



S U P P L E M E N T A L C L A I M I N F O R M A T I O N

Please supply the following information regarding any instance of claim, suit, or incident which may give rise to a claim whether dismissed, settled out of court, judgment or pending. Answer all questions completely. This form should be photocopied and filled out separately for each claim. Please type or print clearly.

GENERAL INFORMATION section containing fields for Applicant (Defendant's) Name, Claimant (Plaintiff's) Name, Date of alleged error, Date of Claim, Name of insurer, Agent, Phone, Location of court, Case number, Defendant's legal representative, Plaintiff's legal representative, and Address/State/ZIP Code for both parties.

STATUS OF COMPLAINT section with checkboxes for Court judgment, Out-of-court settlement, Case dismissed, and Against YOU/ALL DEFENDANTS. Includes fields for Date, Determined by (Judge/Jury), Amount paid, Compensation, Total settlement amount, and Insurer's/Defense reserve.

DESCRIPTION OF CLAIM section with fields for Incident location, Alleged act, error, or omission upon which Claimant bases claim, Description of type and extent of injury or damage allegedly sustained, Patient's condition at point of your involvement, Patient's condition at end of treatment, and a detailed narrative of the case.

Printed Name _____ Signature _____

IMPORTANT: In addition to the information above, please attach copies of the complaint, final judgment, settlement & release, or other final disposition of the claim, if available.