

Claim Forms



DEFINITIONS OF INCIDENTS, CLAIMS AND SUITS FOR THE PURPOSE OF REPORTING

To facilitate an efficient response to reported activity/incidents:

- Objectively (just the facts please) complete ALL information requested on the Reporting Form (opposite page)
 - Attach a COPY of any documents received (i.e., attorney letters, court documents, etc.)
- DO NOT SEND ORIGINAL DOCUMENTS OR THE MEDICAL RECORD with the reporting form. Forward a COPY of the medical record when requested to the assigned defense counsel and the claims examiner.
- Segregate the chart and any corresponding records (i.e., videotapes, pictures, x-rays, etc.)

After you have sent the information:

- Records will be requested when necessary by the insurance company and or the assigned attorney. DO NOT send the medical record with the initial reporting information.
- An effort will be made to contact the physician or office manager acknowledging receipt of claim/incident information by the Risk Management Department.
- A Claims Examiner is assigned, and should contact you within approximately 5 business days with information regarding the claims process.

The definitions below are not intended to supplement or amend the content of the actual policy. Please read your entire policy to be fully apprised of the provisions.

INCIDENT - An incident includes, but is not limited to:

A. any unforeseen medical result with exposure which required immediate attention including:

- death
- paralysis, paraplegia quadriplegia
- spinal cord injury
- nerve injury or neurological defect
- brain damage
- total or partial loss of limb or loss of the use of a limb
- sensory organ or reproductive organ or loss or impairment
- substantial disability or disfigurement

B. hostility or criticism, accompanied by a request for compensation or other form of relief express patient, visitor or family member as a result of an unforeseen medical outcome.

C. any oral threat of litigation made by a patient, visitor or family member or verbal communication from legal counsel representing any of the above.

D. a request for records by a patient, visitor, family member or legal counsel representing any of the above.

E. an act or omission that could reasonably result in an express demand for damages.

CLAIM - a written notice of intent to file a lawsuit or to arbitrate against an insured, or a written demand for money or services delivered to an insured.

SUIT - any service of legal process, including but not limited to a Complaint, Petition, Citation or Summons.



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MEDICAL MALPRACTICE - REPORTING FORM

Circle One: **INCIDENT** **REQUEST FOR RECORDS** **SUMMONS & COMPLAINT** **NOTICE OF INTENT**

DATE RECEIVED: _____

DATE REPORT COMPLETED: _____ BY: _____

INSURED/ GROUP NAME: _____

OR PHYSICIAN NAME: _____

SOCIAL SECURITY # _____

ADDRESS: _____

CONTACT PERSON: _____

INSURED PHONE NUMBER: _____ PAGER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

POLICY NUMBER: _____

POLICY PERIOD: _____

RETRO DATE: _____

CLAIMANT NAME: _____

DATE OF INCIDENT: _____

DESCRIPTION OF ACCIDENT: _____

WITNESS NAME AND PHONE: _____

(if applicable) _____