

# MEDICAL MALPRACTICE CLAIM REPORTING FORM

Must Complete Form. Do not say "See Attached"

Name of Applicant: \_\_\_\_\_

Please provide the following information regarding each instance of alleged malpractice. This section should be photo copied and filled out separately for each claim. Additional sheets may be obtained/used if necessary.

Insurer: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Description of alleged claim (allegations only): This does not constitute an admission of fault or liability.

Please Indicate:

1. Patient's condition at point of your involvement;
2. Patient's condition at end of treatment;
3. The nature and extent of your involvement with the patient;
4. Your degree of responsibility for the course of treatment in leading to the claim; and
5. Narrative of event.

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If the incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:

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Your role (circle one):

- |                           |            |                                      |                                |
|---------------------------|------------|--------------------------------------|--------------------------------|
| 1. Anesthesiologist       | 6. Surgeon | 11. PGY 4                            | 16. Court Psychiatrist         |
| 2. Primary Care Physician | 7. Fellow  | 12. PGY 5                            | 17. On-Call Physician          |
| 3. Referring Physician    | 8. PGY 1   | 13. PGY 6                            | 18. Group Practitioner/Partner |
| 4. Attending Physician    | 9. PGY 2   | 14. PGY 7                            | 19. Other: Specify _____       |
| 5. Consultant Specialist  | 10. PGY 3  | 15. Workman's Compensation Evaluator | 20. Unknown                    |

**Your Legal Representative in this matter (include name, address, and telephone number)**

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

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Indicate Decision, Appeal, Settlement, Dismissal:**

If a Court of Arbitration Panel heard your case, indicate the following:

Court: \_\_\_\_\_

Court's Location: \_\_\_\_\_

Docket Number: \_\_\_\_\_

Date the action was filed: \_\_\_\_\_

Decision determined by (check one): \_\_\_\_\_ Judge \_\_\_\_\_ Jury \_\_\_\_\_ Arbitration Panel

Decision: \_\_\_\_\_ Award: \_\_\_\_\_

If your case was appealed, indicate the following:

Date appealed filed (month/day/year): \_\_\_\_\_

Date appealed decided (month/day/year): \_\_\_\_\_

If your case was settled, indicate the following:

Settlement amount paid on your behalf: \_\_\_\_\_

Total Settlement Amount: \_\_\_\_\_

Date of settlement (month/day/year): \_\_\_\_\_

\_\_\_\_\_ Case currently pending

\_\_\_\_\_ Case dismissed against you \_\_\_\_\_ Against all defendants

**IMPORTANT:** In addition to the above information, please attach a copy of the complaint and final judgement, settlement and release, or other final disposition of the claim. This information can be obtained from your legal representative.

**Additional information, if any:**

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