MISSOURI MEDICAL MALPRACTICE JOINT UNDERWRITING ASSOCIATION

NOTICE OF ENTITY CLAIM, POTENTIAL CLAIM OR LAWSUIT

PLEASE NOTE: DO NOT MAKE ANY ALTERATIONS OR ADDITIONS IN YOUR MEDICAL RECORDS. KEEP YOUR MEDICAL RECORD CONFIDENTIAL AND PROPERLY SECURED.

INSURED ENTITY NAME:_____

ADDRESS:_____

CONTACT/TITLE _____PHONE # _____

PATIENT NAME:_____ D/BIRTH _____

ADDRESS:_____ PHONE #_____

DATE OF BIRTH:_____SEX:_____MARITAL STATUS _____DEPENDENTS_____

DATE OF INCIDENT_____ DATE OF FIRST NOTICE_____

LOCATION(S) OF TREATMENT AT ISSUE: _____

MEDICAL SPECIALTIES_____

METHOD OF NOTICE: ____ADVERSE EVENT ____PATIENT COMPLAINT ____RECORD REQUEST

_____ATTORNEY LETTER _____LAWSUIT/DATE SERVED_____

STILL TREATING PATIENT? _____YES/NO NOTICE TO OTHER CARRIER? _____YES/NO

SUMMARY OF MEDICAL TREATMENT (OBJECTIVE FACTS ONLY):

ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS NOTICE AND SEND TO THE ADDRESS NOTED BELOW: 1) PERTINENT MEDICAL RECORDS; 2) ALL RELATED CORRESPONDENCE; 3) **NOTICE OF INTENT,** IF APPLICABLE; 4) **SUMMONS AND COMPLAINT**, IF APPLICABLE.

MMMJUA CLAIMS
P.O. Box 410212
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Fax : 1-866-258-4892