



Florida Office of Insurance Regulation

**ANNUAL REPORT
DAMAGE CLAIMS &
MEDICAL INJURY**

**MANAGED
CARE
COMPANY:** _____

YEAR ENDING: _____

**The number and amount of damage claims for medical injury initiated against the health entity and any providers engaged by it during the reporting year.
[HMOs-641.26(1)(e), F.S.; PHCs-641.41(1)(e); PLHSOs 636.043(2)(d)]**

Number of Claims _____

Total Dollar Value of Claims _____

Number of Claims Without Legal Process _____

Number of Claims Disposed (Settled, or Otherwise Discharged) _____