Attachment D - Professional Liability Action Detail – *Confidential*

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| Please list any past or current professional liability claim or lawsuit, which has been filed against you. Photocopy this page as needed and submit a separate page for **each** professional liability claim/lawsuit. Please complete each field. |
| Practitioner’s Name (Last, First, Middle): |
| Month/Day/Year of the incident and clinical details: |
| Your role and specific responsibilities in the incident: |
| Subsequent events, including patient’s clinical outcome: |
| Month/Day/Year the suit or claim was filed: |
| Name and Address of insurance carrier/professional liability provider that handled the claim: |
| Your status in the legal action (primary defendant, co-defendant, other): |
| Current status of suit or other action: |
| Month/Day/Year of settlement, judgement, or dismissal: |
| If the case was settled out of court, or with a judgement, settlement amount attributed to you: |

I verify the information contained in this form is correct and complete to the best of my knowledge.

**Applicant Signature:**  **Date:**

**Applicant Print Name:**