CUI (when filled in)

CASE ABSTRACT FOR				1. DATE OF REPORT (YYYYMMDD)		2. CLAIMANT LAST NAME	
MA	LPRACTICE CLAIMS	\$			I		
3. TYPE OF REPORT (X one)				4. DATES OF ACT(S) OR ON	L MISSION(S) (YYYYMMDD)	
a. INITIAL	☐ b. CORRE	CTION OR ADD	NOITION	a. BEGINNING DAT		b. ENDING DATE	
c. REVISION TO ACTION		REVIOUS REPO		u. 223	_	0.2	
	TE OF JUDGMENT OR	7. MEDICAL TE		ACII ITY			
	TTLEMENT (YYYYMMDD)	a. NAME	NEATHER.	AOILITT		b. DMIS CODE	
l '	•	a. INAIVIL				b. Divilo CODE	
8. PRACTITIONER INFORMATION	ON						
a. NAME (Last, First, Middle Initia	al)		b. SSN		c. DATE	OF BIRTH (YYYYMMDD)	
d. NAME OF PROFESSIONAL SCHOOL ATTENDED			-	e. DATE GRADUATED f. SPECIALTY CODE (YYYYMMDD)		ALTY CODE	
g. STATUS (X one)							
(1) Army (3) Air Fo	□ ` ′		``	nership External	Г	(9) Non-Personal	
(2) Navy (4) PHS	(6) Partnership	Internal	(8) Perso	onal Services Contrac	ct <u></u>	Services Contract	
h. SOURCE OF ACCESSION (X	all that apply)						
(1) Military			(2) Civilian				
(a) Volunteer	(d) National Guar	rd	(a) Civil	□ `	, .	n National (Local Hire)	
(b) Armed Forces Health Pro- fessional Scholarship Prog		<i>'</i>)	(b) Cont (c) Cons	Ш,	e) Other ('Specify)	
(c) Uniformed Services Univer of Health Sciences	(c) Uniformed Services Univer-sity						
i. LICENSING INFORMATION							
(1) State of License	(2) License	Number	(1) St	ate of License		(2) License Number	
9. TYPE OF PRACTITIONER AN	ID SPECIALTY (FIELD OF	LICENSURE) (
a. PHYSICIAN DEGREE	M.D. (010)		D.O. (02	?0)			
(1) Highest Level of Specialization					_		
(a) Board Certified	(b) Residency C			esidency (015/025)		(d) No Residency	
(2) Primary Specialty	(h) Internal Medicine	, ,		inolaryngology	<u> </u>	ırgery, General (Cont.)	
(a) In Training	(h.c) Infectious [(m) Orth	•		(t.d) Oncology	
(b) General Practice (GMO)	(h.d) Nephrology		(n) Path			(t.e) Pediatric	
(c) Anesthesiology	(h.e) Pulmonary		(o) Pedia		`	(t.f) Peripheral Vascular	
(d) Aviation Medicine	(h.f) Rheumatolo	••		sical Medicine	`	(t.g) Plastic	
(e) Dermatology	(h.g) Tropical Mo		□ `"	entive Medicine	■ `′	nderseas Medicine	
(f) Emergency Medicine	(h.h) Allergy/Imr	nunology	(r) Psych	•	□ ` ′	rology	
(g) Family Practice	(h.i) Cardiology		(s) Radio	••	□ ` ′	ntensivist	
(h) Internal Medicine	(h.j) Endocrinolo	ogy	<u> </u>	ery, General	□ ` ′	eonatologist	
(h.a) Gastroenterology	(i) Neurology	- I - a) Cardio-Thoracic	(y) ∪i	ther (Specify)	
(h.b) Hematology - Oncology	(j) Obstetrics/Gyneco	ology) Colon-Rectal			
Oncology (k) Ophthalmology (t.c) Neurosurgery (3) Board Certification(s)							
(6) 20014 001							
b. DENTIST	DENTIST (030)						
(1) Highest Level of Specialization			(2) Primary S	Specialty			
(a) Board Certified	(c) In Residency	v (035)		eral Dental Officer	(c) Of	ther (Specify)	
(b) Residency Completed	(d) No Residence			Surgeon			
(3) Board Certification(s)		-7					
c. OTHER PRACTITIONERS	OTHER PRACT	TITIONERS					
Audiologist (400)	Nurse Anesthet		Ontome	trist (636)	□ Regis	stered Nurse (100)	
		` '	<u> </u>	, ,		,	
Clinical Dietician (200)	Nurse Midwife (,	= -	Therapist (430)		rgency Medical echnician	
Clinical Pharmacist (050)	Nurse Practition	` ,	=	an Assistant (642)			
Clinical Psychologist (370) Clinical Social Worker (300)	Occupational The (410)	nerapist	Podiatris Speech	Pathologist (450)	Other	r (Specify)	
Chinical Coolal Worker (600)	(/		Opecon	i diriologist (400)			

DD FORM 2526, FEB 2000 PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

Controlled by: DHA Page CUI Category: PRVCY, HLTH LDC: FEDCON POC: dha.ncr.bus-ops.mbx.dha-formsmanagement@mail.mil

Page 1 of 4

CUI (when filled in)

10. PATIENT DEMOGRAPHICS				
a. NAME (Last, First, Middle Initial)	b. SEX (X one)			c. AGE
	(1) Male	(2) Female (3) U	nknown	
d. STATUS (X and complete as applicable)				e. SSN OF SPONSOR
<u> </u>	(3) Retired Member	(5) Active Duty		
	(4) Civilian Emergency	(6) Other (Specify)		
11. DIAGNOSES	ICD9-CM CODE	12. PROCEDURES		ICD9-CM CODE
TI. DIAGNOSES	IOD9-CWI CODE	12. I ROCEDORES		ICD9-CIVI CODE
a. (Primary)		a. (Primary)		
b.		b.		
		_		
C.		C.		
13. PATIENT ALLEGATION(S) OF NEGLIGENT	CARE			•
a. DESCRIPTION OF THE ACTS OR OMISSION	S AND INJURIES UPON W	HICH THE ACTION OR CLAIM	WAS BASED	(Limit to 300
characters.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,				
L AOT OD ONIONION CODE(O) (D. C	5 0			15110A1 0ED\(10E 00DE
b. ACT OR OMISSION CODE(S) (Refer to table of				INICAL SERVICE CODE
(1) Primary Act or Omission Cod		(2) Additional Act or Omission		(1) Primary
(3) Additional Act or Omission Co		• • • • • • • • • • • • • • • • • • • •		(2) Secondary
(5) Additional Act or Omission Co	ode	(6) Additional Act or Omission	Code	(3) Tertiary
d. DESCRIPTION OF FINDINGS ON WHICH THE	E ACTION OR CLAIM WAS	PAID		
14. MALPRACTICE CLAIM MANAGEMENT				
a. AMOUNT CLAIMED b. ADJUDICATIVE	BODY CASE NUMBER		UDICATIVE	d. DATE OF PAYMENT
		BOI	DY NAME	(YYYYMMDD)
e. OUTCOME (X one)	(3) Denied: Statute of Limit	ations (6) Litinate	ed: Decision for	Plaintiff
	(5, 55, 153. Statute of Little	(U) Lingan		
	(1) Denied: FEDES	(7) Liticate	ad. Decision for	
	(4) Denied: FERES	片 注::	ed: Decision for	U.S.
	(5) Denied: Not a Legitimat	e Claim, (8) Litigate	ed: Out or Court	
by Agreement	(5) Denied: Not a Legitimat Non-Meritorious	te Claim, (8) Litigate (9) Other	ed: Out or Court (Specify)	U.S. Settlement (DOJ)
by Agreement	(5) Denied: Not a Legitimat	re Claim, (8) Litigate (9) Other	ed: Out or Court (Specify)	U.S. Settlement (DOJ)

DD FORM 2526, FEB 2000 PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

15. PROFESSIONAL REVIEW ASSESSMENT BY MEDIC	AL TREATMEN	T FACILITY			
a. ATTRIBUTION OF CAUSE (X all that apply) b. EVALUATION OF CARE (X one)					
(1) Facility or Equipment (2) Physician	(3) Person	nel other	(1) Met	(2) Not Met	
(4) Management (5) System		hysician	(3) Indeterminate		
c. IDENTIFY LOCATION OF CARE (X one)			,		
(1) Ambulatory 2) Inpatient	(3) Dental		(4) Emergency	(5) Other (S)	pecify)
Clinic	Servic	e			
d. INJURY SEVERITY (X one)	e. INJURY DU	RATION (X on	ne)		
(1) None (2) Some (3) Death	(1) Tempo	rary	(2) Permanent (3	3) Cannot Predict/U	ndetermined
16. ASSESSMENT	1				
a. AFIP REQUIRED? YES NO (Evaluation of C	Care. X one)	(1) Met	(2) Not Met	(3) Indeterm	nate
b. OTHER ASSESSMENTS					
(1) UCA or Name		(1) Met	(2) Not Met	(3) Indeterm	nate
(1) UCA or Name		(1) Met	(2) Not Met	(3) Indeterm	inate
	'				
(1) UCA or Name		(1) Met	(2) Not Met	(3) Indeterm	
(1) 0071011101110	ļ	(.,	(_)	(o)acto	
(1) UCA or Name		(1) Met	(2) Not Met	(3) Indeterm	inate
(1) OCA OF Name		(1) Met	(2) Not wet	(5) indeterm	nate
a FINAL OTCO DETERMINATION ACT OR OMICCION C	ODE(C) (Before to	s table on Dogo	. 4)	4 CLINICAL SE	DVICE CODE
c. FINAL OTSG DETERMINATION ACT OR OMISSION C	ODE(S) (Refer to			d. CLINICAL SE	
(1) Primary Act or Omission Code		4 ' '	Act or Omission Code		(1) Primary
(3) Additional Act or Omission Code		<u> </u>	Act or Omission Code		(2) Secondary
(5) Additional Act or Omission Code			Act or Omission Code		(3) Tertiary
17. STANDARD OF CARE (OTSG DETERMINATION)	MET	18. NPDB RE	PORTED		YES
(X one)	NOT MET				NO
19. REMARKS					

	CUI (when filled in)					
20. ACT	OR OMISSION CODES	*NOC = Not Otherwise Classified				
DIAG	NOSIS RELATED	OBSTETRICS RELATED				
010 020	Failure to diagnose (i.e., concluding that patient has no disease or condition) Wrong diagnosis (misdiagnosis, i.e., original diagnosis is incorrect)	505 Failure to manage pregnancy 510 Improper choice of delivery method 520 Improperly performed vaginal delivery 525 Improperly performed C-section				
030 040	Improper performance of test Unnecessary diagnostic test	530 Delay in delivery (induction or surgery) 540 Failure to obtain consent/lack of informed consent				
050 060 090	Delay in diagnosis Failure to obtain consent/lack of informed consent Diagnosis related (NOC)*	550 Improperly managed labor (NOC)* 555 Failure to identify/treat fetal distress 560 Delay in treatment of fetal distress (i.e., identified but treated in untimely manner)				
ANES	STHESIA RELATED	570 Retained foreign body/vaginal/uterine 580 Abandonment 590 Wrongful life/birth				
110 120 130 140	Failure to complete patient assessment Failure to monitor Failure to test equipment Improper choice of anesthesia agent or equipment	590 Obstetrics related (NOC)*				
150 160	Improper technique/induction Improper equipment use	TREATMENT RELATED				
170 180 185 190	Improper intubation Improper positioning Failure to obtain consent/lack of informed consent Anesthesia related (NOC)*	610 Failure to treat 620 Wrong treatment/procedure performed (also improper choice) 630 Failure to instruct patient on self care 640 Improper performance of a treatment/procedure				
SUR	GERY RELATED	650 Improper management of course of treatment 660 Unnecessary treatment				
210 220 230	Failure to perform surgery Improper positioning Retained foreign body	665 Delay in treatment 670 Premature end of treatment (also abandonment) 675 Failure to supervise treatment/procedure 680 Failure to obtain consent for treatment/lack of				
240 250 260	Wrong body part Improper performance of surgery Unnecessary surgery	informed consent 685 Failure to refer/seek consultation 690 Treatment related (NOC)*				
270 280 285 290	Delay in surgery Improper management of surgical patient Failure to obtain consent for surgery/lack of informed consent Surgery related (NOC)*					
	Cargory Totalica (TCC)	- MONITORING				
	ICATION RELATED	710 Failure to monitor 720 Failure to respond to patient				
305 310 315 320	Failure to order appropriate medication Wrong medication ordered Wrong dosage ordered of correct medication Failure to instruct on medication	720 Failure to respond to patient 730 Failure to report on patient condition 790 Monitoring related (NOC)				
325 330	Improper management of medication program Failure to obtain consent for medication/lack of	BIOMEDICAL EQUIPMENT/PRODUCT RELATED				
340 350 355 360 365 370 380 390	informed consent Medication error (NOC)* Failure to medicate Wrong medication administered Wrong dosage administered Wrong patient Wrong route Improper technique Medication administration related (NOC)*	810 Failure to inspect/monitor 820 Improper maintenance 830 Improper use 840 Failure to respond to warning 850 Failure to instruct patient on use of equipment/product 860 Malfunction/failure 890 Biomedical equipment/product related (NOC)*				
INTR	AVENOUS AND BLOOD PRODUCTS RELATED	- MISCELLANEOUS				
410 420 430 440 450 460 470 480 490	Failure to monitor Wrong solution Improper performance IV related (NOC)* Failure to insure contamination free Wrong type Improper administration Failure to obtain consent/lack of informed consent Blood product related (NOC)*	910 Inappropriate behavior of clinician (i.e., sexual misconduct allegation, assault) 920 Failure to protect third parties (i.e., failure to warn/ protect from violent patient behavior) 930 Breach of confidentiality/privacy 940 Failure to maintain appropriate infection control 950 Failure to follow institutional policy or procedure 960 Other (Provide detailed written description) 990 Failure to review provider performance				