



FIRST REPORT OF NEW INCIDENT OR CLAIM

PLEASE INDICATE ONE OF THE FOLLOWING: [ ] Lawsuit [ ] Notice of Intent to Sue Claim Incident

PLEASE COMPLETE THE INFORMATION TO THE FULLEST EXTENT POSSIBLE AND EITHER FAX, MAIL OR E-MAIL THIS FORM TO FAIRWAY. PLEASE TYPE OR PRINT CLEARLY.

FPIC Policy Number: FPC - Have you reported this matter to another insurer? [ ] Yes [ ] No

I. INSURED INFORMATION

- 1. Contact Person: 2. Contact Phone: ( ) -
3. Insured Physician: 4. Insured Group:
5. Street Address: STREET ADDRESS (and Suite # if Applicable) CITY STATE ZIP
Phone ( ) - Fax ( ) -
6. Has this matter been reported previously to FPIC? [ ] Yes [ ] No
7. What is the date of the incident? / /
8. If you were served with a summons and complaint, on what date did you receive it? / /

II. CLAIMANT INFORMATION

- 1. Patient's Name: 2. Phone Number: ( ) -
3. Street Address: STREET ADDRESS CITY STATE ZIP
4. Social Security Number: - - 5. Date of Birth: / /
6. Occupation: 7. Gender: [ ] Male [ ] Female
8. Marital Status: 9. Number of Dependents:

III. PATIENT ATTORNEY INFORMATION

- 1. Attorney Name: 2. Firm Name:
3. Street Address: STREET ADDRESS (and Suite # if Applicable) CITY STATE ZIP
Phone ( ) - Fax ( ) -

IV. PATIENT TREATMENT AND INJURY SYNOPSIS

- 1. Reason for Treatment:
2. Date of First Treatment: / / 3. Date of Last Treatment: / /
4. Brief Treatment Synopsis:

This report should be limited to the general synopsis of the insured's treatment of the patient. Discussions of standard of care and causation will be the duty of your claims representative at RMSG and FPIC/RMSG appointed defense counsel, if applicable.

NAME OF PERSON SUBMITTING THIS REPORT (PLEASE PRINT) DATE / /

SIGNATURE



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### FRAUD WARNING STATEMENTS

Some states require us to provide a list of state-specific fraud warning statements with each form. Residents of the following states, please note:

**ALASKA:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** 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 commits a fraudulent insurance act, which is a crime.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**MINNESOTA:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony. The absence of such a statement shall not constitute a defense in any prosecution.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits and civil damages.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.