

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

To:	PRI – Claims Dept.	Fax #:	Roslyn: 516-684-23 Rochester: 516-684		
	Email: claims@medmal.com PRI Claims Inquiries: Roslyn: 516-277-4194 Rochester: 1-800-329-8860				
From:	Name of Insured:		Policy #:	Policy #:	
	Fax #:	Phone #:	Email:		
	Address:				
	Re □ incident / record request	: Reporting of (PLEASE CH	IECK ONE) na □ summons	□ <i>OPMC/OPD</i>	
Patient	t/Claimant Name:		Marital Status:		
Patient	t/Claimant's spouse/parent/guardian	(if any):			
Date of	f birth/age:				
First da	ate of treatment:	Last date of tre	eatment:		
Date of	f occurrence/incident:	Place of occurr	Place of occurrence/incident:		
Descri	ption 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/inciden □ Subpoena □ Ce	t report/record request (if oppy of attorney and/or lett	••	Summons & Complaint Other:
Name of person completing rep	ort (please print):		
Title:		Phone #:	
Signature of person completing	report:		
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.****

"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."