

MALPRACTICE CLAIMS EXPLANATION

Please fill out the entire form. If you need more space for additional information, you can continue your explanation on a separate sheet of paper and attach it. Be sure to include all relevant supporting documentation. Incomplete submissions may lead to delays in processing.

Name: _____ DC License #: (if applicable) _____

Date of Occurrence: _____ Date Claim Filed: _____

Status of Claim: Open Closed Dismissed with prejudice Dismissed w/out prejudice

Judgment Judgement Date: _____ Judgment Amount: \$ _____

Settled Settlement Date: _____ Settlement Amount: \$ _____

1. Were you the Primary Defendant Co-Defendant

2. Did the alleged injury result in a death? Yes No

3. Description of allegation and an explanation, in your own words, of your *involvement*.

(If more space needed attach additional information as necessary)

4a. How has your practice changed as a result of the incident?

4b. Please share with the board any lessons learned from this experience.

5. Has this case been reported to the NPDB (National Practitioner Databank): Yes No

Please include all supporting documents when submitting this form.

Signature: _____ Date: _____