

## 3<sup>RD</sup> PARTY DOCUMENTATION FOR MALPRACTICE CLAIMS



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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 3<sup>rd</sup> 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 3<sup>rd</sup> party documentation. One of the above must also be obtained.**

At times, Medestar's Quality Assurance team may require additional forms of 3<sup>rd</sup> 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)

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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: \_\_\_\_\_

\_\_\_\_\_