



MISSOURI MEDICAL MALPRACTICE JOINT UNDERWRITING ASSOCIATION

NOTICE OF ENTITY CLAIM, POTENTIAL CLAIM OR LAWSUIT

PLEASE NOTE: DO NOT MAKE ANY ALTERATIONS OR ADDITIONS IN YOUR MEDICAL RECORDS. KEEP YOUR MEDICAL RECORD CONFIDENTIAL AND PROPERLY SECURED.

INSURED ENTITY NAME: _____

ADDRESS: _____

CONTACT/TITLE _____ **PHONE #** _____

PATIENT NAME: _____ **D/BIRTH** _____

ADDRESS: _____ **PHONE #** _____

DATE OF BIRTH: _____ **SEX:** _____ **MARITAL STATUS** _____ **DEPENDENTS** _____

DATE OF INCIDENT _____ **DATE OF FIRST NOTICE** _____

LOCATION(S) OF TREATMENT AT ISSUE: _____

MEDICAL SPECIALTIES _____

METHOD OF NOTICE: ___ADVERSE EVENT ___PATIENT COMPLAINT ___RECORD REQUEST
____ATTORNEY LETTER _____LAWSUIT/DATE SERVED_____

STILL TREATING PATIENT? _____YES/NO **NOTICE TO OTHER CARRIER?** _____YES/NO

SUMMARY OF MEDICAL TREATMENT (OBJECTIVE FACTS ONLY):

ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS NOTICE AND SEND TO THE ADDRESS NOTED BELOW: 1) PERTINENT MEDICAL RECORDS; 2) ALL RELATED CORRESPONDENCE; 3) **NOTICE OF INTENT**, IF APPLICABLE; 4) **SUMMONS AND COMPLAINT**, IF APPLICABLE.

MMMJUA CLAIMS
P.O. Box 85
Jefferson City, MO 65102-0085
Phone : 1-866-586-1693
Fax : 1-866-258-4892