



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.”