

LOUISIANA PATIENT'S COMPENSATION FUND

**Surcharge Rates**

Effective 9/2/2010

CLASS	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
Class 1A	2,108	3,517	4,126	4,451	4,684	5,095	5,095
Class 1	2,921	4,867	5,713	6,167	6,487	7,054	7,054
Class 2A	3,378	5,696	6,608	7,133	7,502	8,158	8,158
Class 2	4,423	7,371	8,644	9,330	9,825	10,677	10,677
Class 3	6,091	10,145	11,906	12,850	13,532	14,706	14,706
Class 4*	9,431	15,713	18,425	19,897	20,947	22,760	22,760
Class 5*	8,528	14,207	16,672	17,995	18,946	20,588	20,588
Class 6	11,416	19,019	22,320	24,103	25,371	27,581	27,581
Class 7	16,292	27,149	31,860	34,384	36,198	39,345	39,345
Class 8A	21,631	36,057	42,304	45,670	48,077	52,248	52,248
Class 8	24,830	41,382	48,552	52,416	55,188	59,971	59,971

Dentist	250	362	426	460	484	525	525
Oral Surgeon	1,306	1,989	2,335	2,521	2,653	2,883	2,883
Physicians Assistant	1,022	1,703	2,001	2,159	2,270	2,468	2,468
Surgical Assistant	1,022	1,703	2,001	2,159	2,270	2,468	2,468
Clinical Nurse Specialist	584	973	1,143	1,233	1,298	1,411	1,411
Nurse Practitioner	584	973	1,143	1,233	1,298	1,411	1,411
Nurse Midwife	2,191	3,651	4,285	4,626	4,865	5,291	5,291
Chiropractor	1,169	1,947	2,285	2,467	2,595	2,822	2,822
Pharmacist	438	730	857	925	973	1,058	1,058
Optometrist	365	608	714	771	811	882	882

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
<b>CRNA</b>	2,556	4,256	4,999	5,394	5,674	6,171	6,171

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
<b>HOSPITALS**</b>	1,257	2,097	2,455	2,644	2,789	3,031	3,031

\*\* HOSPITAL EXPOSURE  
BASE

$$\frac{\text{Outpatients Visits} + \text{plus \# occupied beds} = \text{EXPOSURE}}{4000.00}$$

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
<b>NURSING HOMES</b>							
SKILLED BED	278	465	545	588	620	674	674
INTERMEDIATE	174	291	341	367	387	421	421
ASSISTED LIVING ONLY	142	235	272	292	311	338	338

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
<b>SURGICAL CENTER</b>	140	233	272	293	310	337	337
<b>DIALYSIS CENTER</b>	29	49	59	62	66	71	71

(Both per 100 procedures)

<b>BLOOD BANK (per draw)</b>	0.19	0.30	0.37	0.39	0.41	0.441	0.44
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**ALL OTHER PROVIDERS:**

**0.93 of basic limits coverage premiums (\$250 minimum)**