ARKANSAS STATE MEDICAL BOARD
1401 West Capitol, Suite 340 ● Little Rock, AR 72201 ● (501) 296-1802 ● Fax (501) 296-1805
www.armedicalboard.org

Rule 23 Malpractice Reporting

Ark. Code Ann. § 17-95-103 requires every physician licensed to practice medicine and surgery in the State of Arkansas to report to the Arkansas State Medical Board within ten (10) days after receipt of notification of any claim or filing of a lawsuit charging the physician with medical malpractice.

In order to complete our file, the following documentation is required:

- The completed Rule 23 Malpractice Reporting form for each case
- A complete copy of the Complaint filed within the court system, when applicable
- Notice of Intent to Sue, when applicable
- At the conclusion of the litigation/claim, please provide documentation of monetary settlements, judgments and dismissals. In the event of a dismissal, please state whether the dismissal was as a result of a settlement, and if so, the amount of the settlement.

Should a physician fail to comply with the terms of Ark. Code Ann. § 17-95-103 and this Rule, then the same, shall be cause for revocation, suspension, or probation or monetary fine as may be determined by the Board; after the bringing of formal charges and notifying the physician as required by the Medical Practices Act and the Administrative Procedure Act. History: Adopted August 12, 1999; Amended March 22, 2022; Effective July 11, 2022.

1. Physician's Name: _____ License # _____

   Address: _____

2. Name of Claimant: _____

3. Claimant's Attorney: _____

4. Have allegations been reduced to lawsuit? _____

5. Check most appropriate allegation(s) of malpractice listed against you from this complaint.

   Negligence ☐ Standard of Care ☐ Wrongful Death ☐ Failure to Diagnose ☐ Acts of Omission ☐

   Failure to Render Correct/Proper Treatment ☐ Carelessness ☐ Failure to Refer ☐ Other ☐

6. Date claim/lawsuit was filed: _____ Date of Incident: _____

7. Facility where incident occurred: _____

   (Facility Name, City, State)

8. Brief statement of diagnosis and procedures, which relates to the act(s) of malpractice alleged to have been committed by you. **"*SEE COMPLAINT or SEE ATTACHED*" Is Not Acceptable.**

9. What malpractice company covered this incident? _____

   Policy # _____ Amount of coverage $ _____

10. Has settlement been made?

    Date of settlement _____

11. Amount of settlement: $ _____

Please Type or Print Legibly

Return this form and any applicable documentation to RegDis@armedicalboard.org or fax to 501-296-1805.