

State of New Hampshire office of professional licensure and certification DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301 Phone: 603-271-2152

Malpractice Liability Claims Information

(Copy this form to report multiple claims)

Name of Patient:					
	Last		First	M	
In which state did the action take place?				_ Which Court:	
Case Number:					
Current Status of this	s claim:				
Open (pending)	nding) Closed (settled)		Dismissed (no money paid out)		Other
Amount of Judgement: \$			Amount paid on your behalf: \$		
Month and Year of E	Event Precipitatii	ng Claim: _			
Month and Year of I	_awsuit:				
Insurance Carrier at	Time:				
What is/was Your Claim Status? Primar			ry Defendant	Co-Defendant	Other
Please provide speci event:	fics in reference	to the adve	erse event inclu	iding the allegations	and your role in the