

Malpractice Liability Claims Information
(copy the form to report additional claims)

Malpractice: Give a detailed clinical explanation of each case as well as documentation of outcome (insurance papers or court documents).

Name of patient involved _____

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

Current status of this claim:

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

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

Date of event precipitating claim ____/____/____ Date of lawsuit ____/____/____ Case number _____
Month Year Month Year

Insurance carrier at time _____

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

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

Name of patient involved _____

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

Current status of this claim:

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

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

Date of event precipitating claim ____/____/____ Date of lawsuit ____/____/____ Case number _____
Month Year Month Year

Insurance carrier at time _____

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

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

Applicant Name _____ Last 4 digits of SSN _____ Date _____