

PROFESSIONAL LIABILITY CLAIMS INFORMATION FORM

The following information is necessary to complete the credentialing verification process and will be kept confidential. Please print or type answers to the following for any malpractice claims reported to your malpractice insurance carrier, opened, closed, settled or paid. For initial credentialing, please complete a separate form for each claim; for re-credentialing, just complete forms for the last ten (10) years. One case per sheet (please photocopy if additional sheets are needed).

A. PROVIDER'S NAME: Name Required Even if N/A	<i>Last Name, First Name MI</i>	<input type="checkbox"/> <input type="checkbox"/> DOES NOT APPLY Note: Signature Required Even if Checked	
What is/was your status?			
<input type="checkbox"/> Primary Defendant <input type="checkbox"/> Co-Defendant <input type="checkbox"/> Other, please explain: _____	List other defendants: _____ _____ _____		
What was the patient's outcome?			
_____ _____ _____			
How were you alleged to have caused harm or injury to this patient?			
_____ _____ _____			
Please provide specifics in reference to the adverse event:			
_____ _____ _____			
What was your role in this event?			
_____ _____ _____			
CURRENT STATUS:			
<input type="checkbox"/> Still Pending (as of) Date:	Who is handling the defense of the case?		
<input type="checkbox"/> Trial Date Set – Awaiting Trial	Trial Date:		
<input type="checkbox"/> Dismissed	Date of Dismissal:		
<input type="checkbox"/> Defense Verdict	Date of Defense Verdict:		
<input type="checkbox"/> Settled Out of Court	Date:	Total Amount of Judgment:\$	Amount Paid by You:\$
<input type="checkbox"/> Judgment	Date:	Total Amount of Judgment:\$	Amount Paid by You:\$

This Professional Liability Claims Information Form is required on all claims/lawsuits that are reported by your malpractice insurance carrier and/or the National Practitioner Data Bank. Clinical details are required for all suits, regardless of status or settlement amount.

I certify that the information contained in this form is correct and complete (even if N/A) to the best of my knowledge.

Signature (required)

Date