

# YELLOWSTONE REPORT OF CLAIM FORM

Email to: [claims@yierrg.com](mailto:claims@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: \_\_\_\_\_

\*Required Field



(Revised 04/14)