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| INCIDENT DATE (MM/DD/YYYY) | DATE CLAIM WAS FILED (MM/DD/YYYY) | CLAIM/CASE STATUS |
| PROFESSIONAL LIABILITY CARRIER INVOLVED | | |
| ADDRESS | | |
| CITY | STATE/COUNTRY | POSTAL CODE |
| PHONE NUMBER | POLICY NUMBER | AMOUNT OF AWARD OR SETTLEMENT & AMOUNT PAID \$ \$ |
| METHOD OF RESOLUTION <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment for Defendant(s) <input type="checkbox"/> Settled (with prejudice) <input type="checkbox"/> Judgment for Plaintiff(s) <input type="checkbox"/> Settled (without prejudice) <input type="checkbox"/> Mediation or Arbitration | | |
| DESCRIPTION OF ALLEGATIONS | | |
| WERE YOU PRIMARY DEFENDANT OR CO-DEFENDANT? | NUMBER OF OTHER CO-DEFENDANTS | YOUR INVOLVEMENT (ATTENDING, CONSULTING, ETC.) |
| DESCRIPTION OF ALLEGED INJURY TO THE PATIENT | | |
| TO THE BEST OF YOUR KNOWLEDGE, IS THIS CASE INCLUDED IN THE NATIONAL PRACTITIONER DATA BANK (NPDB)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
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