

Professional Liability History



Please complete and return via fax to **212-510-5268** or via email to **credrecprocess@emblemhealth.com**.

Please list all closed or settled professional liability claims which have been filed against you.
(Photocopy this page as needed and submit information of **each** claim.)

Date of occurrence:	Date claim was filed:
Professional liability carrier involved:	
Describe your role in the claim: <input type="checkbox"/> Primary defendant <input type="checkbox"/> Co-defendant	

Describe the allegations against you:

Describe the alleged injury to the patient:

Identify all the other defendants:

Has the claimant/plaintiff filed suit in court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Case number:	<input type="checkbox"/> State Court	State:	County:
Case number:	<input type="checkbox"/> Federal Court	District:	

Present status of the claim or case:

- The case or claim is pending.
- Verdict or judgment for the plaintiff was entered in the amount of \$_____. The portion of the verdict or judgment which was attributed to me was \$_____.
- Case or claim settled for \$_____. The portion of the settlement paid on my behalf was \$_____.
- The case was dismissed by the court.
- The claimant/plaintiff voluntarily withdrew the claim/lawsuit.
- The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Print Name:	NPI #:
Provider's Signature:	Date: