

Galen Insurance Company

Claim/Incident Report

Whenever you become aware of an incident that could give rise to a claim, or a claim is presented, or a suit is filed, you are required, under the terms of your policy, to provide Galen complete details without delay. This form is intended to make reporting more convenient. Attach copies of patient's charts, operative notes, or other documents as appropriate.

1. Name of patient: _____
Age: _____ Sex: _____
2. Type: Incident Request for records Demand for money or services Suit.
3. Date of incident: _____ Date Notified: _____ Location of incident: _____
4. Allegation: _____

5. Condition/diagnosis at time of incident: _____

6. Dates/description of treatment rendered: _____

7. Other physicians, professionals or entities involved: _____

Print name: _____ Date: _____

Signature: _____