

LOUISIANA PATIENT'S COMPENSATION FUND

Surcharge Rates

Effective September 2, 2023

CLASS	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
Class 1A	1,203	2,008	2,354	2,541	2,673	2,907	2,907
Class 1	1,883	3,137	3,682	3,974	4,180	4,546	4,546
Class 2A	2,508	4,230	4,905	5,296	5,569	6,058	6,058
Class 2	2,850	4,750	5,571	6,014	6,333	6,882	6,882
Class 3	4,024	6,701	7,865	8,490	8,941	9,716	9,716
Class 4*	7,252	12,081	14,168	15,299	16,106	17,500	17,500
Class 5*	5,363	8,934	10,484	11,316	11,914	12,948	12,948
Class 6	9,225	15,367	18,035	19,474	20,500	22,284	22,284
Class 7	9,726	16,204	19,017	20,524	21,605	23,484	23,484
Class 8	16,402	27,338	32,074	34,628	36,459	39,618	39,618

Bridge Year Physician	659	1,098	1,289	1,391	1,463	1,591	1,591
Dentist	306	345	407	440	462	501	501
Oral Surgeon	1,495	2,279	2,674	2,887	3,040	3,302	3,302
Physician Assistant	659	1,098	1,289	1,391	1,463	1,591	1,591
Surgeon Assistant	659	1,098	1,289	1,391	1,463	1,591	1,591
Clinical Nurse Specialist	377	627	736	795	836	909	909
Nurse Practitioner	377	627	736	795	836	909	909
Nurse Midwife	1,883	3,137	3,682	3,974	4,180	4,546	4,546
Chiropractor	753	1,255	1,473	1,590	1,672	1,819	1,819
Pharmacist	250	250	250	250	250	250	250
Optometrist	250	392	460	497	523	568	568
Optometrist - Surgery	471	784	921	994	1045	1,137	1,137

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
CRNA	924	1,538	1,806	1,950	2,052	2,230	2,230

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
HOSPITALS**	1,464	2,441	2,859	3,079	3,248	3,530	3,530

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

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
NURSING HOMES							
SKILLED/INTERMEDIATE BED	163	272	318	343	361	393	393
ASSISTED LIVING ONLY	111	184	211	228	243	264	264

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SURGICAL CENTER	105	174	205	220	231	253	253
DIALYSIS CENTER	21	37	45	46	48	52	52

(Both per 100 procedures)

BLOOD BANK (per draw)	0.14	0.22	0.29	0.29	0.31	0.34	0.34
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ALL OTHER PROVIDERS: 0.72 of basic limits coverage premiums (\$250 minimum)