

Gulf Atlantic Legal Defense Insurance, Inc.

Claims History Form

Complete information is necessary to avoid complications under your insurance policy. If there has been a Claim, Medical Incident, ACHA or other action against your license, please use a separate form for each.

GENERAL CLAIM / MEDICAL INCIDENT INFORMATION		
Patient Name:		
Date Reported:	Date of Incident / Treatment:	
Brief description of allegations:		
Present condition of patient:		
Please check the appropriate box relating to the present status of claim:		
<input type="checkbox"/>	Suit threatened, no action was taken	
<input type="checkbox"/>	Dropped by claimant	
<input type="checkbox"/>	Awaiting court action	
<input type="checkbox"/>	Awaiting mediation	
<input type="checkbox"/>	Reserve Amount	\$ _____
<input type="checkbox"/>	Summary judgment in your favor	
<input type="checkbox"/>	Court trial in your favor	
<input type="checkbox"/>	Out of court settlement	\$ _____ Date claim paid _____
<input type="checkbox"/>	Court settlement	\$ _____ Date claim paid _____
At the time of the Claim or Medical Incident, who was your insurance company and what was your policy number?		
At the time of the Claim or Medical Incident, please provide the following information for the attorney who represented you.		
Attorney name	Address	Phone
SUPPLEMENTAL WAIVER / RELEASE		
I hereby authorize any person, company, insurer, hospital or other organization to release to Gulf Atlantic any and all information, privileged or not, in their dominion, custody or control regarding insurance applications by me, professional liability insurance issued to me, claims made or suits brought against me for hospital privileges, decisions and notes of any credentials or disciplinary committees involving me, any employment or personnel records involving me, any records of training or experience involving me, and any health, medical psychological or psychiatric records involving me as well as any information obtained by any attorneys who are now representing or have in the past represented me.		
Applicant Name:	Applicant Signature	
Date:		