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PRIVATE/CONFIDENTIAL

SUPPLEMENTAL INFORMATION REGARDING MALPRACTICE/PROFESSIONAL NEGLIGENCE CLAIMS

IMPORTANT INSTRUCTIONS (Please read all): You must provide all requested information below for ALL malpractice or professional negligence claims made or cases filed against you, within the past ten (10) years (beginning with the most recent). If an occurrence was over 10 years ago, but the case remains pending, you must still disclose it below. Please copy this page as needed for each case. **IF YOU DO NOT HAVE ANY OF THE REQUESTED INFORMATION BELOW, YOU MUST OBTAIN IT BEFORE APPLYING.**

Attachments may be accepted in lieu of completing this page. However, they must address ALL cases described above and answer ALL questions below. If any information is found missing from documentation provided, you will be asked to complete this form. Attachments may include such documentation as attorney correspondence, court/hearing documents, insurance carrier history reports, supporting expert testimony/consultation, etc. You may also include a personal written narrative. In order to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended, please do not include any identifiable private health information (PHI) related to any case if the information has not already been publicly disclosed or filed in the course of the litigation or claim (i.e. patient's name, address, phone).

IF THERE'S BEEN NO ACTION, IN ANY CASE, IN THE LAST 10 YEARS OF THE DATE OF THIS APPLICATION, check here

Date of Occurrence	/ /	Date Case Filed, if applicable	/ /
Professional liability carrier involved			
You were	<input type="checkbox"/> Primary Defendant	<input type="checkbox"/> Co-Defendant	
Describe the allegations against you:			
Describe your role:			
Describe alleged injury/outcome to patient:			
Current Status (as of date of this application)			
<input type="checkbox"/> Pending		<input type="checkbox"/> Withdrawn by Plaintiff	

Please copy this page as needed for each Malpractice/Professional Negligence Action or Claim brought against you.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS DOCUMENT IS TRUE AND CORRECT AS OF THE DATE HEREOF, AND THAT MY APPLICATION OR OPPORTUNITY TO PROVIDE SERVICES THROUGH MAXIM WILL BE TERMINATED BASED ON ANY FALSE, OMITTED OR FRAUDULENT INFORMATION.

SIGNATURE: _____ **PRINTED NAME:** _____

Social Security Number: _____ **Daytime Telephone Number:** _____