



## **Healthcare Facility Claims Reporting Process**

*All Incidents, Claims, and Suits are to be reported to:*

**E-mail:** [prihospitalclaims@medmal.com](mailto:prihospitalclaims@medmal.com)  
(Healthcare Facility Claims Mailbox)

**Address:** Rj { ulekpuøT gekr tqecn'kpuwtgtu  
1800 Northern Boulevard  
Roslyn, NY 11576

**Fax:** (516) 684-2362

**Contact:** Marianna Dimoski, Director, Claims  
Telephone: (516) 277-4194

limited to: birth injuries/low Apgar scores, maternal complications/injuries during childbirth, OR complications, returns to the OR, wrong site or wrong side surgery, medication errors, slips/falls, IV infiltrates, unexpected deaths, failure to diagnose, and/or incorrectly interpreted radiological imaging, labs, etc.

**Notification to Client:** You will be notified in writing by the assigned claims representative once a file has dggp" guvcdnkj gf 0'Rngcug" hqty ctf "eqo r ngv" eqr kgu" qh" vj g" r cvkpw" o gf lecn' tgeqtf u" vj" vj g" assigned claims representative once you have received notice from them. Radiological imaging should be submitted in digital format.



1800 Northern Blvd., P.O. Box 9007  
Roslyn, NY 11576  
(516) 365-6690  
(800) 632-6040  
PRI.com

## Healthcare Facility Report of Incident/Claim/Subpoena/Summons

**Please submit completed form to:**

**E-mail:** [prihospitalclaims@medmal.com](mailto:prihospitalclaims@medmal.com)  
(Healthcare Facility Claims Mailbox)

**Fax:** (516) 684-2362

**Contact:** Marianna Dimoski, Director, Claims  
**Telephone:** (516) 277-4194

Name of Facility/Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_ Facility Fax #: \_\_\_\_\_ Facility E-mail: \_\_\_\_\_

Facility/Site Address: \_\_\_\_\_

Date: \_\_\_\_\_

*Reporting of (Please check one)*

- Incident/Record request     Claim     Subpoena     Summons     Other

Patient/Claimant Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Recovery/Enclosure/Urinary/Rectal/Other: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

First Date of Treatment: \_\_\_\_\_ Last Date of Treatment: \_\_\_\_\_

Date of Occurrence/Incident: \_\_\_\_\_ Place of Occurrence/Incident: \_\_\_\_\_

Description of Occurrence/Incident:

---

---

---

---

---

---

1800 Northern Blvd., P.O. Box 9007  
Roslyn, NY 11576  
(516) 365-6690  
(800) 632-6040  
PRI.com