

California Participating Practitioner Application

Addendum B

Professional Liability Action Explained

This Addendum is submitted to herein, this Healthcare Organization

Please complete this form for each pending, settled or otherwise conclude professional liability lawsuit or arbitration filed and served against you, in which you were named a party in the past seven (7) years, whether the lawsuit or arbitration is pending, settled or otherwise concluded, and whether or not any payment was made on your behalf by any insurer, company, hospital or other entity. All questions must be answered completely in order to avoid delay in expediting your application. If there is more than one professional liability lawsuit or arbitration action, please photocopy this Addendum B prior to completing, and complete a separate form for each lawsuit.

Please check here if there are no pending/settled claims to report (and sign below to attest).

I. Practioner Identifying Information

Last Name: First Name: Middle:

II. Case Information

Patient's Name: Patient Gender Male Female Patient DOB:

City, County, State where lawsuit filed: Court Case number, if known: Date of alleged incident serving as basis for the lawsuit/arbitration: Date suit filed:

Location of incident:
 Hospital My Office Other doctor's office Surgery Center Other (specify)

Relationship to patient (Attending physician, Surgeon, Assistant, Consultant, etc.)

Allegation

Is/was there an insurance company or other liability protection company or organization providing coverage/defense of the lawsuit or arbitration action? Yes No

If yes, please provide company name, contact person, phone number, location and carrier's claim identification number, or other liability protection company or organization.

If you would like us to contact your attorney regarding any of the above, please provide attorney(s) name(s) and phone number(s). Please fax this document to your attorney as this will serve as your authorization:

Name: Telephone Number: Fax Number:

