

American Professional Agency, Inc.  
95 Broadway, Amityville, NY 11701  
(631) 691-6400 – (800) 421-6694

**CLAIM ACTIVITY**

**Be sure to answer all questions 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?

Diagnosis: \_\_\_\_\_

Prognosis: \_\_\_\_\_

e) Were other professionals 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please photocopy this form and supply us with separate information for each claim, suit or incident.**

Claim Activity Form for Psychology