PracticeProtection℠

*Send completed forms to Claims@PracticeProtection.com or fax to 800.240.9860

Required Fields Italicized & Bold

CLAIMS INTAKE - FIRST REPORT OF NEW INCIDENT OR CLAIM

Please indicate one of the following ☐ Lawsuit ☐ Notice of Intent ☐ Claim ☐ Incident ☐ Depo ☐ Investigation

Policy Number:	***Have you reported this matter to another insurer?*** ☐ ***Yes*** ☐ ***No***

INSURED INFORMATION

Contact/Person Reporting:	***Name:***	***Phone & Email:***	***Date of Report:***
Insured Group/Entity Name:			
Event Location:			

INSURED PROVIDER(S)

Name	***Specialty***	***Phone***	***Email***

NON-INSURED PROVIDER(S)

Name	***Specialty***	***Employer/Group***	***Insurer***

What date did you first become aware of this claim?	
Has this matter been reported previously to PracticeProtection?	☐ ***Yes*** ☐ ***No***
Have you reported this matter to another insurer?	☐ ***Yes*** ☐ ***No***
If you were served with a summons and complaint or a Notice of Intent, list the date you received it and the manner you were served.	

CLAIMANT INFORMATION

Patient Name		***DOB***	
Street Address		City/Zip	
Phone Number		***SSN (last 4 only)***	
Gender		Marital Status	
# Dependents		Occupation	
Patient Email Address		***Date of Loss***	
Medicare Recipient?	☐ ***Yes*** ☐ ***No***	***Medicaid Recipient?***	☐ ***Yes*** ☐ ***No***

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PATIENT TREATMENT AND INJURY SUMMARY

Please limit your summary factual information related to the insured's treatment of the patient. Do not address standard of care in this summary.

Reason for Referral or Medical Condition:

Reason for Treatment:

Date of Incident:	Date of First Treatment:	Date of Last Treatment:
Alleged Injury:		OR Death if applicable:

Description/Summary of Event or Care Surrounding Alleged Event

Any actions taken to address or resolve the matter:

Payment/billing issues if applicable:

Any additional details or concerns:

Patient's Attorney & any Contact Info:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a crime and may be subject to fines and confinement in prison.

I hereby certify that the above claim has not been previously reported to another insurance company and that I had no knowledge of this matter prior to my application for insurance with PracticeProtection Insurance Company (a Risk Retention Group) or Doctors Direct Insurance, Inc.

Named Insured: _____

OR for entity-designated representative & title: _____

Signature of Insured or entity designee: _____ ***Date:*** _____

Notice to Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
Notice to Alaska Residents: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Notice to Arizona Residents: For your protection Arizona law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is subject to criminal and civil penalties.
Notice to Arkansas Residents: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Notice to California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Notice to Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Notice to Delaware Residents: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
Notice to District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Notice to Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Notice to Idaho Residents: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Notice to Indiana Residents: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or missing information commits a felony.
Notice to Kansas Residents: Any person who knowingly and with intent to defraud any insurance company or other person by presenting any written statement as part of an application for insurance, the rating of an insurance policy, or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto has committed a fraudulent insurance act.
Notice to Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Notice to Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Notice to Maine Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Notice to Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Notice to Minnesota Residents: A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.
Notice to Missouri Residents: An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether any insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question of this nature appears in this application, you should not respond.
Notice to New Hampshire Residents: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.
Notice to New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
Notice to New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Notice to New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Notice to Ohio Residents: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Notice to Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony. The absence of such a statement shall not constitute a defense in any prosecution.
Notice to Oregon Residents: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
Notice to Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Notice to Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Notice to Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
Notice to Texas Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Notice to Virginia Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance benefits, and civil damages.
Notice to Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
Notice to West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.