

Report of Claims



PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____ Social Security #: _____

Alleged Date of Injury: _____

First Date of Treatment: _____ Last Date of Treatment: _____

Patient Home Address: _____

CLAIM INFORMATION

Lawsuit filed? (Yes / No) If yes, date and manner of service: _____

Insured(s) named in claim: _____

Please attach complete copies of all documents served upon you.

INSURED(S) CONTACT INFORMATION

Please provide the following for each insured named in the claim (if additional space is needed, please attach a separate sheet of paper):

Preferred mailing address for all future correspondence:

Email address: _____

Telephone contact #s:

Office: _____ Fax: _____

Mobile: _____ Home: _____

Pager: _____

Preferred method of contact: _____

Any person who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Your
Malpractice
Insurance Provider**

How to Report a Claim



Professional Solutions Insurance Company is always ready to help you resolve an incident, situation that causes concern or a claim as fast and efficiently as possible. Through our confidential Claims Advice Hotline, Professional Solutions' policyholders can call and talk through any troubling situation or concern at no additional cost.

In the event that you are served with a claim, notice of a claim, lawsuit or medical incident, you should report it immediately to Professional Solutions using the Report of Claims form below. This includes, but is not limited to, records requests from attorneys* or any notice received from an insured's licensing board.

Toll Free Phone: 1-800-640-6504

Direct Dial: 515-313-(4 Digit Extension)

Toll Free Fax: 1-877-367-9654

Your Claims Contacts

Nancy Hole <i>Litigation Consultant</i>	Ext. 4640	nhole@profsolutions.com
Heidi Bevis <i>Claims Representative</i>	Ext. 4517	hbevis@profsolutions.com
Jamie Eibes <i>Claims Representative</i>	Ext. 4652	jeibes@profsolutions.com
Keith Henaman <i>Asst. Vice President of Claims</i>	Ext. 4552	khenaman@profsolutions.com
Bruce Beal <i>Vice President of Claims</i>	Ext. 4516	bbeal@profsolutions.com

Insured's Needed Information

- Insured's name, policy number, phone numbers (office, mobile, and/or pager, and preferred method of contact), preferred mailing address, fax number and email address
- Patient identification and nature of claimed injury (if known)
- Date, time and place of alleged incident
- Medical records
- The lawsuit or nature of the claim (if a lawsuit has been served, please provide date of service and who was served)

Please DO NOT make any additions or alterations to the medical records, and remember to place records (including x-rays, slides, etc.) in a secure location.

Mailing Address:

Professional Solutions Insurance Company
Attn: Claims Department
PO Box 9118
Des Moines IA 50306-9118

Overnight Mailing Address:

Professional Solutions
Insurance Company
Attn: Claims Department
14001 University Avenue
Clive IA 50325

* You do not need to report routine records requests received in the normal course of your practice. Our primary interest is records requests where an adverse event, outcome or dissatisfaction with care has occurred, causing concern that legal action could arise against you or your practice.

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