

LOUISIANA PATIENT'S COMPENSATION FUND

Surcharge Rates

effective September 2, 2018

CLASS	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
Class 1A	1,151	1,922	2,253	2,432	2,558	2,782	2,782
Class 1	1,758	2,929	3,438	3,711	3,903	4,245	4,245
Class 2A	2,342	3,950	4,580	4,945	5,200	5,656	5,656
Class 2	2,661	4,435	5,202	5,615	5,913	6,426	6,426
Class 3	3,757	6,257	7,344	7,927	8,348	9,072	9,072
Class 4*	6,611	11,013	12,915	13,946	14,682	15,953	15,953
Class 5*	5,132	8,549	10,033	10,829	11,401	12,390	12,390
Class 6	8,409	14,008	16,440	17,752	18,687	20,314	20,314
Class 7	9,081	15,130	17,756	19,163	20,173	21,927	21,927
Class 8	15,315	25,526	29,948	32,332	34,042	36,992	36,992

Dentist	262	295	348	376	395	428	428
Oral Surgeon	1,277	1,947	2,285	2,466	2,597	2,821	2,821
Physician Assistant	615	1,025	1,203	1,299	1,366	1,486	1,486
Surgeon Assistant	615	1,025	1,203	1,299	1,366	1,486	1,486
Clinical Nurse Specialist	352	586	688	742	781	849	849
Nurse Practitioner	352	586	688	742	781	849	849
Nurse Midwife	1,758	2,929	3,438	3,711	3,903	4,245	4,245
Chiropractor	703	1,172	1,375	1,484	1,561	1,698	1,698
Pharmacist	250	250	250	250	250	250	250
Optometrist	250	366	430	464	488	531	531
Optometrist - Surgery	439	732	860	928	976	1,061	1,061

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
CRNA	897	1,493	1,753	1,893	1,992	2,165	2,165

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
HOSPITALS**	1,303	2,173	2,545	2,740	2,890	3,142	3,142

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

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
NURSING HOMES							
SKILLED BED	188	315	368	397	418	455	455
INTERMEDIATE	133	220	258	277	293	318	318
ASSISTED LIVING ONLY	96	158	182	196	209	227	227

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SURGICAL CENTER	98	162	191	205	216	236	236
DIALYSIS CENTER	20	35	42	43	45	49	49

(Both per 100 procedures)

BLOOD BANK (per draw)	0.13	0.21	0.27	0.27	0.29	0.32	0.32
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ALL OTHER PROVIDERS: 0.67 of basic limits coverage premiums or \$250 per FTE whichever is higher (\$250 minimum)

*see notes for special "per patient visit" rates for ER physicians