

Indian Health Service
Confidential Malpractice Claims Information Report
(Supplemental)

APPLICANT: If you have more than one incident to report, complete a separate form for each additional incident. Print and sign each additional report and mail with your completed application.

Please furnish the following information regarding any lawsuits or complaints against you. It is your responsibility to provide external verification (i.e., statement from an attorney, court records, etc) of your response if requested. You may choose to have your attorney complete this form.

1. Date of Claim: _____ Date of Incident: _____

2. Where incident occurred: _____

3. Claimant/patient name: _____

4. Nature of incident (type of case, procedure, major allegation, other pertinent information):

5. Current status: Pending/Open or Closed (date)

If closed, indicate:

Dropped Dismissed Judgment for defendant (you)

Appeal: _____ Settled: \$ _____

Judgment for plaintiff: \$ _____

Represented by Legal Counsel for this claim/malpractice lawsuit? Yes No

If yes, give name and address of counsel:

6. Name of insurance company that provides/provided coverage for this claim:

Name of Insurance Company:	Policy Number:		
Address:	City:	State:	Zip:
Phone:	Fax:		

7. Additional comments:

Signature: _____ Date: _____

Printed
Name: _____

Report
number: _____ of _____ report(s)