

Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialty	Claim Type	Status	Litigated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0386184	6/28/2018	6/28/2019	7/25/2017	6/21/2019	6/24/2019	TX	ENTITY	Allocated	Open	Yes	\$0.00	\$22,710.48	\$52,289.52
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Spinal cord injury causing decreased mobility/pain											
	0386284	6/28/2018	6/28/2019	6/10/2019	6/25/2019	6/25/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		unknown											
	0386291	6/28/2018	6/28/2019	6/10/2019	6/25/2019	7/16/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$792.00	\$0.00
	Insured Name:		Dr. Rajeev Shah MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		unknown											
	0386324	6/28/2018	6/28/2019	6/24/2019	6/26/2019	6/27/2019	TX	DIA05	Unallocated	Open	No	\$0.00	\$1,748.00	\$3,252.00
	Insured Name:		Dr. Robert I Lieberman MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		MediGuard											