# 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](mailto: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

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