



1800 Northern Blvd., P.O. Box 9009  
Roslyn, NY 11576  
(516) 365-6345  
(833) 774-6625  
MyEmPRO.com

## Report of Incident/Claim/Subpoena/Summons/OPMC/OPD

**Please submit completed form to:**

**E-mail:** [claims@medmal.com](mailto:claims@medmal.com)

**Fax:** (516) 684-2362

**Contact:** Marianna Dimoski, Director, Claims

**Telephone:** (516) 277-4194

Name of Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

*Reporting of (Please check one)*

*Incident/Record request*     *Claim*     *Subpoena*     *Summons*     *Other*

Patient/Claimant Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Patient/Claimant's Spouse/Parent/Guardian (if any): \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

First Date of Treatment: \_\_\_\_\_ Last Date of Treatment: \_\_\_\_\_

Date of Occurrence/Incident: \_\_\_\_\_ Place of Occurrence/Incident: \_\_\_\_\_

Description of Occurrence/Incident:

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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 | Clinical Dept. | Date Served | Relationship to Insured |
|-------------------|----------------|-------------|-------------------------|
| _____             | _____          | _____       | _____                   |
| _____             | _____          | _____       | _____                   |
| _____             | _____          | _____       | _____                   |
| _____             | _____          | _____       | _____                   |

**Check Attachments:**

- Copy of Occurrence/Incident Report/Record Request
- Original Summons & Complaint
- Original Subpoena
- Copy of Attorney and/or Claimant Letter
- Other \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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:  
\_\_\_\_\_

Date:  
\_\_\_\_\_

Printed Name of person completing report:  
\_\_\_\_\_

Title:  
\_\_\_\_\_