

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"/> Settled (with prejudice) <input type="checkbox"/> Settled (without prejudice) <input type="checkbox"/> Judgment for Defendant(s) <input type="checkbox"/> Judgment for Plaintiff(s) <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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