

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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