

LOUISIANA PATIENT'S COMPENSATION FUND

**Surcharge Rates**

effective September 2, 2016

CLASS	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
Class 1A	1,361	2,272	2,664	2,875	3,025	3,290	3,290
Class 1	2,034	3,389	3,978	4,294	4,516	4,912	4,912
Class 2A	2,533	4,271	4,953	5,348	5,624	6,116	6,116
Class 2	3,080	5,132	6,019	6,497	6,842	7,435	7,435
Class 3	4,347	7,240	8,497	9,173	9,659	10,497	10,497
Class 4*	7,149	11,910	13,967	15,082	15,878	17,252	17,252
Class 5*	5,938	9,892	11,608	12,530	13,192	14,336	14,336
Class 6	9,094	15,149	17,780	19,198	20,209	21,969	21,969
Class 7	10,777	17,955	21,071	22,740	23,939	26,021	26,021
Class 8	17,721	29,535	34,652	37,410	39,388	42,801	42,801

Dentist	255	317	373	403	424	459	459
Oral Surgeon	1,372	2,092	2,455	2,649	2,790	3,030	3,030
Physician Assistant	712	1,186	1,393	1,503	1,580	1,720	1,720
Surgeon Assistant	712	1,186	1,393	1,503	1,580	1,720	1,720
Clinical Nurse Specialist	406	678	796	858	903	982	982
Nurse Practitioner	406	678	796	858	903	982	982
Nurse Midwife	1,525	2,542	2,984	3,221	3,386	3,683	3,683
Chiropractor	814	1,356	1,591	1,718	1,806	1,965	1,965
Pharmacist	250	250	250	250	250	250	250
Optometrist	254	423	497	537	564	614	614
Optometrist - Surgery	509	848	995	1,073	1,128	1,227	1,227

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
CRNA	1,104	1,837	2,158	2,330	2,451	2,665	2,665

HOSPITALS**	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
	1,240	2,068	2,422	2,608	2,750	2,990	2,990

\*\* HOSPITAL EXPOSURE BASE  $\frac{\text{Outpatients Visits}}{4000.00}$  plus # occupied beds=EXPOSURE

NURSING HOMES	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SKILLED BED	206	345	403	435	458	498	498
INTERMEDIATE	145	241	282	304	321	348	348
ASSISTED LIVING ONLY	105	173	200	215	229	249	249

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SURGICAL CENTER	112	186	218	234	247	270	270
DIALYSIS CENTER	23	40	47	49	52	57	57
(Both per 100 procedures)							
BLOOD BANK (per draw)	0.15	0.24	0.30	0.31	0.33	0.36	0.36

ALL OTHER PROVIDERS: **0.77** of basic limits coverage premiums (\$250 minimum)