SECTION 9 SUPPLEMENTAL: CLAIMS DATA

MALPRACTICE CLAIMS HISTORY

INSTRUCTIONS: Provide information for all cases occurring in the previous ten (10) years. This sheet may be photocopied.

Date of occurrence: _____ Date claim was filed with malpractice carrier: _____

Professional liability carrier involved: _____

Patient name: _____ Age: _____Sex: _____

Name of Plaintiff, if other than patient: _____

You were (check one): ○ Primary Defendant ○ Co-Defendant

Other Defendants if any: _____

Describe the allegations against you: _____

_____

_____

_____

Describe the alleged injury to the patient: _____

_____

_____

Claimant/Plaintiff filed suit in court: ○ Yes ○ No If yes, date filed: _____

Court Case Number: _____ Name of Court Case Was Filed In: _____

Official Case Name (e.g. Smith vs. Jones) _____

Present status of the Claim/Case (include amount awarded/attributed/settlement): ○ Pending ○ Settled ○ Arbitrated

○ Award ○ In Appeal ○ Adjudicated ○ Withdrawn ○ Other, _____

If pending, amount being sought: $_____ Amount of award or settlement: $_____

Amount paid on your behalf: $_____ Amount paid by all parties: $_____

Additional information/explanation (e.g., the condition/diagnosis of the patient at the time of the incident, treatment rendered, and the condition of the patient subsequent to treatment): _____

_____

_____

_____

_____

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