

Professional Liability Action Explanation Form: This form must be completed if you answered "yes" to question #1 of the Disclosure Questions.

Please complete this form if there have ever been, or is currently, any professional or work-related claims, settlements or judgments against you, your employer, or third party, even if not resulting in monetary damages or if you have received any notice of "Intent to File" or a "Request for Mediation." **Please provide us with a separate form for each malpractice action.**

Name

C a s e - P l e a s e P r i n t o r T y p e

Date of Alleged Incident	Date Action Filed	
Docket Number	Hospital City of Incident	Hospital State of Incident
Your Relationship to Patient (Attending Practitioner, Surgeon, Assistant Surgeon, Consultant, etc.)		
Allegation		
Liability Carrier That Covered This Incident		
Additional Named Defendant(s)		

Claim Status

<input type="checkbox"/> OPEN - If open, amount being sought:	<input type="checkbox"/> CLOSED - If closed, indicate method of closing <input type="checkbox"/> Dismissal <input type="checkbox"/> Settlement <input type="checkbox"/> Judgment	Amount of settlement or judgment (enter numbers only, no punctuation):
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Case Description: If additional space is necessary, attach adequate clinical detail to allow proper evaluation by a committee of physicians. **Continue on the next page.**

1. Summarize the circumstances giving rise to the action. If the action involves patient care, describe a narrative that provides your care and treatment of the patient.

Case

Description Continued: *If additional space is necessary, attach adequate clinical detail to allow proper evaluation by a committee of physicians.*

Name

2. Condition and diagnosis at the time of incident.

3. Dates and description of treatment rendered.

4. Condition of patient subsequent to treatment.