Dentists’ Supplementary Claims Information Form

If there has been more than one claim, please photocopy this form. Attach additional sheets if needed. All questions must be answered or marked Not Applicable (N/A).

1. Patient’s name:________________________________________________________

2. Date reported to insurance company:______________________________________

3. Name of Insurance Company:___________________________________________

4. Date of incident and your treatment:_______________________________________

5. Allegations:____________________________________________________________

6. What is the present condition of the patient?_______________________________

7. Did you in any way alter, embellish, delete, change, and/or destroy any records, medical or otherwise, or were allegations made that you did so, pertaining to this claim?  YES □  NO □

8. Has Medical/Dental Screening Panel Reviewed the claim?  YES □  NO □
   If “Yes”, attach the Panel statement of findings.  If “No” expected review date?____

9. Status of claim (check applicable answer):
   □ Suit threatened, no action taken
   □ Suit filed but dropped by claimant
   □ Summary Judgment in your favor
   □ Court outcome in your favor
     □ Jury Verdict
     □ Directed Verdict
   □ Court Outcome in favor of plaintiff
     □ Jury Verdict
     □ Directed Verdict

   □ Suit settled Out-of-Court
     a. Date claim paid__________________
     b. Amount paid____________________
     c. Did you want to settle this claim? YES □  NO □

   □ Waiting Med/Dental Screening Panel Review
   □ Waiting mediation
   □ Waiting court action
     a. Reserve amount:
        $__________________

   Amount of Loss Payment: $_______

10. Name and address of the attorney assigned to your case:_____________________

11. To your knowledge, was any settlement paid by another party involved (i.e., your P.A., P.C., partners, employees, etc.)?  YES □  NO □
   If “yes”, amount was $__________________.

Signature: ___________________________ Date: ________________________

Name (Printed): _________________________