

Claim/Incident Reporting Form Instructions:

1. Complete pertinent blanks, if information is not applicable insert "NA" in the provided blank.
2. Email this form, and all supporting documentation, including when applicable, S&C, claim letter, etc. to: empacrrgclaims@tnwinc.com

I. Facility Data			
Group Name:			
Prepared by:		Email:	
Date of Completion:		Phone Number:	
Name of Group Admin/ Risk Manager:		Hospital were event occurred:	

II. Claimant Data			
Claimant Name (Patient/Visitor Involved):		Claimant Address:	
Claimant DOB:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
What was the Patients Diagnosis:		Was Patient Discharged:	
Was Patient Admitted:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Admission Date:	
Did visit result in death?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

III. Claim Information	
Event Type Description:	Incident / Event <input type="checkbox"/> Notice <input type="checkbox"/> Subpoena <input type="checkbox"/>
Is this claim in Litigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

IV. Claim Detail			
Date of Incident:		Date of First Report:	
Description of Incident:			
<i>**please include as many providers as named in the alleged incident**</i>			
What is the Physicians Name?		Email:	
What is the Physicians Specialty?		Phone Number:	
Is there a Midlevel Physician Involved?		Email:	
What is the Midlevel's Specialty?		Phone Number	
What department did the Physician Work in at time of incident?	Emergency Department <input type="checkbox"/>	Urgent Care <input type="checkbox"/>	Other <input type="checkbox"/>
	Hospitalist <input type="checkbox"/>	Occupational Health <input type="checkbox"/>	

V. Included Attachments	
<input type="checkbox"/> Summons & Complaint	<input type="checkbox"/> Other
<input type="checkbox"/> Records Request	<input type="checkbox"/> Patient Complaint
<input type="checkbox"/> Letter of Representation from Attorney	<input type="checkbox"/> Security Report
<input type="checkbox"/> Notice of Claim/ Intent to initiate Lawsuit	