

Policy: 1245441 Account: Austin Radiological Association, Inc

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
2018	0372065	6/28/2018	6/28/2019	6/28/2018	7/10/2018	7/8/2020	TX	DIA05	Unallocated	Closed	No	\$0.00	\$4,377.50	\$0.00
	Insured Name:		Dr. Shaheen M Hussaini MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown											
	0373039	6/28/2018	6/28/2019	7/25/2018	8/2/2018	8/8/2018	TX	DIA05	Unallocated	Open	No	\$0.00	\$3,937.00	\$4,063.00
	Insured Name:		Dr. Cosette M Stahl DO					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		MediGuard											
	0373516	6/28/2018	6/28/2019	1/1/2015	8/15/2018	10/24/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$132.00	\$0.00
	Insured Name:		Dr. Lori L Barr MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown											
	0374070	6/28/2018	6/28/2019	4/5/2018	8/29/2018	8/29/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility: North Austin Medical Center						
	Patient Name:		*** Confidential ***											
	Injury Description:		Breast cancer											

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	0374072	6/28/2018	6/28/2019	6/27/2018	8/29/2018	8/29/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Undetermined											
	0374110	6/28/2018	6/28/2019	4/19/2016	8/29/2018	10/30/2018	TX	ENTITY	Allocated	Closed	Yes	\$0.00	\$5,388.06	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Neurological Deficits											
	0374126	6/28/2018	6/28/2019	8/3/2010	8/29/2018	8/30/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Dr. Murali Ranjithan MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown Injury											
	0374127	6/28/2018	6/28/2019	1/1/2008	8/29/2018	8/30/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown Injury											

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	0375161	6/28/2018	6/28/2019	9/24/2018	9/25/2018	8/22/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,817.60	\$0.00
	Insured Name:		Dr. David R Leake MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		MediGuard											
	0375162	6/28/2018	6/28/2019	9/24/2018	9/25/2018	8/22/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$2,201.00	\$0.00
	Insured Name:		Dr. Connie I Hsu MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		MediGuard											
	0375486	6/28/2018	6/28/2019	1/30/2018	10/2/2018	11/1/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$2,290.50	\$0.00
	Insured Name:		Dr. Mark A Auler MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown											
	0377210	6/28/2018	6/28/2019	11/5/2018	11/9/2018	3/8/2019	TX	ENTITY	Allocated	Closed	No	\$0.00	\$165.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Emotional Distress											

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	0377273	6/28/2018	6/28/2019	11/2/2018	11/12/2018	8/22/2019	TX	DIA04	Unallocated	Closed	No	\$0.00	\$2,450.00	\$0.00
	Insured Name:		Dr. Alan E Evans MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		MediGuard											
	0377684	6/28/2018	6/28/2019	8/30/2017	11/19/2018	11/26/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Ring Apophysis											
	0378689	6/28/2018	6/28/2019	4/19/2018	12/18/2018	2/28/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,783.00	\$0.00
	Insured Name:		Dr. Justin S Simonds MD					Facility: Dell Seton Medical Center At The University Of Texas						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown											
	0378693	6/28/2018	6/28/2019	4/18/2018	12/18/2018	2/28/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,783.00	\$0.00
	Insured Name:		Dr. Rajeev Shah MD					Facility: Dell Seton Medical Center At The University Of Texas						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown											

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	0380855	6/28/2018	6/28/2019	8/4/2017	2/13/2019	2/15/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Broken femur bone (spiral fracture)											
	0380856	6/28/2018	6/28/2019	2/6/2019	2/13/2019	2/15/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Lumbar Strain											
	0382156	6/28/2018	6/28/2019	1/1/2019	3/18/2019	6/28/2019	TX	ENTITY	Allocated	Closed	No	\$20,000.00	\$694.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Lung cancer											
	0383126	6/28/2018	6/28/2019	1/1/2018	4/9/2019	6/20/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$2,340.50	\$0.00
	Insured Name:		Dr. David J Feldman MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Emotional distress											

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	0383129	6/28/2018	6/28/2019	1/1/2018	4/9/2019	4/10/2019	TX	DIA04	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Dr. John Ritter MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Emotional distress											
	0384270	6/28/2018	6/28/2019	3/20/2019	5/6/2019	9/26/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Aspirated											
	0384657	6/28/2018	6/28/2019	11/27/2018	5/15/2019	7/15/2020	TX	ENTITY	Allocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Delayed diagnosis of breast cancer											
	0384739	6/28/2018	6/28/2019	1/1/2018	5/16/2019	9/19/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$165.00	\$0.00
	Insured Name:		Dr. Russell Putnam MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown											

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	0385155	6/28/2018	6/28/2019	8/1/2017	5/29/2019	10/11/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,759.03	\$0.00
	Insured Name:		Dr. Nabeel Farhataziz MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Unknown											
	0385207	6/28/2018	6/28/2019	5/19/2018	5/30/2019	5/30/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Altered gait											
	0385717	6/28/2018	6/28/2019	6/3/2019	6/12/2019	6/19/2019	TX	DIA05	Unallocated	Open	No	\$0.00	\$3,005.00	\$1,995.00
	Insured Name:		Dr. Murali Ranjithan MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		MediGuard											
	0385924	6/28/2018	6/28/2019	5/18/2019	6/17/2019	6/17/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Dr. Murali Ranjithan MD					Facility: Westlake Medical Center						
	Patient Name:		*** Confidential ***											
	Injury Description:		Loss of fallopian tube											

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	0385929	6/28/2018	6/28/2019	5/18/2019	6/17/2019	6/17/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Loss of fallopian tube											
	0386001	6/28/2018	6/28/2019	4/28/2019	6/18/2019	6/18/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility: North Austin Medical Center						
	Patient Name:		*** Confidential ***											
	Injury Description:		large mass											
	0386158	6/28/2018	6/28/2019	6/11/2019	6/21/2019	6/21/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Choking/aspiration											
	0386180	6/28/2018	6/28/2019	7/25/2017	6/21/2019	6/24/2019	TX	DIA05	Allocated	Open	Yes	\$0.00	\$22,710.44	\$102,289.56
	Insured Name:		Dr. David Shaw MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Spinal cord injury causing decreased mobility/pain											

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	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											

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	0390813	6/28/2018	6/28/2019	1/15/2019	10/10/2019	11/14/2019	TX	DIA04	Unallocated	Open	No	\$0.00	\$4,326.40	\$673.60
	Insured Name:		Dr. Rohit Khanna MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		MediGaurd											
	No Claim	6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:		Dr. Aditi A Desai MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:													
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:		Dr. Amy Salinas MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:													
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:		Dr. Andrea W Michel MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:													
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:		Dr. Anthony K Hasselbach MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:													

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		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Anthony Trevino MD						Facility:						
	Patient Name:	*** Confidential ***												
	Injury Description:													
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Arthy Saravanan MD						Facility:						
	Patient Name:	*** Confidential ***												
	Injury Description:													
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Ashkan Shademan MD						Facility:						
	Patient Name:	*** Confidential ***												
	Injury Description:													
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Binh Truong MD						Facility:						
	Patient Name:	*** Confidential ***												
	Injury Description:													
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Bradley A Brenner MD						Facility:						
	Patient Name:	*** Confidential ***												