

CLAIM ACTIVITY

Be sure to answer all question fully, leave no blanks.

a) Name of claimant or plaintiff: _____
(Last) (first) (Middle)

Age: _____ Sex: _____ Marital Status: _____

b) Date of alleged incident: _____

c) Location of incident (Hospital, office, clinic, etc.) : _____

d) Issue or type of injury claimed: - What was the objective issue contested in this claim ?

Injury: Emotional Only Cosmetic Temporary Disability Permanent Disability Death

Diagnosis: _____

Prognosis: _____

Prior Treating Physicians: _____

Subsequent Treating Physicians: _____

e) Were other physicians or hospitals involved as co-defendants ? No Yes Please list names: _____

f) Name of insurance company defending you: _____

g) Was claim or suit: actually brought against you merely threatened, or limited to claimants attorney contact?

h) Disposition of claim:

Abandoned (no activity over 3 years)

Won by defense

Judgement or verdict vs. co-defendant(s) only

Settled won by claimant. If so, how much was paid on your behalf? _____

Open (State Current Status) _____

Narrative Description of Incident _____