


**GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL**

<b>APPROVED BY:</b>   Peter John D. Camacho, MPH Hospital Administrator/CEO	<b>RESPONSIBILITY:</b>  Risk Management	<b>EFFECTIVE DATE:</b>  February 21, 2018	<b>POLICY NO.:</b>  A-LD1000	<b>PAGE:</b>  1 of 4
<b>TITLE: CLAIMS MANAGEMENT</b>				
<b>LAST REVIEWED/REVISED: 10/2017</b>				
<b>ENDORSED: EMC 12/2017</b>				

**PURPOSE:**

Claims management provides a mechanism for Guam Memorial Hospital Authority to receive claims for recovering damages. The initial claim will originate from the Guam Attorney General's Office and then forwarded to the Hospital Administrator of the Guam Memorial Hospital Authority. The Hospital Administrator will forward the claim to the Hospital Risk Management Program Officer who will process such claim in accordance with Public Law 17-29, Chapter VI of Title VII Article 1 Section 6101 of the Government Code of Guam and otherwise known as the "Government Claims Act."

**POLICY:**

The Hospital's Risk Management Program is responsible for establishing a comprehensive claims management system for all Guam Memorial Hospital Authority claims and lawsuits.

The Hospital Administrator shall have the authority to settle for money damages on any claim filed against Guam Memorial Hospital Authority in the amount not to exceed \$3,000.00, for payment or reimbursement not to exceed \$3,000.00, for lost or damaged patient valuables and write off hospital bills up to \$3,000.00.

The Authority shall seek approval from the Board of Trustees as well as the Attorney General and the Governor of Guam for any claims in excess of \$3,000.00.

**DEFINITIONS:**

**Claim:** To demand or assert as a right; facts that combine to give rise to a legally enforceable right or judicial action; demand for relief.

**Claimant:** A party that makes a claim, especially one that is legally cognizable.

**RESPONSIBILITY:**

Hospital Risk Management Program Officer.

**PROCEDURE:**

- A. The Hospital Risk Management Program Officer will make sure that the appropriate Claim Forms are used. *(See Attachments I and II.)*

1. The Hospital Risk Management Program Officer shall ensure that the appropriate form is completed by the individual seeking compensation.
  2. The Hospital Risk Management Program Officer shall ensure that the claimant provides any and all necessary documentation on which the claim is based.
  3. The Claimant is responsible for having the necessary forms notarized before submission to the Hospital Risk Management Program Officer.
- B. The Hospital Risk Management Program Officer shall make a thorough investigation on which the claim is based.
- C. The Hospital Risk Management Program Officer shall discuss the claims involving THE clinical aspects of the patient's care with the Associate Administrator of Medical Services.
- D. The Hospital Risk Management Program Officer shall secure an opinion from the hospital's legal counsel regarding the Authority's liability on the claim upon the approval of the Hospital Administrator.
- E. The Hospital Risk Management Program Officer shall prepare a case summary and submit a complete report on the claim to the Hospital Administrator.
- F. The Hospital Risk Management Program Officer shall monitor the claim to its final resolution.
- G. Settlement of the claim shall be in accordance with the Government Claims Act; claims for \$3,000.00 and below shall be approved by the Hospital Administrator; claims in excess of \$3,000.00 needs approval by the Board of Trustees, Attorney General and Governor of Guam.
- H. The Hospital Risk Management Program Officer shall ensure that the "Release of Liability" form is properly completed before a payment is made. This process will be done in coordination with the Hospital's Chief Financial Officer.
- I. The Hospital Risk Management Program Officer shall submit a report of the final settlement of a claim to the Hospital Administrator.
- J. The Hospital Risk Management Program Officer shall maintain a file on all claims brought against the Guam Memorial Hospital Authority.

**RESCISSION:**

Policy No. 6180-3, Claims Management, of the Administrative Manual made effective March 17, 1983.

**ATTACHMENT**

- I. [Office of the Attorney General of Guam: Letter to Claimant](#)
- II. [Claims Against the Government](#)

ATTACHMENT I



## Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



Dear Claimant:

Pursuant to the Government Claims Act (Public Law 17-29), the government has six (06) months to investigate and either grant, settle or deny your claim. If you are claiming property damage to a motor vehicle involved in an accident, we will make a determination on this part of your claim within thirty (30) days pursuant to Public Law 25-130, provided you furnish us with all the documents necessary to process your claim.

Although most claims require the full six (06) months for review and final decision, smaller claims usually take less time than larger ones; however, they are considered equally. If after six (06) months your claim has not been settled or you have not been notified by our office that your claim was denied, you may institute an action in the Superior Court of Guam for money damages.

Additional questions on the status of this claim should be directed to the undersigned.

*Thank you in advance for your cooperation.*

Sincerely,

A handwritten signature in black ink, appearing to read "Gabriela P. R. Rippele".

GABRIELA P. R. RIPPEL  
Interim Assistant Claims Officer

I have read and fully understand the above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ATTACHMENT II



# Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



## CLAIM AGAINST THE GOVERNMENT

(Please complete the form in its entirety. **DO NOT** leave any portions blank. Write "N/A" or "None" where appropriate.)

1. Name of Claimant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
Home/Work Address: \_\_\_\_\_
3. Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_
4. Amount of Damages you are claiming: \$ \_\_\_\_\_
5. Any other relief you are claiming \_\_\_\_\_
6. Government Agency Responsible \_\_\_\_\_
7. Date Claim arose \_\_\_\_\_
8. Your statement of facts upon which you base your claim. Attach extra sheet(s) if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Attach a copy of all documents pertaining to your claim, such as a police report, accident report or a contract.
10. The lowest estimate of repair is \$ \_\_\_\_\_
11. I have the following insurance covering this claim \_\_\_\_\_
12. I am the real party in interest except for the following parties who have an interest in this claim:  
\_\_\_\_\_
13. I have received the following compensation/repairs from other parties \_\_\_\_\_
14. Name, address, and telephone of attorney representing claimant, if any:  
\_\_\_\_\_  
\_\_\_\_\_

All notices will be sent to your mailing address above or if you have an attorney, to your attorney's address. If you want to change the address at which you will receive notices, you must file, in writing, a change of address with the Claims Officer.

I, \_\_\_\_\_, declare under penalty of perjury that the foregoing is true and correct.

Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_