



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

Fax: (516) 684-2362

Contact: Marianna Dimoski,
Assistant Vice President, 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:
