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| **Draft Medical Malpractice Payment Report (MMPR)** **(Do not mail this form to the NPDB)**This form is for your convenience in drafting Medical Malpractice Payment Reports for ultimate submission to the NPDB. Do not mail this form to the NPDB. Medical Malpractice Payment Reports must be submitted to the National Practitioner Data Bank (NPDB) using the Integrated Querying and Reporting Service (IQRS) or the Querying and Reporting XML Service (QRXS), which are available at *https://www.npdb.hrsa.gov*.  |
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| Please provide as much of the following information as possible.  Failure to provide sufficient information to permit identification of a single subject will result in the report being rejected, necessitating resubmission. If spaces are provided for multiple responses to an item, you only need to complete as many of the responses as you have information for. There is no need to repeat responses or enter “Not Applicable,” etc. This draft form contains all information that may be collected when you submit the actual form, however some fields may be displayed differently or not displayed at all in the IQRS, depending on your selections. For example, “Deceased Date” only displayed when you select “Yes” to the question “Is Subject Deceased?” |

## Personal Information

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| Subject Name |
| Last Name *(25 characters)* | First Name *(15 characters)* | Middle Name*(15 characters)* | Suffix*(4 characters)* |
|       |       |       |      |

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| Gender: | [ ]  Male | [ ]  Female | [ ]  Unknown |

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| Birth Date (MMDDYYYY) |       |
| Is Subject Deceased? | [ ]  No [ ]  Yes – Deceased Date (MMDDYYYY):       [ ]  Unknown |

**Practitioner’s Address**

**Type of Address**

If the home address is not known, enter a work address. **[ ]  Home [ ]  Work**

**Home Address/Address of Record**

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| (See [State Abbreviations and U.S. Territories](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=86) for instructions on how to enter non-U.S. and military addresses) |
| Street Address (40 characters) |       |
| Address Line 2 (40 characters) |       |
| City (28 characters) |       |
| State |    |
| ZIP Code |      -     |
| Country (If U.S., leave blank; 20 characters)  |       |

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| **Profession and Licensure** (Provide at least one license.) |
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| **1.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes** **[ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**    |

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| **2.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**    |

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| **3.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**    |

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| **4.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**    |

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| **5.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)       |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**    |

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| **6.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**    |

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| **7.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**:    |

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| **8.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**:    |

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| **9.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**:    |

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| **10.** | **Profession or Field of Licensure** (Enter a three-digit code from the [Occupation/Field of Licensure Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=81))     |
|  | **Other Name for Occupation** (Optional)      |
|  | **Does the subject have a license for the selected profession or field of licensure?****[ ]  Yes [ ]  No/Not sure** |
|  | **State License Number** (16 characters)      |
|  | **State of Licensure**:    |

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| **Professional Schools Attended**Enter the schools or institutions the practitioner attended for their professional degree, training or certification (e.g., medical school, certification program). If the practitioner attended medical school enter the medical school first, then add the school where they completed their residency and other degrees. |
| **Name of School or Institution**(Name, City, State/Country; 200 characters) | **Completion Year** (Format YYYY) |
| **1.**  |       |      |
| **2.**  |       |      |
| **3.**  |       |      |
| **4.**  |       |      |
| **5.**  |       |      |

**Identification Numbers**

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| Social Security Numbers (SSN) (Format NNNNNNNNN) |
| 1.  |       | 2.  |       |
| 3.  |       | 4.  |       |
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| NPI (National Provider Identifier) To help queriers find your report, add the practitioner's NPI number if you know it. *(10 characters)* |
| 1.  |       | 2.  |       |
| 3.  |       | 4.  |       |
|  |  |  |  |
| DEA (Drug Enforcement Administration) Numbers *(9 characters)* |
| 1.  |       | 2.  |       |
| 3.  |       | 4.  |       |

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| --- | --- | --- |
| **Name** (60 characters) | **City** (28 characters) | **State**  |
| **1.**  |       |       |    |
| **2.**  |       |       |    |
| **3.**  |       |       |    |
| **4.**  |       |       |    |
| **5.**  |       |       |    |

## Hospital Affiliation

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| **Payments for This Practitioner** |
| Amount of This Payment  | $      |
| Date of This Payment (MMDDYYYY)  |        |
| This Payment Represents | [ ]  A Single Final Payment | [ ]  One of Multiple Payments |
| Total Amount Paid (or to Be Paid) | $      |
| **This payment was a result of**  | [ ]  Settlement [ ]  Judgment [ ]  Payment Prior to Settlement  |
|  | [ ]  Other - Description of Other       |
| Date of Judgment or Settlement, if Any (MMDDYYYY) |        |
| Adjudicative Body Name (60 characters) |        |
| Case Number (20 characters) |        |
| Court File Number (10 characters) |        |

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| **Description of the judgment, settlement or payment prior to settlement, including any conditions or terms of the payment.** (Limit 4,000 characters including spaces and punctuation)**Note:** Do not include any personally identifiable information, such as names, for anyone other than this practitioner.Your [narrative description](https://www.npdb.hrsa.gov/guidebook/ESubmittingReports.jsp) helps querying organizations understand more about the payment and why it was made. |
|       |

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| *[ ]* This is aGlobal Settlement for Multiple Claimants  |  |
| Total Number of Claimants Included in the Settlement     |  |
| Payments for Other Practitioners |  |
| Are other practitioners included in this case? | [ ]  Yes [ ]  No  |
| Total number of practitioners |     |
| Total amount paid (to be paid) by this payer for all practitioners | $      |

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| **Payment Information** |  |
| Your organization’s relationship with this practitioner  |
| [ ]  Insurance Company – Primary Insurer[ ]  Insurance Company – Excess Insurer[ ]  Self-Insured Organization[ ]  Insurance Guaranty Fund[ ]  State Medical Malpractice Payment Fund as the Primary Payer for This Practitioner[ ]  State Medical Malpractice Payment Fund as a Secondary Payer for This Practitioner |

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| Payments by Other Organizations |
| Choose one if your organization is an insurance company or self-insured organization. |
| Has a state guaranty fund or state excess judgment fund made a payment for this practitioner in this case (or is such a payment expected to be made)?  |
| [ ]  Yes [ ]  No [ ]  Unknown |
| Total amount paid (or to be paid) $      |

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| Choose one if your entity is an insurance company, an insurance guaranty fund or a state medical malpractice payment fund. |
| Has a self-insured organization and/or other insurance company/companies made payment(s) for this practitioner in this case (or is such payment expected to be made)?  |
| [ ]  Yes [ ]  No [ ]  Unknown |
| Total amount paid (or to be paid) $      |

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| **Acts or Omissions****Patient’s age at the time of the initial event** Select “Days” and enter “0” if the patient is a fetus |
| [ ]  Days (if less than 1 month) |    |  |
| [ ]  Months (if less than 1 year) |    |  |
| [ ]  Years |  |     |  |
| [ ]  Unknown |  |  |  |
|  |  |  |  |
| Patient’s Gender  | [ ]  Male | [ ]  Female | [ ]  Unknown |
| Type of Care  | [ ]  Inpatient | [ ]  Outpatient | [ ]  Both | [ ]  Unknown |

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| **Describe the patient's medical condition and treatment.****Note:** Do not include any personally identifiable information, such as names, for anyone other than this practitioner. (Limit 4,000 characters including spaces and punctuation)Your [narrative description](https://www.npdb.hrsa.gov/guidebook/ESubmittingReports.jsp) helps querying organizations understand more about the patient's medical condition and treatment. |
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| **Describe the procedure(s) performed.** **Note:** Do not include any personally identifiable information, such as names, for anyone other than this practitioner. (Limit 4,000 characters including spaces and punctuation)Your [narrative description](https://www.npdb.hrsa.gov/guidebook/ESubmittingReports.jsp) helps querying organizations understand more about the procedures that were performed. |
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| **Allegation(s) and Outcome** |
| **What is the nature of the allegation?** (Choose one) |
| [ ]  Anesthesia Related[ ]  Behavioral Health Related [ ]  Diagnosis Related[ ]  Equipment/Product Related[ ]  IV & Blood Products Related[ ]  Medication Related[ ]  Monitoring Related[ ]  Obstetrics Related[ ]  Surgery Related [ ]  Treatment Related[ ]  Other Miscellaneous |
|  |
| **1.**  | **Allegation** (Enter a three-digit code from the [MMPR Specific Allegation Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=71)) |     |
|  | **Date of the event or incident** (MMDDYYYY) |       |
|  | **Specific Allegation** (60 characters)       |
|  |
| **2.**  | **Allegation** (Enter a three-digit code from the [MMPR Specific Allegation Codes](https://www.npdb.hrsa.gov/software/CodeLists.pdf#page=71)) |     |
|  | **Date of the event or incident** (MMDDYYYY) |       |
|  | **Specific Allegation** (60 characters)       |  |
|  |
| **Outcome** (Choose one) |
| [ ]  (01) Emotional injury only[ ]  (02) Insignificant injury[ ]  (03) Minor temporary injury[ ]  (04) Major temporary injury[ ]  (05) Minor permanent injury[ ]  (06) Significant permanent injury[ ]  (07) Major permanent injury[ ]  (08) Grave Permanent Injury, such as quadriplegic or brain damage, requiring lifelong dependent care[ ]  (09) Death[ ]  (10) Cannot be determined from available records |

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| **Describe the allegations and injuries (or illnesses) that form the basis for the action or claim.** *(Limit 4,000 characters including spaces and punctuation)***Note:** Do not include any personally identifiable information, such as names, for anyone other than this practitioner.Your [narrative description](https://www.npdb.hrsa.gov/guidebook/ESubmittingReports.jsp) helps querying organizations understand more about the allegations and injuries or illnesses that form the basis for the action or claim. |
|       |

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| **Optional Reference Numbers** |
| **Entity Report Reference**Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers. (20 characters) |
|       |
| **Customer Use**Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization. (20 characters) |
|       |