# Machine generated alternative text: e SCRUBS  Risk Retention Group Incident/ Claim Reporting Form

[ ]  Incident [ ]  Notice of Claim

**Instructions** Print or type all information requested.

 Complete all blanks; if information is not applicable insert “NA” in the provided blank.

 Forward the completed form and supporting documentation to: claims@scrubsrrg.com

 **DO NOT MAKE THIS FORM PART OF THE PATIENT RECORD**

|  |  |  |
| --- | --- | --- |
| **Name of Individual Completing Form**: | Click here to enter text. | Click here to enter text. |
| **Today’s Report Date:** | Click here to enter a date. |
|  |  |
| **Insured Physician:** | Click here to enter text. |
|  **Insured Physician Phone:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Group Name/Risk Manager:** | Click here to enter text. | Click here to enter text. |
| **Address:** | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Loss State**: | Click here to enter text. |
|  |  |
| Date of Incident: | Click here to enter a date. |
| **Date Insured First Notified Of Claim:** | Click here to enter a date. |
|  |  |
| **Claimant:** | Click here to enter text. |
| **DOB:** | Click here to enter a date. |
| **SS #:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
|  |  |
| **Incident Description:** | Click here to enter text. |

**Indicate how Group was notified of claim (attach applicable supporting documents including complaints, notice letters and all Incidents Reports relating to this Patient):**

[ ]  Letter/Complaint from family member [ ]  Record Request (received from attorney)

[ ]  Letter of Representation from Attorney [ ]  Notice of Claim/Intent to Initiate Litigation

[ ]  Summons and Complaint; Lawsuit Served; Date Served on Group: Click here to enter a date.

[ ]  Other; Such as a serious incident; unexpected outcome; unusual occurrence

**Claims Administration Contact Information**

SCRUBS RRG

c/o Intercare Insurance Services

PO Box 52810

Bellevue, WA 98015Janie Bracht: (425) 636-1038

Amy Evans: (713) 824-0699

www.scrubsrrg.com

claims@scrubsrrg.com