HEALTH CARE ALTERNATIVE DISPUTE RESOLUTION OFFICE

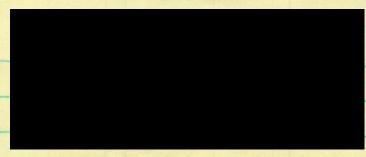
6 St. Paul Street, Suite 1501 Baltimore, Maryland 21202-1608 (410) 767-8200

2018 149

CLAIM I	FORM HCA NO.:
CLAIMANT(S)	HEALTH CARE PROVIDER(S)
o enul bustont out on an income of the control of t	DR. Bradley S. Taylor Name 419 Reduced 5t. Street Address BALTIMORE, MD City, State, Zip Code
Name	Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code MAR 2 9 2018
Vame Vame	Name RESOLUTION OFFICE
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
(1) This claim is filed pursuant to Title 3, Subtitle 2A of the Courts A appropriate venue is:	rticle. The damages claimed are in excess of \$30,000.00, and the
(2) The basis of the claim is described on the page(s) attached hereto.	
(3) The resolution of the claim will involve particular expertise in this (PLEASE SEE REVERSE SIDE	FOR AREAS OF CONCENTRATION)
WARNING: Each Claimant has been advised that he/she may be he claim, whether it is won or lost; this would be an individual and personal content of the co	ld civilly liable for part or all the Costs resulting from the filing of this onal responsibility.
ATTORNEY FOR CLAIMANT(S)	CLAIMANT(S)
Signature	0 FO EO
Street Address	A single property of the control of

City, State, Zip Code

Telephone Number



the Claim is against Dr. Bradles taylor for the Grass Medical Negligent that Cause the Death of my son,

June 4, 2015

1. Failure to Plan and Prepare an individual Medical Heart Surgery.

according to my Son's Medical Choice

2. Failure to work with a Multidisciplinary

Medical team for the best medical

treatment and outcome

3. Failure to response appropriately to the Medical emergency that course isreversible Brain Damage.

4. Failure to respect my son's faith and Medical Choice ...

University of Maryland Medical Center