

LOUISIANA PATIENT'S COMPENSATION FUND

Surcharge Rates

effective September 2, 2017

CLASS	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
Class 1A	1,199	2,002	2,347	2,533	2,665	2,898	2,898
Class 1	1,792	2,986	3,505	3,783	3,979	4,327	4,327
Class 2A	2,287	3,857	4,473	4,829	5,078	5,523	5,523
Class 2	2,713	4,521	5,303	5,724	6,028	6,550	6,550
Class 3	3,830	6,378	7,486	8,081	8,510	9,248	9,248
Class 4*	6,456	10,755	12,612	13,619	14,338	15,579	15,579
Class 5*	5,231	8,715	10,227	11,039	11,622	12,630	12,630
Class 6	8,212	13,680	16,055	17,336	18,249	19,838	19,838
Class 7	9,257	15,423	18,100	19,534	20,564	22,352	22,352
Class 8	15,612	26,020	30,528	32,958	34,701	37,708	37,708

Dentist	250	282	332	359	377	409	409
Oral Surgeon	1,220	1,860	2,182	2,355	2,480	2,694	2,694
Physician Assistant	627	1,045	1,227	1,324	1,392	1,515	1,515
Surgeon Assistant	627	1,045	1,227	1,324	1,392	1,515	1,515
Clinical Nurse Specialist	358	597	701	756	796	865	865
Nurse Practitioner	358	597	701	756	796	865	865
Nurse Midwife	1,344	2,240	2,629	2,838	2,983	3,245	3,245
Chiropractor	717	1,195	1,402	1,514	1,591	1,731	1,731
Pharmacist	250	250	250	250	250	250	250
Optometrist	250	373	438	473	497	541	541
Optometrist - Surgery	448	747	877	945	994	1,081	1,081

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
CRNA	922	1,534	1,802	1,946	2,047	2,225	2,225

HOSPITALS**	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
	1,220	2,035	2,383	2,566	2,706	2,942	2,942

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

NURSING HOMES	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SKILLED BED	190	318	371	401	422	459	459
INTERMEDIATE	134	222	260	280	296	321	321
ASSISTED LIVING ONLY	97	159	184	198	211	229	229

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SURGICAL CENTER	99	164	193	207	218	239	239
DIALYSIS CENTER	20	35	42	43	46	50	50

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