

(III) A FINAL DISPOSITION THAT DOES NOT RESULT IN PAYMENT ON BEHALF OF THE INSURED.

(C) A REPORT REQUIRED UNDER THIS SECTION SHALL CONTAIN:

- (1) THE NAME AND ADDRESS OF THE INSURED;
- (2) THE POLICY NUMBER OF THE INSURED;
- (3) THE DATE OF THE OCCURRENCE FROM WHICH THE CLAIM OR ACTION AROSE;
- (4) THE DATE OF FILING SUIT, IF ANY;
- (5) THE DATE AND AMOUNT OF FINAL JUDGMENT OR SETTLEMENT, IF ANY;
- (6) IF THERE IS NO FINAL JUDGMENT OR SETTLEMENT, THE DATE AND REASON FOR FINAL DISPOSITION;
- (7) A SUMMARY OF THE OCCURRENCE FROM WHICH THE CLAIM OR ACTION AROSE; AND
- (8) ANY OTHER INFORMATION AS MAY BE REQUIRED.

(D) A REPORT REQUIRED UNDER THIS SECTION SHALL BE FILED WITHIN 90 DAYS AFTER THE END OF THE QUARTER DURING WHICH AN EVENT DESCRIBED IN SUBSECTION (B)(2)(I), (II), OR (III) OF THIS SECTION OCCURRED.

(E) (1) A REPORT THAT RELATES TO A PHYSICIAN SHALL BE FILED WITH THE STATE BOARD OF PHYSICIAN QUALITY ASSURANCE.

(2) A REPORT THAT RELATES TO A HOSPITAL SHALL BE FILED WITH THE SECRETARY OF HEALTH AND MENTAL HYGIENE.

(3) A REPORT THAT RELATES TO A NURSE, DENTIST, PODIATRIST, OPTOMETRIST, OR CHIROPRACTOR SHALL BE FILED WITH THE APPROPRIATE LICENSING BOARD FOR THESE HEALTH CARE PROVIDERS.

(F) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, A REPORT FILED IN ACCORDANCE WITH THIS SECTION SHALL BE TREATED AS A PERSONAL RECORD UNDER § 10-624(C) OF THE STATE GOVERNMENT ARTICLE.

(2) EACH REPORT SHALL BE RELEASED TO THE MARYLAND HEALTH CARE ACCESS AND COST COMMISSION.

(G) AN INSURER THAT REPORTS UNDER THIS SECTION OR ITS AGENTS OR EMPLOYEES, THE STATE BOARD OF PHYSICIAN QUALITY ASSURANCE OR ITS REPRESENTATIVES, AND ANY APPROPRIATE LICENSING AUTHORITY THAT RECEIVES A REPORT UNDER THIS SECTION SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED IN § 5-335 OF THE COURTS ARTICLE FOR ANY ACTION TAKEN BY THEM UNDER THIS SECTION.