

3RD PARTY DOCUMENTATION FOR MALPRACTICE CLAIMS



For each malpractice claim that was settled/dismissed/closed in the last 20 years:

- Complete the "Malpractice Claim Information" form below AND
- Provide at least one of the following forms of 3rd party documentation
- Correspondences must be on sender's letterhead and include:
 - The plaintiff's name (or identifying information)
 - Date of incident
 - Allegations

Pending Claims:

- **Legal Counsel Correspondence**

*In addition to above requirements, the letter must contain a statement that the "case is defensible".

Finalized Claims: (In addition to the above requirements, all letters must contain the outcome of the claim and total indemnity paid on your behalf)

- **National Practitioner Data Bank Self-Query** (Claims settled/closed in the last 20 years)

*Customer Service 800-767-6732

*<https://icd.npdb-hipdb.com:663/> - 'self-queries' link

*NPDB report cannot be older than ninety (90) days from the date you sign your application

- **Final Court Order and/or Settlement Agreement**

*The Records Department in the county where the claim was filed can assist you in obtaining the Final Court Order and/or Settlement Agreement.

- **Insurance Company/Legal Counsel Correspondence**

*Claims History/Loss Run

- **Facility/Hospital/Clinic Correspondence**

*The Risk Management and/or Legal Department should be able to assist you in obtaining a letter from the Facility/Hospital/Clinic.

- **United States Government Correspondence**

*If the claim occurred while working at a government facility and you were covered under the Federal Tort Claims Act, the Risk Management and/or Legal Department should be able to assist you in obtaining a letter from the Facility/Hospital/Clinic.

- **Patient Compensation Fund Correspondence**

*If the claim occurred in a state in which you were enrolled in the Comp Fund, contact the Comp Fund to obtain a letter stating how much they paid on your behalf.

Patient Compensation Fund correspondence will not be accepted as sole 3rd party documentation. One of the above must also be obtained.

At times, Medestar's Quality Assurance team may require additional forms of 3rd party documentation for a single claim in the event that the originally submitted information is insufficient.

You may contact your Recruiting Consultant with any questions.

Thank you for your cooperation.

MALPRACTICE CLAIM INFORMATION



(Please make copies if additional forms are needed)

Claimant Name: _____

Location of Occurrence (city/state): _____

Date of Occurrence: _____

Provider Case Narrative (use separate paper and write 'see attached narrative' if necessary):

Claim Outcome: (check the appropriate outcome)

- Pending
- Withdrawn by Claimant
- Dismissed/Settled/Closed with no Payment
- Dismissed/Settled/Closed with Payment

Total Claim Payment (all defendants): \$ _____

Claim payment on your behalf: \$ _____

By Insurance Carrier: \$ _____

By Patient Compensation Fund (if applicable): \$ _____

Provider Signature: _____

Print Name: _____

Date: _____

All of the above information is required.

Optional Information

Insurance Carrier Information (name, policy number, contact):

Legal Counsel Contact Information: _____
