

Medical Incident or Claim Report

This is a (Please Check): CLAIM NOI DEPOSITION LAWSUIT

Policy Number: _____

Please complete the information below and return this form either by fax (888.974.6458) OR email: Claims@MedMalDirect.com

INSURED INFORMATION:

Insured Physician Name: _____ Specialty: _____

Insured Group Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell: _____ Fax: _____

Email: _____ Contact Person: _____

PATIENT INFORMATION:

Patient Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ SS#: _____ (Last Four Digits Only)

Date of Birth: _____ Gender: M F Occupation: _____

Marital Status: _____ Medicare: Y N Medicaid: Y N

PATIENT TREATMENT SYNOPSIS:

Date of Incident: _____ First Date of Treatment: _____

Last Date of Treatment: _____ Date of Death (If Applicable): _____

Reason for Treatment: _____

Injury: _____

Brief Treatment Synopsis: _____

Medical Incident or Claim Report

PATIENT ATTORNEY INFORMATION:

Attorney Name:

Firm Name:

Street Address:

City:

State:

Zip Code:

Office Phone:

Fax Number:

Date of Receipt: Summons and Complaint:

Notice of Intent:

Subpoena:

Name of Person Submitting Report:

Signature of Person Submitting Report:

Date:

NOTICE TO:

Notice to Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Notice to Arkansas Residents: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Indiana Residents: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or missing information commits a felony.

Notice to Kansas Residents: Any person who knowingly and with intent to defraud any insurance company or other person by presenting any written statement as part of an application for insurance, the rating of an insurance policy, or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto has committed a fraudulent insurance act.

Notice to Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Missouri Residents: An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether any insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question of this nature appears in this application, you should not respond.

Notice to New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Notice to New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Residents: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony. The absence of such a statement shall not constitute a defense in any prosecution.

Notice to Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Notice to Texas Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Virginia Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance benefits, and civil damages.

Notice to West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.