Malpractice Liability Claims Information

(Copy this form to report multiple claims)

Name of Patient Involved:_____

In which state did the action take place? _____ Which court?_____

Case number_____

Current status of this claim:_____

☐ Open (pending) ☐ Closed (settled) ☐ Dismissed (no money paid out) ☐ Other

Amount of judgment or settlement $_____ Amount paid on your behalf $_____

Month and Year of Event precipitating claim: _____

Month and Year of Lawsuit: _____

Insurance Carrier at Time: _____

What is/ was your status? ☐ Primary Defendant ☐ Co-Defendant ☐ Other _____

Please provide specifics in reference to the adverse event including the allegations and your role in the event:

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Applicant Name:_____ Date: _____