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REPORT OF SETTLEMENT, JUDGMENT OR ARBITRATION AWARD OVER \$3,000
 In Reference to Business and Professions Code Section 801

PLEASE PRINT OR TYPE

REPORTING ENTITY:

Name of Entity: _____	Name of Person Preparing Report: _____
Address: _____	Telephone: _____
_____	_____

PROVIDER:

Name: _____	Defense Counsel Name: _____
Address: _____	Defense Counsel Address: _____
_____	_____
License Number: _____	Defense Counsel Telephone: _____

PLAINTIFF/CLAIMANT:

Name: _____	Plaintiff's Counsel Name: _____
Address: _____	Plaintiff's Counsel Address: _____
_____	_____
Relationship to Patient: _____	Plaintiff's Counsel Telephone: _____
Patient Name: _____	
Patient Date of Birth: _____	
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Record Number (if applicable): _____	
Date of Occurrence: _____	
Hospital Name: _____	
Hospital Address: _____	

Case Resulted in: (Check one) <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration Award	Date Resolved:	Total Amount of Award: \$	Total Paid on Behalf of Provider: \$
Name and Location of Court/Arbitrator:	Filing Date:	Docket Number:	

I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge the information provided within this report and any attachments is true and correct.

Signature of Preparer

Date

REPORT OF SETTLEMENT, JUDGMENT OR ARBITRATION AWARD continued

Include a comprehensive summary of the facts, including the date of occurrence and whether a death occurred, and the role of the provider(s) in the care or professional services provided to the patient with respect to those services at issue in the claim or action (Attach additional pages if necessary):