

PODIATRIC CLAIM OR INCIDENT REPORT SUPPLEMENT

Instructions:

1. Please print or type.
2. Use one form for each claim. Duplicate for extra copies.
3. To be used if you have been involved in any claim, suit, State Board or Peer Review action or Medicare/Medicaid action.

1. Your Name:

2. Claimant's Name:

3. Type of Claim:

- Direct from patient
- Patient's attorney
- Lawsuit
- Peer Review
- State Board
- Incident Report only

4. Date of alleged error: _____

5. Name of Insurance Company:

6. If claim is open (obtain information from your insurance carrier):

Claimant's settlement demand \$ _____

Defendant's offer for settlement \$ _____

7. If claim is closed:

Total amount paid \$ _____

- Out of court settlement
- Court judgment

8. Description of claim or incident:

A. Alleged error according to claimant. _____

B. What treatment did you render and what was the alleged injury? _____

9. Were other podiatrists or hospitals involved as co-defendants? Yes No
Please list their names.

10. What changes have you made in your practice to avoid this type of claim in the future?

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

Your signature: _____ Date: _____

Name (please print) _____