

**INSTRUCTIONS FOR COMPLETING
INITIAL REPORT OF COURT OR ARBITRATION ACTION CODE SHEET**

Send completed form to: Medical Malpractice Reporting
Michigan Insurance Bureau
P.O. Box 30220
Lansing, MI 48909

Insured's Name — Record last name first, space, then first name and middle initial.

Insured's License Number — This is the 5 digit number assigned to the individual by the Department of Licensing and Regulation Health Services Bureau. If hospital, leave blank.

Insured's Profession —

- | | |
|-------------------------------|------------------------------------|
| 01 Allopathic Physician (MD) | 05 Health Maintenance Organization |
| 11 Nurse | 03 Professional Corporation |
| 12 Dentist | 04 Clinic |
| 13 Podiatrist | 15 Other |
| 14 Osteopathic Physician (DO) | |
| 06 Chiropractor | |
| 02 Hospital (only) | |

Insured's Specialty — Use the same code that is on the insured policy.

Dates — Record the date the incident occurred and when filed in court or for arbitration.

Alleged Nature of Complaint —

- | | | |
|------------------------------|---------------------------------|--------------------------|
| 01 Anesthesia Accident | 07 Fall | 12 Surgery-Unnecessary |
| 02 Blood Transfusion | 08 Medication Error | 13 Treatment |
| 03 Consent Issues | 09 Misdiagnosis | 14 Treatment-Unnecessary |
| 04 Delay in Diagnosis | 10 Misidentification of Patient | 15 Vicarious Liability |
| 05 Delayed/Refused Treatment | 11 Surgery-Technique | 16 All Other |
| 06 Equipment Failure | | 17 Obstetrical Procedure |

County Code Number -- Use list. Refers to county court where case is filed. If arbitration, leave blank.

- | | | |
|--------------------|----------------|------------------|
| 1. Alcona | 29. Graviot | 57. Missaukee |
| 2. Alger | 30. Hillsdale | 58. Monroe |
| 3. Allegan | 31. Houghton | 59. Montcalm |
| 4. Alpena | 32. Huron | 60. Montmorency |
| 5. Antrim | 33. Ingham | 61. Muskegon |
| 6. Arenac | 34. Ionia | 62. Newaygo |
| 7. Baraga | 35. Iosco | 63. Oakland |
| 8. Barry | 36. Iron | 64. Oceana |
| 9. Bay | 37. Isabella | 65. Ogemaw |
| 10. Benzie | 38. Jackson | 66. Ontonagon |
| 11. Berrien | 39. Kalamazoo | 67. Osceola |
| 12. Branch | 40. Kalkaska | 68. Oscoda |
| 13. Calhoun | 41. Kent | 69. Otsego |
| 14. Cass | 42. Keweenaw | 70. Ottawa |
| 15. Charlevoix | 43. Lake | 71. Presque Isle |
| 16. Cheboygan | 44. Lapeer | 72. Roscommon |
| 17. Chippewa | 45. Leelanau | 73. Saginaw |
| 18. Clare | 46. Lenawee | 74. St. Clair |
| 19. Clinton | 47. Livingston | 75. St. Joseph |
| 20. Crawford | 48. Luce | 76. Sanilac |
| 21. Delta | 49. Mackinac | 77. Schoolcraft |
| 22. Dickinson | 50. Macomb | 78. Shiawassee |
| 23. Eaton | 51. Manistee | 79. Tuscola |
| 24. Emmet | 52. Marquette | 80. Van Buren |
| 25. Genesee | 53. Mason | 81. Washtenaw |
| 26. Gladwin | 54. Mecosta | 82. Wayne |
| 27. Gogebic | 55. Menominee | 83. Wexford |
| 28. Grand Traverse | 56. Midland | |

* This form to be completed in compliance with Public Act 173 of 1986. Failure to complete is a violation of Section 438 of Public Act 218 of 1956, the Insurance Code.