32,958**		**3582**	**$34,062,297**	**$9,509**	

Average and median AOE have stayed consistent among all known age groups, unlike defense costs.



The average indemnity payment is higher than the median for all age categories except the Infant group meaning that the majority of the payments are on the higher end in this category. The Infant group also has one of the highest averages and median. For the Minor group there is a wide disparity between the average and median, while This disparity lessens in the 18 and older age group.

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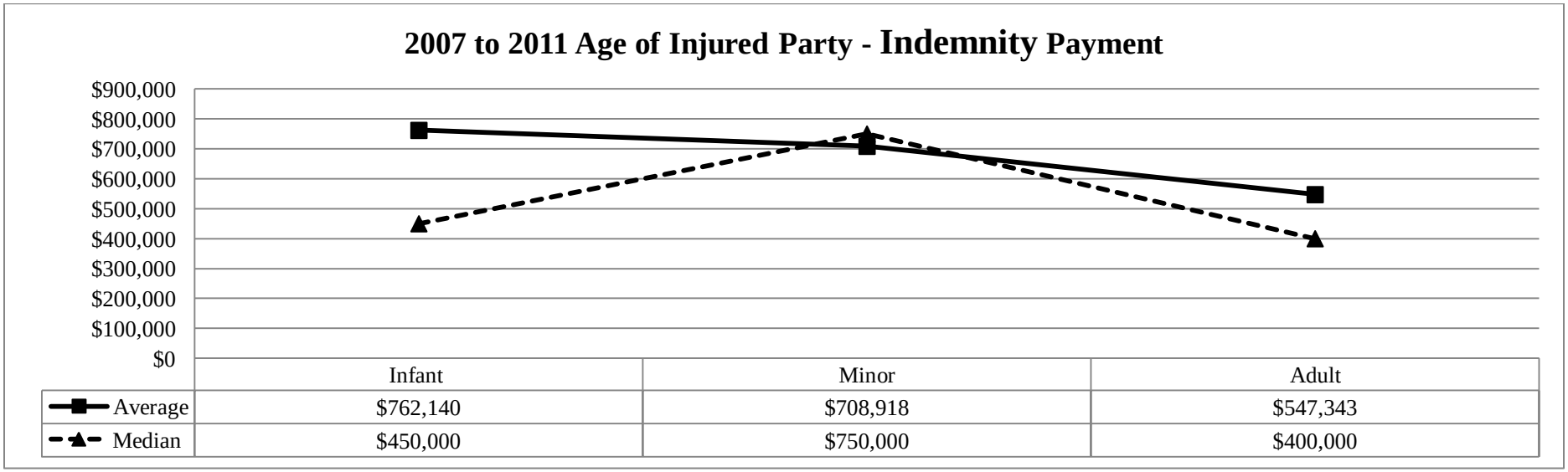
2007 to 2011 Indemnity, Defense Costs and AOE by Age of Injured Party

Age of Injured Party
Infant – Ages 0 to 3
Minor – Ages 4 to 17
Adult – Ages 18 and older

Age of Injured Party	No. of Closed Claims	Indemnity Payment				Defense Costs				AOE			
		No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
Infant	625	75	$57,160,492	$762,140	$450,000	268	$13,884,372	$51,807	$18,306	101	$2,249,547	$22,273	$15,447
Minor	455	94	$66,638,256	$708,918	$750,000	285	$18,607,997	$65,291	$42,561	43	$525,852	$12,229	$6,712
Adult	5858	978	$535,301,044	$547,343	$400,000	3576	$179,559,623	$50,212	$32,194	1229	$18,082,804	$14,713	$6,452
Total	**6938**	**1147**	**$659,099,792**	**$574,629**		**4129**	**$212,051,992**	**$51,357**		**1373**	**$20,858,203**	**$15,192**	

The Minor group has the highest average and median defense costs. The Infant group has the highest average and median AOE.



The Infant group has the highest average indemnity payment and there is a wide disparity between the average and median. The median indemnity payment is slightly higher than the average for the Minor group.

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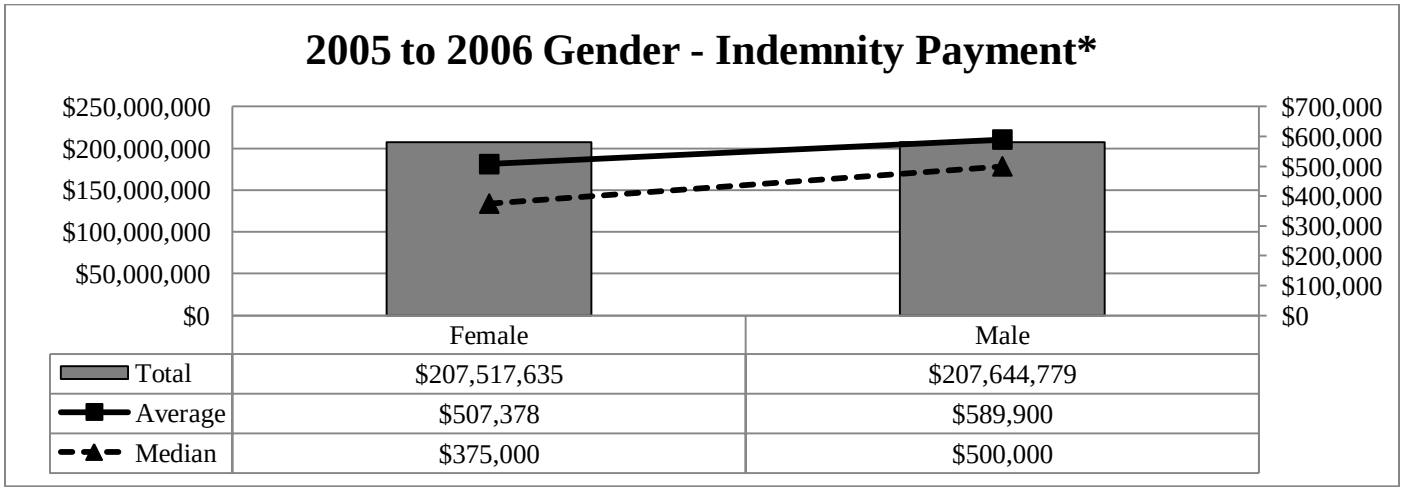
2005 to 2006 Indemnity, Defense Costs and AOE by Gender of Injured Party*

		Indemnity Payment				Defense Costs				AOE			
Gender	**No. of Closed Claims**	**No. of Claims**	**Total**	**Average**	**Median**	**No. of Claims**	**Total**	**Average**	**Median**	**No. of Claims**	**Total**	**Average**	**Median**
Female	3421	409	$207,517,635	$507,378	$375,000	2006	$64,510,165	$32,159	$17,593	1950	$17,288,974	$8,866	$3,350
Male	2821	352	$207,644,779	$589,900	$500,000	1687	$58,070,532	$34,422	$20,264	1591	$16,748,601	$10,527	$3,417
NA	159					29	$89,132	$3,074	$1,489	41	$24,722	$603	$117
Total	**6401**	**761**	**$415,162,414**	**$545,549**		**3722**	**$122,669,829**	**$32,958**		**3582**	**$34,062,297**	**$9,509**	

The average and median defense costs and AOE are slightly higher for males. Claim counts are higher for females for claims with indemnity payment, defense costs and AOE.



Average and median indemnity payment measures are higher for males than females.

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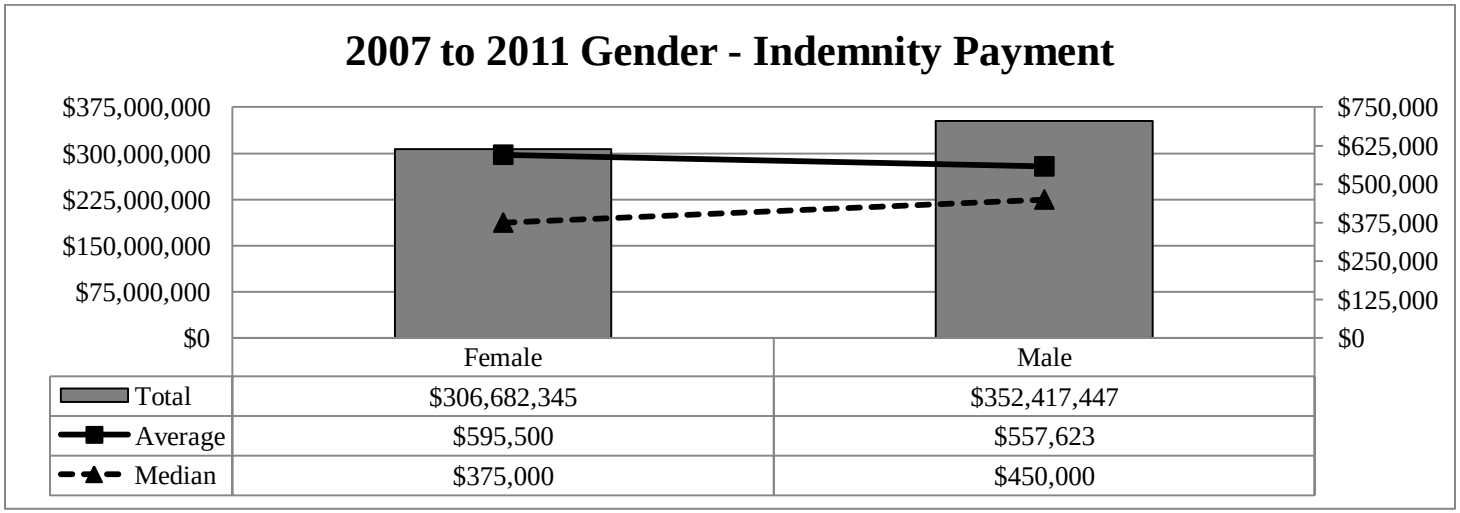
2007 to 2011 Indemnity, Defense Costs and AOE by Gender of Injured Party

		Indemnity Payment				Defense Costs				AOE			
Gender	No. of Closed Claims	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
F	3147	515	$306,682,345	$595,500	$375,000	1912	$101,336,834	$53,000	$32,500	688	$10,313,673	$14,991	$7,083
M	3791	632	$352,417,447	$557,623	$450,000	2217	$110,715,158	$49,939	$32,173	685	$10,544,530	$15,393	$6,341
Total	**6938**	**1147**	**$659,099,792**	**$574,629**		**4129**	**$212,051,992**	**$51,357**		**1373**	**$20,858,203**	**$15,192**	

Females have slightly higher average defense costs and males have higher average AOE.



Males have a higher median indemnity payment, but a slightly lower average compared to females

* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.

2005 to 2006 Indemnity, Defense Costs and AOE by Specialty Code*

Specialty Code
ANS: Anesthesiology – No Surgery
CS: Cardiovascular – Surgery
EMNS: Emergency Medicine – No Surgery
FPGPNS: Family Physicians or General Practitioners – No Surgery
FPGPS: Family Physicians or General Practitioners – Surgery
GNS: Gastroenterology – No Surgery
IMNS: Internal Medicine – No Surgery
OGS: Obstetrics and Gynecology – Surgery
OTHER: Other Specialties
PNS: Pediatrics – No Surgery
PDNS: Pulmonary Diseases – No Surgery
RNS: Radiology – No Surgery
SO: Surgery – Other

		Indemnity Payment				Defense Costs				AOE			
Specialty Code	No. of Closed Claims	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
ANS	243	31	$28,371,272	$915,202	$750,512	144	$4,378,098	$30,403	$16,091	144	$1,454,766	$10,103	$3,155
CS	390	29	$16,890,226	$582,422	$432,000	229	$6,633,494	$28,967	$18,049	227	$1,609,765	$7,091	$3,023
EMNS	233	41	$18,265,302	$445,495	$300,000	136	$4,537,789	$33,366	$20,359	113	$1,169,767	$10,352	$3,686
FPGPNS	409	44	$23,770,333	$540,235	$550,000	201	$6,260,150	$31,145	$19,211	207	$2,300,235	$11,112	$3,006
FPGPS	148	23	$14,954,000	$650,174	$250,000	100	$4,215,681	$42,157	$25,539	99	$1,109,296	$11,205	$5,944
GNS	165	15	$10,291,667	$686,111	$750,000	85	$3,029,430	$35,640	$26,438	100	$728,153	$7,282	$2,134
IMNS	791	77	$40,867,588	$530,748	$500,000	479	$14,720,840	$30,732	$18,412	471	$5,791,018	$12,295	$3,253
OGS	679	105	$57,723,000	$549,743	$450,000	420	$15,719,134	$37,427	$21,858	418	$4,513,537	$10,798	$4,445
OTHER	800	80	$37,700,708	$471,259	$318,750	421	$13,310,478	$31,616	$14,984	382	$3,023,106	$7,914	$2,250
PNS	189	18	$11,003,292	$611,294	$575,000	80	$2,984,529	$37,307	$19,801	83	$707,130	$8,520	$3,843
PDNS	115	3	$1,150,000	$383,333	$400,000	60	$1,623,484	$27,058	$13,103	59	$245,618	$4,163	$1,265
RNS	140	11	$8,850,000	$804,545	$1,000,000	74	$1,266,296	$17,112	$9,559	70	$338,176	$4,831	$855
SO	2099	284	$145,325,026	$511,708	$386,250	1293	$43,990,426	$34,022	$18,445	1209	$11,071,730	$9,158	$3,534
Total	**6401**	**761**	**$415,162,414**	**$545,549**		**3722**	**$122,669,829**	**$32,958**		**3582**	**$34,062,297**	**$9,509**	

'Internal Medicine – No Surgery', 'Obstetrics and Gynecology – Surgery' and 'Surgery – Other' make up 61% of claims with indemnity payment, 59% of claims with defense costs and 59% of claims with AOE. These categories make up 59% of the total indemnity payments, 61% of total defense costs and 63% of AOE.

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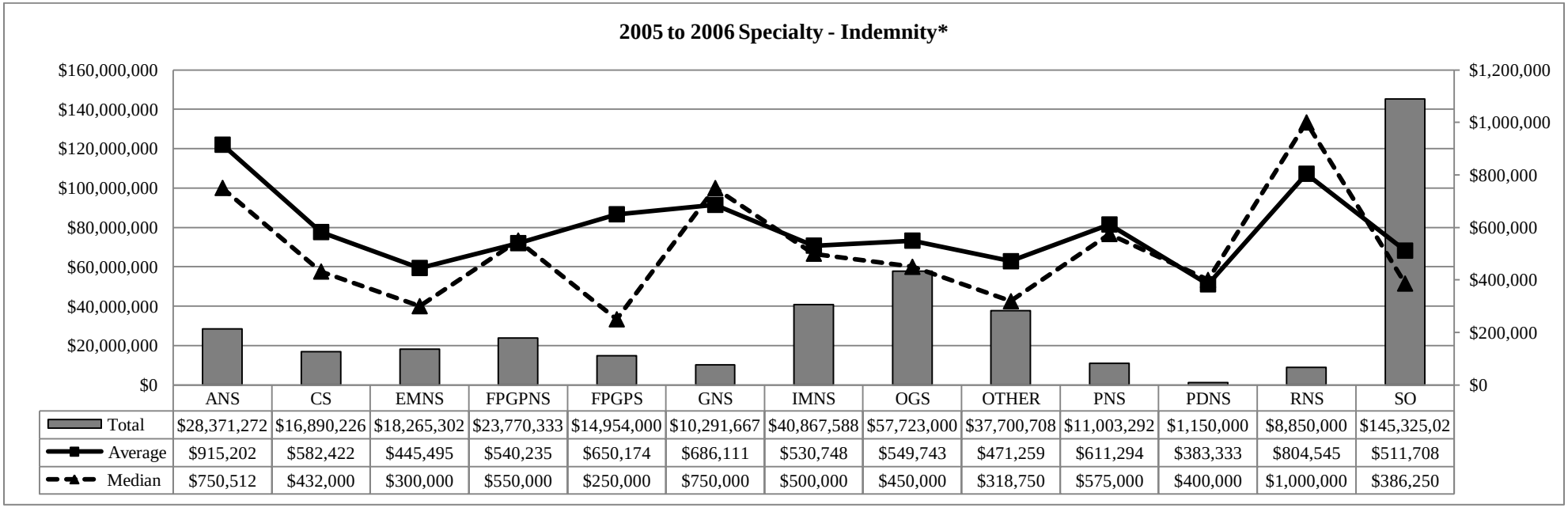

	ANS	CS	EMNS	FPGPNS	FPGPS	GNS	IMNS	OGS	OTHER	PNS	PDNS	RNS	SO
Total	$28,371,272	$16,890,226	$18,265,302	$23,770,333	$14,954,000	$10,291,667	$40,867,588	$57,723,000	$37,700,708	$11,003,292	$1,150,000	$8,850,000	$145,325,02
Average	$915,202	$582,422	$445,495	$540,235	$650,174	$686,111	$530,748	$549,743	$471,259	$611,294	$383,333	$804,545	$511,708
Median	$750,512	$432,000	$300,000	$550,000	$250,000	$750,000	$500,000	$450,000	$318,750	$575,000	$400,000	$1,000,000	$386,250

There is no consistent pattern for average and median indemnity payments. 'Family Physician or General Practitioners – No Surgery', 'Gastroenterology – No Surgery' and 'Radiology – No Surgery' have higher medians than averages.

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2007 to 2011 Indemnity, Defense Costs and AOE by Specialty Code

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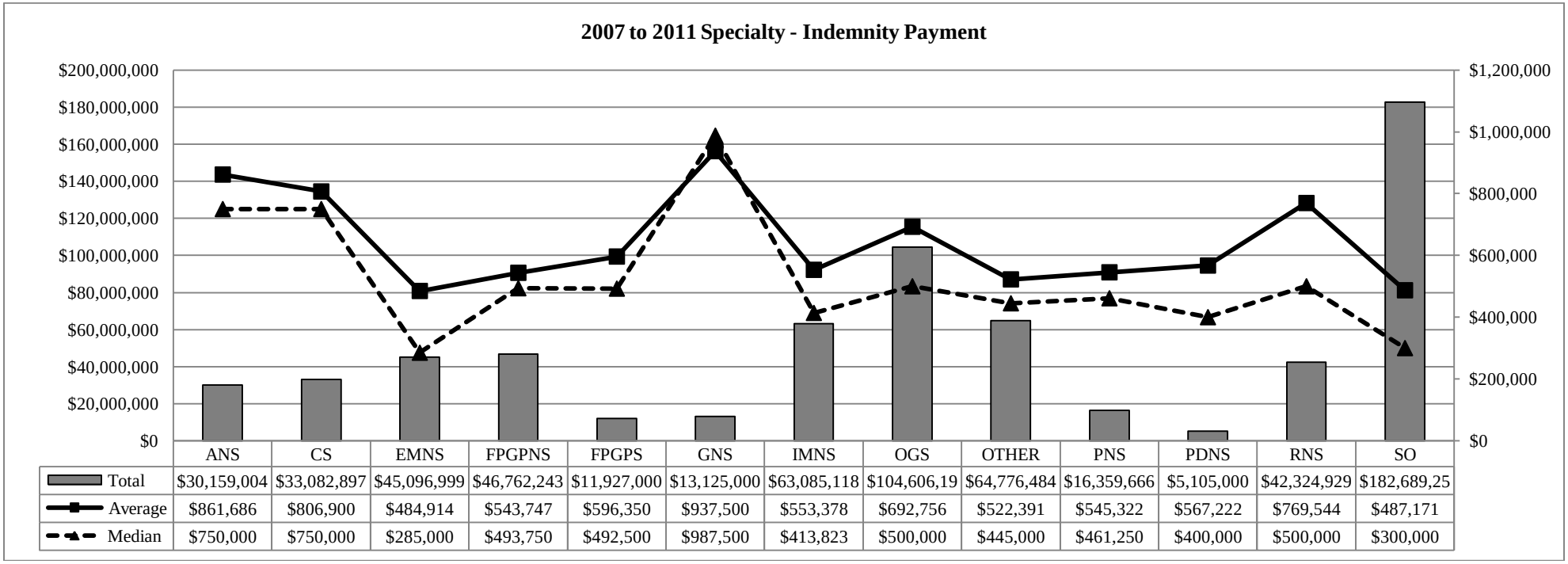
PDNS: Pulmonary Diseases – No Surgery
RNS: Radiology – No Surgery
SO: Surgery – Other

Specialty Code	No. of Closed Claims	Indemnity Payment				Defense Costs				AOE			
		No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median	No. of Claims	Total	Average	Median
ANS	166	35	$30,159,004	$861,686	$750,000	105	$4,741,002	$45,152	$28,022	46	$572,557	$12,447	$4,405
CS	361	41	$33,082,897	$806,900	$750,000	189	$10,702,119	$56,625	$36,937	54	$1,774,535	$32,862	$9,479
EMNS	447	93	$45,096,999	$484,914	$285,000	300	$18,938,919	$63,130	$43,708	113	$1,399,553	$12,385	$6,292
FPGPNS	486	86	$46,762,243	$543,747	$493,750	292	$13,418,688	$45,954	$27,218	98	$1,414,133	$14,430	$7,479
FPGPS	105	20	$11,927,000	$596,350	$492,500	70	$4,362,819	$62,326	$34,081	27	$197,451	$7,313	$849
GNS	166	14	$13,125,000	$937,500	$987,500	86	$3,769,893	$43,836	$23,937	17	$109,592	$6,447	$1,000
IMNS	879	114	$63,085,118	$553,378	$413,823	555	$24,933,958	$44,926	$30,790	187	$2,639,568	$14,115	$8,824
OGS	791	151	$104,606,198	$692,756	$500,000	461	$26,293,205	$57,035	$33,665	141	$2,296,240	$16,285	$8,679
OTHER	965	124	$64,776,484	$522,391	$445,000	521	$26,723,353	$51,292	$32,772	169	$2,967,704	$17,560	$6,749
PNS	141	30	$16,359,666	$545,322	$461,250	101	$6,052,637	$59,927	$37,162	28	$515,601	$18,414	$11,079
PDNS	134	9	$5,105,000	$567,222	$400,000	75	$3,788,214	$50,510	$27,583	30	$275,922	$9,197	$5,664
RNS	356	55	$42,324,929	$769,544	$500,000	190	$9,107,479	$47,934	$30,267	26	$318,690	$12,257	$4,080
SO	1941	375	$182,689,254	$487,171	$300,000	1184	$59,219,706	$50,017	$31,540	437	$6,376,657	$14,592	$5,986
Total	**6938**	**1147**	**$659,099,792**	**$574,629**		**4129**	**$212,051,992**	**$51,357**		**1373**	**$20,858,203**	**$15,192**	

'Internal Medicine – No Surgery', 'Obstetrics and Gynecology – Surgery' and 'Surgery – other than obstetrics' make up 56% of claims with indemnity payment, 53% of claims with defense costs and 56% of claims with AOE .

* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.



	ANS	CS	EMNS	FPGPNS	FPGPS	GNS	IMNS	OGS	OTHER	PNS	PDNS	RNS	SO
Total	$30,159,004	$33,082,897	$45,096,999	$46,762,243	$11,927,000	$13,125,000	$63,085,118	$104,606,19	$64,776,484	$16,359,666	$5,105,000	$42,324,929	$182,689,25
Average	$861,686	$806,900	$484,914	$543,747	$596,350	$937,500	$553,378	$692,756	$522,391	$545,322	$567,222	$769,544	$487,171
Median	$750,000	$750,000	$285,000	$493,750	$492,500	$987,500	$413,823	$500,000	$445,000	$461,250	$400,000	$500,000	$300,000

'Gastroenterology – No Surgery' has the highest average and median Indemnity Payments and 'Emergency Medicine – No Surgery' has the lowest average and median Indemnity Payment.

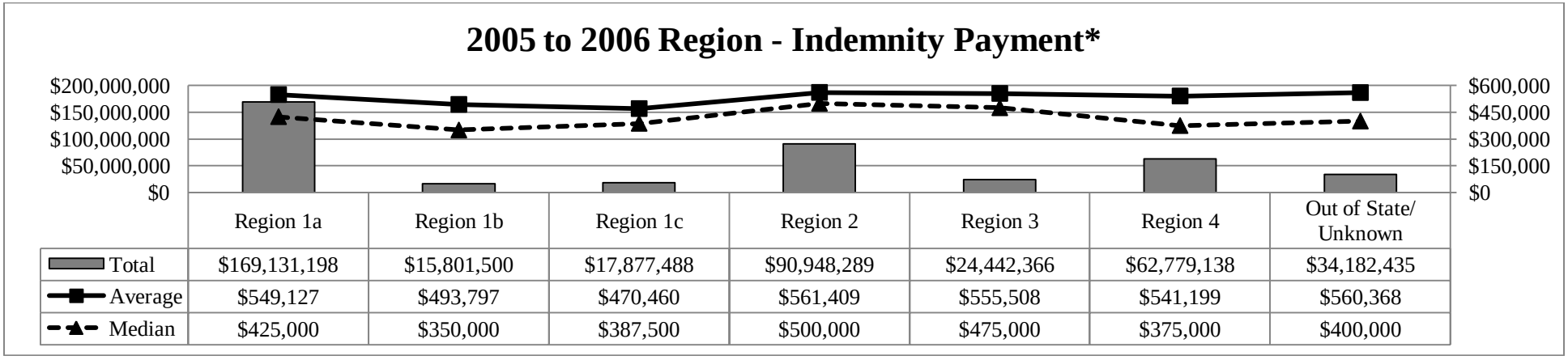
* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.

2005 to 2006 Indemnity, Defense Costs and AOE by Region*

	Rating Counties	2010 Population
Region 1a:	Cook	5,194,675
Region 1b:	Madison and St. Clair	539,338
Region 1c:	McHenry and Will	986,320
Region 2:	DuPage, Kane and Lake	2,135,655
Region 3:	Champaign, Jackson, Macon, Sangamon and Vermillion	569,532
Region 4:	Remainder of State	3,405,112
OS/UK:	Out of State/Unknown	Unknown

		Indemnity Payment				Defense Costs				AOE			
Region	**No. of Closed Claims**	**No. of Claims**	**Total**	**Average**	**Median**	**No. of Claims**	**Total**	**Average**	**Median**	**No. of Claims**	**Total**	**Average**	**Median**
Region 1a	2913	308	$169,131,198	$549,127	$425,000	1670	$53,192,670	$31,852	$17,713	1627	$15,518,507	$9,538	$3,039
Region 1b	182	32	$15,801,500	$493,797	$350,000	120	$3,531,936	$29,433	$20,596	117	$891,847	$7,623	$2,773
Region 1c	225	38	$17,877,488	$470,460	$387,500	151	$4,687,877	$31,046	$18,712	124	$1,027,368	$8,285	$3,139
Region 2	1678	162	$90,948,289	$561,409	$500,000	921	$31,144,205	$33,816	$17,937	908	$7,752,690	$8,538	$2,906
Region 3	223	44	$24,442,366	$555,508	$475,000	129	$5,815,104	$45,078	$25,289	106	$1,257,641	$11,865	$5,108
Region 4	894	116	$62,779,138	$541,199	$375,000	508	$14,510,884	$28,565	$17,919	500	$4,654,469	$9,309	$3,679
OS/UK	286	61	$34,182,435	$560,368	$400,000	223	$9,787,153	$43,889	$27,146	200	$2,959,775	$14,799	$5,546
Total	**6401**	**761**	**$415,162,414**	**$545,549**		**3722**	**$122,669,829**	**$32,958**		**3582**	**$34,062,297**	**$9,509**	

Region 1a and 2 make up 62% of the claims with indemnity payment, 70% of the claims with defense costs and 71% of the claims with AOE. These regions account for 63%, 69% and 68% of the total indemnity payments, total defense costs and total AOE respectively. Although these regions have the highest percentages, these regions also have larger populations compared to other regions, according to the 2010 population figures from the Census data.



Although Region 1a has the highest population and largest total indemnity payment, Region 2 has the highest average and median indemnity payment.

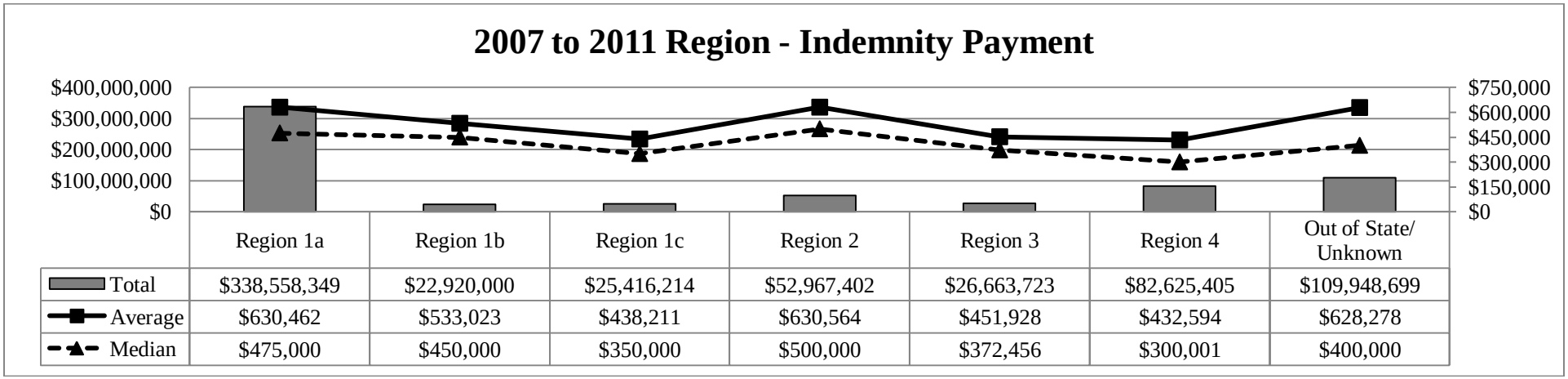
* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.

2007 to 2011 Indemnity, Defense Costs and AOE by Region

	Rating Counties	2010 Population
Region 1a:	Cook	5,194,675
Region 1b:	Madison and St. Clair	539,338
Region 1c:	McHenry and Will	986,320
Region 2:	DuPage, Kane and Lake	2,135,655
Region 3:	Champaign, Jackson, Macon, Sangamon and Vermillion	569,532
Region 4:	Remainder of State	3,405,112
OS/UK:	Out of State/Unknown	Unknown

		Indemnity Payment				Defense Costs				AOE			
Region	**No. of Closed Claims**	**No. of Claims**	**Total**	**Average**	**Median**	**No. of Claims**	**Total**	**Average**	**Median**	**No. of Claims**	**Total**	**Average**	**Median**
Region 1a	3284	537	$338,558,349	$630,462	$475,000	1903	$104,473,157	$54,899	$34,447	620	$10,263,884	$16,555	$8,400
Region 1b	206	43	$22,920,000	$533,023	$450,000	143	$7,136,555	$49,906	$36,303	50	$602,659	$12,053	$6,020
Region 1c	308	58	$25,416,214	$438,211	$350,000	201	$10,525,037	$52,363	$35,117	86	$877,369	$10,202	$6,653
Region 2	584	84	$52,967,402	$630,564	$500,000	362	$18,767,780	$51,845	$31,502	137	$1,619,481	$11,821	$6,802
Region 3	318	59	$26,663,723	$451,928	$372,456	183	$7,417,610	$40,533	$25,625	86	$1,016,074	$11,815	$5,360
Region 4	1088	191	$82,625,405	$432,594	$300,001	686	$30,450,518	$44,389	$27,707	231	$2,705,695	$11,713	$3,632
OS/UK	1150	175	$109,948,699	$628,278	$400,000	651	$33,281,335	$51,123	$30,454	163	$3,773,041	$23,147	$5,622
Total	**6938**	**1147**	**$659,099,792**	**$574,629**		**4129**	**$212,051,992**	**$51,357**		**1373**	**$20,858,203**	**$15,192**	

Region 1a and 2 make up 54% of the claims with indemnity payment, 55% of the claims with defense costs and 55% of the claims with AOE. These regions account for 59%, 58% and 57% of the total indemnity payments, total defense costs and total AOE, respectively. Although these regions have the highest percentages, these regions also have larger populations compared to other regions, according to the 2010 population figures from the Census data.



Although Region 1a has the highest population and largest total indemnity payment, Region 2 had the highest average and median indemnity payment.

* Rule 928 effective for years 2005 and 2006 is different from that effective for 2007 through 2011.

Appendix A – 2005 to 2006 Rule 928*

ILLINOIS MEDICAL PROFESSIONAL LIABILITY INSURANCE UNIFORM CLAIMS REPORT

File one report for each defendant insured by filing insurer. Include claims closed without payment. Complete all requested information on each report. If information is unknown, enter **UK**, if not applicable, enter **NA**. When an item calls for a dollar amount and no amount is involved, enter 0 in the space. Each entry marked (CODE) requires a specific code which is described on page two of the instructions (Also see 50 Ill. Adm. Code 928 Exhibit C). Record all amounts in whole dollars only, all dates as MM/DD/YY and all ages (on date of occurrence) as YY.

1a. Name of Insurer:		1b. Claim File ID#:					
2a. Date of Injury:		2b. Date Reported to Insurer:		2c. Date Reopened:		2d. Date of Original Closure (if reopened):	
3a. Insured's Name:		3b. Insured's Age:		3c. City:		3d. State:	3e. Zip:
4a. Profession or Business (CODE):		4b. Specialty (CODE):		4c. Type of Practice (CODE):			
5a. Board Certification (Y or N):		5b. Foreign Medical Graduate?		5c. Country:			
6a. Place where injury occurred (CODE):		6b. City:		6c. State:		6d. Zip:	
7a. Name of Institution (if injury occurred in institution):		7b. Location in Institution (CODE):					
8a. Injured Person's Name:		8b. Injured Person's Age:		8c. Injured Person's Sex :			
9a. Total Defendants Involved in Claim:		9b. Derivative Claim (CODE):					
10. Amount of reserve for indemnity if still outstanding: $		11. Amount of reserve for expenses if still outstanding: $					
12a. Attorney for Plaintiff:		12b. City:		12c. State:		12d. Zip:	
13. Describe action which caused claim to be made:							
14a. Final diagnosis for which treatment was sought or rendered (patient's actual condition):							
14b. Describe misdiagnosis made, if any, of patient's actual condition:							
15. Operation, diagnostic or treatment procedure causing the injury:							
16a. Describe principal injury giving rise to the claim:							
16b. Severity of Injury (CODE):							
17a. Misadventures in Procedures (CODE):		17b. Misadventures in Diagnosis (CODE):					
18a. Others Contributing to Injury (CODE):		18b. Associated Issues (CODE):		18c. Coverage (CODE):			
19. Companion Claim File ID#:							
1.		2.		3.		4.	
20a. Date of this payment or closure:		20b. Claim Disposition (CODE):		20c. Settlement (CODE):			
21a. Court (CODE):		21b. Binding Arbitration (CODE):		21c. Review Panel (CODE):			

22. Indemnity paid by insurer on behalf of named insurer/defendant:	$				
23. Other indemnity paid by or on behalf of named insurer/defendant:	$		D		E
24. Indemnity paid by all parties (for all defendants):	$				
25. Loss adjustment expense paid to defense counsel:	$				
26. All other allocated loss adjustment expense paid by insurer:	$				
27. Injured person's incurred medical expense:	$				
28. Injured person's anticipated future medical expense:	$				
29. Injured person's incurred wage loss:	$				
30. Injured person's anticipated wage loss:	$				
31. Injured person's other expense:	$				
32. Total amount allocated for future periodic payments (for all defendants):	$				

33. Person Responsible for Preparing Report:					
34. Contact Person and Telephone Number:					
35. Mailing Address for Insurer/Contact Person:					
36. City:		37. State:		38. Zip:	

April 20, 2001 (Source: Amended at 24 Ill. Reg. _____, effective January 1, 2001)

2d. Enter the original closure date if the claim is a reopened claim.

4a. Profession or Business Code: 1) physicians and surgeons, 2) hospitals, 3) other medical professionals, 4) other health care facilities. (When 3 is entered specify type of professional in addition.)

4b. Specialty Code: (five digits) from current ISO Common Statistical Base classifications. Please check with ISO annually for possible changes to specialty codes.

4c. Type of Practice Code: 1) institutional (academic), 2) professional corporation or partnership (group), 3) self-employed, 4) employed physician, 5) employed nurse, 6) all other employees, 7) intern or resident.

5b. Indicate yes or no if insured physician is a Foreign Medical Graduate.

5c. Enter Country in which primary medical education was received if other than U.S.

6a. Enter the appropriate code of the Place Where the principal Injury Occurred: 1) hospital inpatient facility, 2) emergency room, 3) hospital outpatient facility, 4) nursing home, 5) physician's office, 6) patient's home, 7) other outpatient facility, 8) other, 9) other hospital/institutional location. Use only one code. If code 8, other, is used enter description of the place.

7b. Enter appropriate code if Location of Institutional Injury Was: 1) patient's room, 2) labor or delivery room, 3) operating suite, 4) recovery room, 5) critical care unit, 6) special procedure room, 7) nursery, 8) radiology, 9) physical therapy department.

9a. Enter the Total Number of Defendants (persons and institutions other than John Does) Involved in Claim.

9b. Enter the appropriate code(s) if a Derivative Claim (on behalf of someone other than the medically injured) was made by: 1) spouse, 2) children, 3) parent, 4) personal representative.

14a. Use nomenclature and/or descriptions to enter the Final Diagnosis for which Treatment was Sought or Rendered (actual abnormal condition), and also 14b. the Misdiagnosis, if any, of the Patient's Actual Condition.

15. Use nomenclature and/or descriptions of the procedure used. Include method of anesthesia, or name of drug used for treatment, with detail of administration and type of adverse effect where applicable.

16a. Use nomenclature and/or descriptions of the injury. Include type of adverse effect from drugs where applicable.

16b. Enter one digit code for Severity of Injury from scale provided below. Enter the code for the most serious injury if several are involved.

	Severity of Injury Scale	Examples
	1)Emotional only	Fright, no physical damage.
Temporary	2) Insignificant	Lacerations, contusions, minor scars, rash. No delay.
	3) Minor	Infections, misset fracture, fall in hospital. Recovery delayed.
	4) Major	Burns, surgical material left, drug side-effect, brain damage. Recovery
Permanent	5) Minor	Loss of fingers, loss or damage to organs. Includes non-disabling
	6) Significant	injuries. Deafness, loss of limb, loss of eye, loss of one kidney or
	7) Major	lung.
	8) Grave	Paraplegia, blindness, loss of two limbs, brain damage.
	9) Death	

17a. Enter the appropriate Misadventure Code(s) if the Procedure was: 1) not adequately indicated, 2) contraindicated, 3) there was a more appropriate alternative, 4) delayed, 5) improperly performed, 6) not performed, 7) occasioned by

misdiagnosis, 8) inadequate assessment, 9) mis-identification of the patient, 10) delay in notifying physician, 11) failure to notice an improper order, 12) failure to obtain a proper order, 13) failure to instruct patient.

17b. Enter the appropriate code if the following Misadventures in Diagnosis caused or aggravated the injury: 1) delay in diagnosis, 2) misdiagnosis of the abnormal condition, 3) misdiagnosis in the absence of an abnormal condition.

18a. Enter the appropriate code(s) if any Other person(s) caused or Contributed to the Injury: 1) attending physician, 2) house staff, 3) consultant, 4) nurse R.N., 5) nurse L.P.N. or L.V.N., 6) aide, 7) orderly, 8) pharmacist, 9) radiologist, 10) radiology technician, 11) anesthesiologist, 12) anesthetist, 13) pathologist, 14) laboratory technician, 15) physician's assistant, 16) O.R. technician, 17) physical therapist, 18) inhalation therapist, 19) other therapists, 20) other technicians, 21) dietitian, 22) maintenance personnel, 23) engineer, 24) administrator, 25) other personnel, 26) patient, 27) another patient.

18b. Enter the appropriate code(s) if one or more of the following factors were Associated Issues in the claim: 1) abandonment, 2) premature discharge from institution, 3) false imprisonment, 4) lack or delay of consultation, 5) lack of supervision, 6) breach of confidentiality, 7) failure to prevent an abnormal condition, 8) failure to accomplish intended result, 9) failure to conform with regulation or statutory rule, 10) lack of adequate facilities or equipment, 11) laboratory error, 12) pharmacy error, 13) products liability, 14) failure to timely disclose, 15) failure to provide warning instructions, 16) lack of consent from proper person, 17) inadequate information for informed consent, 18) procedure exceeded consensual understanding, 19) breach of contract, 20) warranty, 21) assault and battery, 22) res ipsa loquitur, 23) emergency equipment, 24) cooling devices, 25) heating devices, 26) cautery equipment, 27) x-ray equipment, 28) radiation therapy equipment, 29) traction equipment, 30) anesthesia equipment, 31) operative equipment, 32) surgical instruments and materials, 33) food preparation equipment, 34) laboratory equipment, 35) laboratory mislabeling, 36) laboratory computation error, 37) inadequate laboratory specimen, 38) lost laboratory specimen, 39) laboratory interpretation, 40) laboratory reporting error, 41) laboratory delay in reporting, 42) sterilization of equipment, 43) skin preparation, 44) aseptic technique, 45) isolation for infection control, 46) records, 47) billing and collection, 48) inter-professional relations, 49) vicarious liability, 50) statute of limitations, 51) punitive damages.

18c. Enter the appropriate Coverage Code for the type of policy covering the claim: 1) claims made-basic (policy covers all claims made during the term of the policy), 2) claims made-tail (policy covers all claims made during the policy term for events which occurred during a designated previous policy term), 3) occurrence (policy covers all claims whenever presented for events which occur during the policy term).

20b Enter final method of Claim Disposition: 1) settled by parties, 2) disposed of by a court, 3) disposed of by binding arbitration.

20c. If settled by agreement of the parties, enter appropriate Settlement Code: 1) before filing suit or demanding hearing, 2) before trial or hearing, 3) during trial or hearing, 4) after trial or hearing, but before judgment or decision (award), 5) after judgment or decision, but before appeal, 6) during appeal, 7) after appeal, 8) claim or suit abandoned, 9) during review panel or non-binding arbitration.

21a. Enter the appropriate Court Disposition Code: 0) no court proceedings, 1) directed verdict for plaintiff, 2) directed verdict for defendant, 3) judgment notwithstanding the verdict (plaintiff), 4) judgment notwithstanding the verdict (defendant), 5) judgment for the plaintiff, 6) judgment for the defendant, 7) decision for plaintiff on appeal, 8) decision for defendant on appeal, 9) all other.

21b. Enter appropriate Binding Arbitration Code: 0) claim not subject to arbitration, 1) claim subject to arbitration, but previously coded disposition reached in lieu of award, 2) award for plaintiff, 3) award for defendant.

21c. If a review panel or non-binding arbitration was used in disposition, enter appropriate code: 1) finding for plaintiff, 2) finding for defendant.

23. Mark appropriate box if this amount was a deductible paid by the insured or indemnity paid under an excess limits policy by another insurer.

25. Enter fees paid to defense counsel for this defendant.

26. Enter filing fees, telephone charges, photocopy fees, expenses of defense counsel, etc.

28. Enter best estimate of future medical expense if it appears the claimant will incur expenses in the future.

30. Enter best estimate of future wage loss if it appears the claimant will incur wage loss in the future.

32. If a reserve, annuity, trust fund or similar mechanism was established to provide future periodic payments, enter total amount thereof.

Appendix B – 2007 to 2011 Rule 928

Insurer Information

1a. Insurer Name (not group name) (Maximum = 40 characters).

1b. Insurer 9-digit FEIN Number. Entities without a FEIN, contact the DOI for assigned number.

Initial Claim Information

2a. Claim ID. For each open claim report, assign a distinguishing claim number sufficient to enable DOI to track a particular claim over a period of years. On re-opened claims, use the same claim number as the original claim file that is being re-opened.

2b. Coverage Code. Select the type of policy covering this claim. 1) Claims Made - Policy covers claim made during policy term regardless of when the incident occurred; 2) Prior Acts - Policy covers claim made during the policy term for events which occurred prior to the beginning of the policy term; 3) Occurrence - Policy covers claim that occurred during the policy term regardless of when the claim is presented; 4) Extended Reporting Period/Tail Coverage - Policy covers claim that occurred during the policy period but claim is made after the policy period ended

2c. Date of Principal or Alleged Injury. (MM/DD/YYYY)

2d. Date Incident First Reported to Insurer. (MM/DD/YYYY) Date of alleged injury first reported to the insurer.

2e. Date Claim Opened by Insurer. (MM/DD/YYYY)

2f. Date Claim Re-Opened by Insurer (MM/DD/YYYY)

2g. Date of Closure of Original Claim. (MM/DD/YYYY)

Insured Information

3a. Profession or Business Code. 1) Physician or Surgeon*; 2) Hospital; 3) Nurse*; 4) Nursing Home; 5) Dentist*; 6) Pharmacy; 7) Optometrist*; 8) Chiropractor*; 9) Podiatrist/Chiropodist*; 10) Clinic/Corporation; 11) Other* – Employee (maximum 25 characters).
A code with an asterisk (*) requires a 'Type of Practice Code' as well.

3b. Type of Practice Code. 1) Institutional, including Academic; 2) Professional Corporation, Partnership, or Group; 3) Self-Employed; 4) Hospital; 5) Nursing Home; 6) All Other Employees; 7) Intern or Resident.

3c. Insured's Name, including suffix such as MD, DO, etc.

3d. Insured's Illinois License Number. If unavailable, enter insured's Social Security Number.
Enter Federal Employer Identification Number (FEIN) for clinics and corporations.

3e. Insured's Date of Birth (MM/DD/YYYY). Not applicable to institution, group, or partnership.

3f. Five-digit ISO Specialty Code from Current ISO Common Statistical Base Classifications. Check annually with ISO for possible changes to specialty codes. Specialty code must be tied to the year the alleged injury occurred.

3g. Board Certified? Y or N.
If Board Certified is answered with a 'Y', Name of Board is required (Maximum = 25 characters).

3h. County of Insured's Principal Place of Practice for Rating Purposes.

Place of Injury Information

4a. Place Where Alleged Injury Occurred Code. Enter only one. 1) Hospital Inpatient Facility*; 2) Emergency Room; 3) Hospital Outpatient Facility*; 4) Nursing Home*; 5) Physician's Office; 6) Patient's Home; 7) Other Outpatient Facility, including Clinics*; X) Other* – describe place (Maximum = 25 characters). A code with an asterisk (*) requires a 'Location Within Institution Code' as well.

4b. Location Within Institution Code. 1) Patient's Room; 2) Labor/Delivery Room; 3) Operating Suite; 4) Recovery Room; 5) Critical Care Unit; 6) Special Procedure Room; 7) Nursery; 8) Radiology; 9) Physical Therapy Department; X) Other – describe (Maximum = 25 characters).

4c. Name of Institution. (Maximum = 25 characters)

4d. County Where Alleged Injury Occurred.

Injured Person Information

5a. Injured Person's Name.

5b. Injured Person's Gender. M F

5c. Injured Person's Age Category

5d. Injured Person's Social Security Number (for cross tracking purposes only; information is kept confidential).

5e. County.

Other Claim Information

6a. Total Number of Defendants. Enter total number of persons or corporations that you insure that are involved in this claim.

6b. Companion Claim Number(s). Enter claim identification numbers for all claims against other defendants you insure that are involved in this claim. Space is limited to five separate (5) claim numbers (Maximum = 35 characters each).

Contact Person Information

7a. Name of Person Responsible for Preparing this Report.

7b. Title of Person Responsible for Preparing this Report.

7c. Contact Person Name. (if different than Name of Person Responsible for Preparing this Report)

7d. Contact Person Telephone Number.

7e. Contact Person Email Address.

Plaintiff Attorney Information

8a. Plaintiff Attorney's Name of Name of Law Firm.

8b. Plaintiff Attorney's Office City.

8c. Plaintiff's Attorney's Office State.

Claim Data Information

9a. Nature and Substance of Claim. Give complete description of all actions and circumstances causing the claim, including allegations made by claimant. (Maximum = 250 characters)

9b. Act or Omission Codes Related to Claim. Enter as many codes as needed. Use DOI 3-digit codes listed below.1) Diagnosis Related; 2) Anesthesia Related; 3) Surgery Related; 4) Medication Related; 5) Intravenous and Blood Products Related; 6) Obstetrics Related; 7) Treatment Related; 8) Monitoring Related; 9) Biomedical Equipment/Product Medication Related; 10) Miscellaneous Related.

DOI 3-digit Act or Omission Code choices:

Diagnosis-Related	010 – Failure to Diagnose (e.g. concluding that patient has no disease or condition worthy of follow-up or observation) 020 – Wrong Diagnosis or Misdiagnosis (e.g. original diagnosis is incorrect) 030 – Improper Performance of Test 040 – Unnecessary Diagnostic Test 050 – Delay in Diagnosis 060 – Failure to Obtain Consent/Lack of Informed Consent 070 – Diagnosis Related – Not Otherwise Classified
Anesthesia-Related	110 – Failure to Complete Patient Assessment 120 – Failure to Monitor 130 – Failure to Test Equipment 140 – Improper Choice of Anesthesia Agent or Equipment 150 – Improper Technique/Induction 160 – Improper Equipment Use 170 – Improper Intubation 180 – Improper Positioning 185 – Failure to Obtain Consent/Lack of Informed Consent 190 – Anesthesia Related – Not Otherwise Classified
Surgery-Related	210 – Failure to Perform Surgery 220 – Improper Positioning 230 – Retained Foreign Body 240 – Wrong Body Part 250 – Improper Performance of Surgery 260 – Unnecessary Surgery 270 – Delay in Surgery 280 – Improper Management of Surgical Patient 285 – Failure to Obtain Consent/Lack of Informed Consent 290 – Surgery Related – Not Otherwise Classified
Medication-Related	305 – Failure to Order Appropriate Medication 310 – Wrong Medication Ordered 315 – Wrong Dosage Ordered of Correct Medication 320 – Failure to Instruct on Medication 325 – Improper Management of Medication Regimen 330 – Failure to Obtain Consent/Lack of Informed Consent 340 – Medication Error – Not Otherwise Classified 350 – Failure to Medicate 355 – Wrong Medication Administered 360 – Wrong Dosage Administered 365 – Wrong Patient 370 – Wrong Route

380 – Improper Technique/Induction
390 – Medication Administration Related – Not Otherwise Classified

Intravenous & Blood Products-Related
410 – Failure to Monitor
420 – Wrong Solution
430 – Improper Performance
440 – I.V. Related – Not Otherwise Classified
450 – Failure to Ensure Contamination Free
460 – Wrong Type
470 – Improper Administration
480 – Failure to Obtain Consent/Lack of Informed Consent
490 – Blood Product Related – Not Otherwise Classified

Obstetrics-Related
505 – Failure to Manage Pregnancy
510 – Improper Choice of Delivery Method
520 – Improperly Performed Vaginal Delivery
530 – Improperly Performed C-Section
540 – Delay in Delivery (Induction or Surgery)
550 – Failure to Obtain Consent/Lack of Informed Consent
555 – Improperly Managed Labor – Not Otherwise Classified
560 – Delay in Treatment of Fetal Distress (i.e. identified but treated in untimely manner)
570 – Retained Foreign Body/Vaginal/Uterine
575 – Abandonment
580 – Wrongful Life/Birth
590 – Obstetrics Related – Not Otherwise Classified

Treatment-Related
610 – Failure to Treat
620 – Wrong Treatment/Procedure Performed
630 – Failure to Instruct Patient on Self-Care
640 – Improper Performance of Treatment/Practice
650 – Improper Management of Course of Treatment
660 – Unnecessary Treatment
665 – Delay in Treatment
670 – Premature End of Treatment (Also Abandonment)
675 – Failure to Supervise Treatment/Procedure
680 – Failure to Obtain Consent/Lack of Informed Consent
685 – Failure to Refer or Seek Consultation
690 – Treatment Related – Not Otherwise Classified

Monitoring-Related
710 – Failure to Monitor
720 – Failure to Respond to Patient
730 – Failure to Report on Patient Condition
790 – Monitoring Related – Not Otherwise Classified

Biomedical Equipment/Product Related
810 – Failure to Inspect/Monitor
820 – Improper Maintenance
830 – Improper Use
840 – Failure to Respond to Warning
850 – Failure to Instruct Patient on Use of Equipment/Product
860 – Malfunction/Failure
890 – Biomedical Equipment/Product Related – Not Otherwise Classified

Miscellaneous Related
920 – Failure to Protect Third Parties (e.g. failure to warn/protect from violent patient behavior
930 – Breach of Confidentiality/Privacy

940 – Failure to Maintain Appropriate Infection Control
950 – Failure to Follow Institutional Policy or Procedure
960 – Other (Provide Detailed Description)
990 – Failure to Review Providing Performance

9c. Severity of Injury Code. Select only one -- Select code for principal injury if several injuries are involved.

Temporary:
1) Emotional Only (e.g. fright, no physical damage)
2) Insignificant (e.g. lacerations, contusions, minor scares, rash; no delay)
3) Minor (e.g. infections, misset fracture, fall in hospital; recovery delayed)
4) Major (e.g. burns, surgical material left, drug side effect, brain damage; recovery delayed)

Permanent:
5) Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries)
6) Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
7) Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
8) Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
9) Death

9d. Date of Closure of Claim. (MM/DD/YYYY)

9e. Claim Disposition Code. Enter code representing the final disposition of the claim. 1) Settled by Parties*; 2) Disposed of by a Court**; 3) Disposed of by Binding Arbitration***; 4) Suit Abandoned****; 5) Claim Abandoned.

A code with an asterisk (*) requires a 'Settlement Code' as well.
A code with an (**) requires 'Court Information' to be completed as well.
A code with an (***) requires a 'Binding Arbitration Code' as well.
A code with an (****) requires a 'County of Circuit Court' and 'Docket Number' as well.

9f. Settlement Code. 1) Before Filing Suit or Demanding Arbitration Hearing; 2) Before Trial or Hearing; 3) During Trial or Hearing; 4) After Trial or Hearing but Before Judgment or Decision/Award; 5) After Judgment or Decision but Before Appeal; 6) During Appeal; 7) After Appeal; 8) As a result of Review Panel or Non-Binding Arbitration**; 9) As a Result of Mediation; 10) As a Result of High/Low Settlement***.

A code with an (**) requires a 'Review Panel or Non-Binding Arbitration Code' as well.
A code with an (***) requires all applicable 'Court Information' except 'Court Code'.

9g. Review Panel or Non-Binding Arbitration Code. 1) Finding for Plaintiff; 2) Finding for Defendant.

9h. Binding Arbitration Code 1) Award for Plaintiff; 2) Award for

Defendant. <u>Court Information</u>

10a. Court Code. 1) Directed Verdict for Plaintiff; 2) Directed Verdict for Defendant; 3) Judgment Notwithstanding Verdict for Plaintiff (judgment for defendant); 4) Judgment Notwithstanding Verdict for Defendant (judgment for plaintiff); 5) Judgment for Plaintiff; 6) Judgment for Defendant; 7) Decision for Plaintiff on Appeal; 8) Decision for Defendant on Appeal; 9) Voluntary Dismissal; 10) Involuntary Dismissal; 11) All Other Actions.

10b. County of Circuit Court.

10c. Docket Number.

10d. Amount Awarded by Circuit Court. (whole dollar amounts only)

10e. Date of Award. (MM/DD/YYYY)

10f. Was the Circuit Court decision appealed? Y or N.
If 'Y', Describe the Result of the Appeal (Maximum = 25 characters)

10g. Describe any Other Post Trial Motions (Maximum = 25 characters)

10h. Economic Damages. Amount of economic damages awarded by the court. This amount plus 10i, Non-economic Damages must equal 10d. Amount Awarded by Circuit Court. (whole dollar amounts only)

10i. Non-economic Damages. Amount of economic damages awarded by the court. This amount plus 10h. Economic Damages must equal 10d. Amount Awarded by Circuit Court. (whole dollar amounts only)

Claim Payment Information

11a. Total Direct Indemnity Paid/Payable by You Under this Policy on Behalf of this Insured/Defendant. Amount reported here should be less than or equal to 10d. Amount Awarded by Circuit Court, if 10d.contains an amount greater than 0, (whole dollar amounts only)

11b. Economic Damages. If 9e. Claim Disposition Code is 2) Disposed of by a Court, enter the amount that was paid/payable by you for economic damages, as indicated by the court award. This amount plus 11c. Non-Economic Damages must equal amount reported in 11a. Total Direct Indemnity Paid/Payable by You Under this Policy on Behalf of this Insured/Defendant. (whole dollar amounts only)

11c. Non-Economic Damages. If 9e. Claim Disposition Code is 2) Disposed of by a Court, enter amount that was paid/payable by you for non-economic damages, as indicated by the court award. This amount plus 11b. Economic Damages must equal amount reported in 11a. Total Direct Indemnity Paid/Payable by You Under this Policy on Behalf of this Insured/Defendant. (whole dollar amounts only)

11d. Direct Loss Adjustment Expense Paid/Payable by You under this Policy to Defense Counsel. (whole dollar amounts only)

11e. All Other Allocated Loss Adjustment Expenses Paid/Payable by You for this Insured/Defendant for this claim, including filing fees, telephone charges, photocopy fees, expenses of defense counsel, etc. (whole dollar amounts only)

11f. Direct Indemnity Paid/Payable by You Under **All Policies** for this Insured/Defendant. (whole dollar amounts only)

11g. Other Indemnity Paid by or on Behalf of this Insured/Defendant. (whole dollar amounts only) D) Deductible(s) paid by insured/defendant for this claim under this policy;
E) Indemnity paid under any excess limits policy issued by you;
R) Amount paid by insured/defendant under self-insured retention;
S) Amount you paid above any stop loss limit.

11h. Claimed Medical Expense. Amount of medical expense claimed by the plaintiff/injured party. (whole dollar amounts only)

11i. Claimed Wage Loss. Amount of wage loss claimed by the plaintiff/injured party. (whole dollar amounts only)

Appendix C – Medical Provider Specialty Definitions

Description	Group
Anesthesiology - All Other	Anesthesiology - No Surgery
Anesthesiology - All Other (DO)	
Anesthesiology - Osteopaths	
Anesthesiology - Pain Management	
Cardiovascular Disease - minor surgery	Cardiovascular - Surgery
Cardiovascular Disease - minor surgery (DO)	
Surgery - cardiac	
Surgery - cardiac - Osteopaths	
Surgery - cardiovascular (DO)	
Surgery - cardiovascular disease	
Emergency Medicine - no major surgery	Emergency Medicine - No Surgery
Emergency Medicine - no major surgery (DO)	
Family Physicians or General Practitioners - no surgery	Family Physicians or General Practitioners - No Surgery
Family Physicians or General Practitioners - no surgery (DO)	
Family Physicians or General Practitioners - minor surgery	Family Physicians or General Practitioners - Surgery
Family Physicians or General Practitioners - minor surgery (DO)	
Gastroenterology - no surgery	Gastroenterology - No Surgery
Gastroenterology - no surgery (DO)	
Internal Medicine - no surgery	Internal Medicine - No Surgery
Internal Medicine - no surgery (DO)	
Gynecology - minor surgery	Obstetrics and Gynecology - Surgery
Surgery - gynecology	
Surgery - gynecology (DO)	
Surgery - obstetrics	
Surgery - obstetrics - gynecology	
Surgery - obstetrics - gynecology (DO)	
Additional Charges: Corporate or Partnership Liability	Other
Additional Charges: Employed Physicians or Surgeons	
Additional Charges: Employed Physicians or Surgeons Assistants	
Additional Charges: Radiation Therapy - by employed physicians or surgeons involved with major surgery	
Additional Charges: Shock Therapy - by insured physicians or surgeons involved with major surgery	
Allergy/Immunology	
Anesthesiology - Physicians & Surgeons	
Cardiovascular Disease - no surgery	
Cardiovascular Disease - no surgery (DO)	
Dermatology - All Other	
Dermatology - All Other (DO)	
Dermatology - Clinical and Dermatological Immunology	
Dermatology - Clinical and Dermatological Immunology (DO)	
Dermatology - no surgery - Physicians & Surgeons	
Endocrinology - no surgery	
Excess Insurance	
Geriatrics - no surgery	
Gynecology - no surgery	
Gynecology - no surgery (DO)	
Hematology - no surgery	
Hospitalists	

Infectious Diseases - no surgery	
Intensive Care Medicine	
Intensive Care Medicine (DO)	
Laryngology - no surgery	
Legal or Forensic Medicine	
Manipulator (DO)	
Neonatal/Perinatal Medicine	
Neoplastic Diseases - no surgery	
Nephrology - no surgery	
Neurology - including child - no surgery - All Other	
Neurology - including child - no surgery - Osteopaths	
Neurology - including child - no surgery - Pain Management	
Neurology - including child - no surgery - Physicians & Surgeons	
Neurology - including child - no surgery: All Other (DO)	
Nuclear Medicine	
Nuclear Medicine (DO)	
Occupational Medicine - Osteopaths	
Occupational Medicine - Physicians & Surgeons	
Oncology - no surgery	
Ophthalmology - no surgery	
Ophthalmology - no surgery (DO)	
Otorhinolaryngology - no surgery	
Pathology - All Other	
Pathology - Cytopathology - no surgery	
Pathology - no surgery - Physicians & Surgeons	
Physiatry/Physical Medicine and Rehabilitation - Physicians & Surgeons	
Physical Medicine and Rehabilitation - All Other	
Physical Medicine and Rehabilitation - All Other (DO)	
Physicians - Active in United States Military Service	
Physicians - no major surgery: Colonscopy, ERCP (endoscopic retrograde cholangio - pancreatography)	
Physicians - no major surgery: Cryosurgery	
Physicians - no major surgery: Cryosurgery (DO)	
Physicians - no major surgery: Lasers used in Therapy or Radiation Therapy	
Physicians - no major surgery: Needle Biopsy - including lung and prostate but not including liver, kidney or bone marrow biopsy	
Physicians - no major surgery: Radiopaque Dye - Injections into blood vessels, lymphatics, sinus tracts or fistulae.	
Physicians - no surgery	
Physicians - no surgery - N.O.C.	
Physicians - no surgery - N.O.C. (DO)	
Physicians or Surgeons Assistants	
Preventive Medicine - no surgery - Aerospace Medicine	
Preventive Medicine - no surgery - Occupational Medicine	
Preventive Medicine - no surgery - Public/General Health Medicine	
Preventive Medicine - no surgery: Occupational Medicine (DO)	
Psychiatry - All Other	
Psychiatry - Forensic Psychiatry	
Psychiatry - including child - Osteopaths	
Psychiatry - including child - Physicians & Surgeons	
Psychiatry: All Other (DO)	
Psychoanalysis	
Retired Physicians or Surgeons	

Retired Physicians or Surgeons (DO)	
Rheumatology - no surgery	
Rheumatology - no surgery (DO)	
Rhinology - no surgery	
Pediatrics - no surgery	Pediatrics - No Surgery
Pediatric - no surgery (DO)	
Pulmonary Diseases - no surgery	Pulmonary Diseases - No Surgery
Pulmonary Disease - no surgery (DO)	
Radiology - diagnostic - no surgery	Radiology - No Surgery
Radiology - diagnostic - no surgery (DO)	
Radiology - interventional	
Radiology - interventional (DO)	
Radiology - therapeutic - no surgery	
Radiology - theraputic - no surgery (DO)	
Dentists - Engaged in oral surgery or operative dentistry on patients rendered unconscious through the administering of any anesthesia or analgesia	Surgery - Other
Dermatology - minor surgery - Physicians & Surgeons	
Emergency Medicine - including major surgery	
Emergency Medicine - including major surgery (DO)	
Gastroenterology - minor surgery	
Gastroenterology - minor surgery (DO)	
Hematology - minor surgery	
Infectious Diseases - minor surgery	
Internal Medicine - minor surgery	
Internal Medicine - minor surgery (DO)	
Nephrology - minor surgery	
Neurology - including child - minor surgery	
Oncology - minor surgery	
Ophthalmology - minor surgery	
Ophthalmology - minor surgery (DO)	
Otology minor surgery	
Otorhinolaryngology - minor surgery	
Otorhinolaryngology - minor surgery (DO)	
Pathology - minor surgery	
Pediatrics - minor surgery	
Physicians - minor surgery - N.O.C.	
Physicians - minor surgery - Osteopaths	
Physicians or Surgeons - Major Surgery.	
Physicians or Surgeons - major surgery. (Active Military)	
Radiology - diagnostic - minor surgery	
Radiology - diagnostic - minor surgery (DO)	
Radiology - therapeutic - minor surgery	
Surgery - abdominal	
Surgery - colon and rectal	
Surgery - endocrinology	
Surgery - gastroenterology	
Surgery - general - This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.	
Surgery - general practice or family practice	
Surgery - general practice or family practice - Osteopaths	
Surgery - hand	
Surgery - head and neck	
Surgery - nephrology	

Surgery - nephrology - Osteopaths	
Surgery - neurology - including child	
Surgery - neurology - including Child (DO)	
Surgery - oncology	
Surgery - Oncology (DO)	
Surgery - ophthalmology	
Surgery - orthopedic	
Surgery - orthopedic (DO)	
Surgery - otorhinolaryngology	
Surgery - plastic - N.O.C.	
Surgery - plastic - N.O.C. (DO)	
Surgery - plastic - otorhinolaryngology	
Surgery - plastic - otorhinolaryngology (DO)	
Surgery - thoracic	
Surgery - thoracic (DO)	
Surgery - traumatic	
Surgery - urological	
Surgery - urological (DO)	
Surgery - vascular	
Urology- minor surgery	

Appendix D – Illinois County Map