

**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											