

The purpose of this form is to report case detail on any professional liability action(s). Please supply the following information for each professional liability action, i.e., pending, settled, dropped, dismissed or litigated. Sufficient detail will allow us to process your credentialing/recredentialing application in a timely manner. Please print or type answers to each of the following questions. *If more than one (1) case exists, please photocopy this sheet for each case.* The form is optional. In lieu of this form, you may submit your own documentation that provides the necessary information for the Credentialing Subcommittee to understand the circumstances surrounding the case. **All information is strictly confidential.**

GENERAL INFORMATION

Provider name

Provider specialty

SSN

Age

Sex

CASE INFORMATION

Name of patient/claimant

Date of treatment/surgery which led to legal action

Carrier involved

Has the Medical Review Panel rendered a decision?

Yes No

If yes, in whose favor and when?

Was a suit ever filed?

Yes No

If yes, when? (Month/Year)

What is/was your status?

Primary Defendant

Co-defendant

Other

If co-defendant, name(s) of other defendant(s)

If status is/was other, please explain

What is the status of the case?

Dropped

Dismissed with no money paid

Pending

Judgment found for defendant

Judgment found for plaintiff

Settled out of court

If pending, when was the last contact with the plaintiff's attorney?

If closed, was payment made?

Yes No

If damages were paid, either by settlement or judgment, what was the amount:

Attributed to your involvement in the case?

\$

Paid by all parties?

\$

If settled, did your insurance carrier insist on settling?

Yes No

BASIC CIRCUMSTANCES

The following questions are being asked so our Credentialing Subcommittee will be able to understand the facts of this case. In each space below (attach additional pages, if needed) please briefly explain the basic circumstances of the case.

What was your involvement with the patient?

What were the patient's presenting signs and symptoms?

What pertinent diagnostic test(s) were performed? When? Results?

What were the allegations made by the patient or on the patient's behalf?

What was the result to the patient?

What is the current status of this case? If pending, please explain delay or anticipated next step by defense or plaintiff.

Provider's Signature

Date signed