7701 France Avenue South, Suite 500
Minneapolis, MN 55435–5288
800.328.5532 ▪ Fax 952.838.6808
MMICgroup.com

Name of Insured | Policy number

Information about the **HEALTH CARE PROVIDER** involved

Involved health care provider	Phone number
Mailing address	
Confidential email address	

Information about the **PATIENT** involved

Patient name	Date of birth
Medicare beneficiary? ☐ Yes ☐ No ☐ Unknown	
Phone number	HICN
Mailing address	

Information about the **CLAIM OR INCIDENT**

Date of event	Date notified of event

Report Type

- ☐ Notice only — potential claim (PCE)
- ☐ Claim (demand for compensation)
- ☐ Lawsuit Date served
- ☐ Medical liability screening panel
- ☐ Request for mediation
- ☐ Deposition or meeting request
- ☐ Request for medical records
- ☐ Licensing board issue
- ☐ Other

Action Requested

- ☐ No action required
- ☐ Claim investigation
- ☐ Legal assistance
- ☐ Call to discuss
  - Contact name:
  - Contact phone number:
  - Email:
- ☐ Patient safety consult

Description of incident

Was this incident reported to a prior carrier? ☐ Yes ☐ No

Please complete and submit this form to claim.mail@MMICgroup.com. If you have requested a phone call, you will receive a call within 2 business days. Thank you.