



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

To: EmPRO – Claims Dept.  
Email: claims@medmal.com

Fax #: Roslyn: 516-684-2362  
Rochester: 516-684-2363

EmPRO Claims Inquiries:  
Roslyn: 516-277-4194  
Rochester: 1-888-417-0141

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
- Copy of attorney and/or letter of claim
- Summons & Complaint
- Other: \_\_\_\_\_

Name of person completing report (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 EmPRO.\*\*\*\***

“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.”