

YELLOWSTONE REPORT OF CLAIM FORM

e-mail to Ron Fulkerson at ronf@yierrg.com

CONFIDENTIAL: Prepared in Anticipation of Litigation

Health Care Entity*: _____

Department: _____

Name: _____

Inpatient: Employee:

DOB*: _____ Sex: _____

Outpatient: Other:

Marital Status: _____

Visitor:

Address: _____

Social Security #*: _____

Telephone Number: _____

Billing Status (*Health Insurance, Outstanding Hospital Bills*): _____

Medicare Patient*: Yes No

Medicare #: _____

Dates of Treatment: _____

Date/Time of Incident: _____

Date Reported to RM: _____

How Reported: _____

Was Occurrence Report Filed?

Yes No Date: _____

Prelitigation Panel Hearing Request?

Yes No Date: _____

Complaint Served?

Yes No Date: _____

Prior Telephone Notification to Yellowstone?

Yes No Date: _____

Hospital Staff Involved: _____

Description: _____

Injury: _____

Analysis of Factors Contributing to the Event: _____

Documents to Follow:

Panel Hearing Request:

Attorney Letter:

Suit Papers:

Medical Records:

Claimant Letter:

Other: _____

Physicians Involved

Specialty

Insurance Carrier

Limits

Recommendations:

Precautionary- Incident Only

Claim

Suit

Additional Comments: _____

Prepared By: _____

Date: _____



YELLOWSTONE
INSURANCE EXCHANGE, RRG

*Required Field

(Revised 04/10)