



REPORT OF INCIDENT/CLAIM/SUBPOENA/SUMMONS/OPMC/OPD

To: **PRI – Claims Dept.**
Email: claims@medmal.com

Fax #: Roslyn: 516-684-2333
Rochester: 516-684-2334

PRI Claims Inquiries:
Lisa Giorgini, Assistant Vice President, Claims
Roslyn: 1-800-632-6040 Ext. 4194
Rochester: 1-800-329-8860

From: Name of Insured: _____ Policy #: _____
Fax #: _____ Phone #: _____ Email: _____
Address: _____

Re: Reporting of (PLEASE CHECK ONE)

incident / record request *claim* *subpoena* *summons* *OPMC/OPD*

Patient/Claimant Name: _____ Marital Status: _____

Patient/Claimant's spouse/parent/guardian (if any): _____

Date of birth/age: _____

First date of treatment: _____ Last date of treatment: _____

Date of occurrence/incident: _____ Place of occurrence/incident: _____

Description of occurrence/incident:

Identify involved parties named in summons, subpoena or letter of claim and relationship to insured. If an involved party is a group member, please indicate whether the group is an additional insured on the practitioner's policy:

Name of Defendant	Insurance Carrier	Date Served	Relationship to Insured
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Attachments:

- Copy of occurrence/incident report/record request (if applicable)
- Subpoena
- Summons & Complaint
- Copy of attorney and/or letter of claim
- Other: _____

“ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES A STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

Signature of person completing report: _____

Name of person completing report (please print): _____

Title: _____ Phone #: _____

Date: _____

******Please forward a complete list of healthcare practitioners who were members of the group during the dates of allegations, along with the names of their insurance carriers, within 2 weeks of reporting this case to PRI.******