

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



HEALTH REGULATION AND LICENSING ADMINISTRATION

MALPRACTICE CLAIMS EXPLANATION

PLEASE COMPLETE FORM IN ITS ENTIRETY. IF ADDITIONAL SPACE IS NEEDED, YOU MAY CONTINUE EXPLANATION ON A SEPARATE SHEET OF PAPER AND ATTACH. INCLUDE ALL RELEVANT SUPPORTING DOCUMENTATION. FAILURE TO DO SO MAY RESULT IN A DELAY IN PROCESSING.

Name: _____ DC License #: (if applicable) _____

Date of Occurrence: _____ Date Claim Filed: _____

Status of Claim: Open Closed Dismissed with prejudice Dismissed w/out prejudice

Judgment Date: _____ Judgment Amount: \$ _____

Settled Settlement Date: _____ Settlement Amount: \$ _____

1. Were you the Primary Defendant Co-Defendant

2. Did the alleged injury result in a death? Yes No

3. Description of allegation and an explanation, in your own words, of your involvement. *(if more space needed attach additional information as necessary)*

4. Has the allegation/case resulted in any changes to your practice? Yes No. Please explain.

5. Has this case been reported to the NPDB (National Practitioner Databank): Yes No

I will be mailing supporting documentation for this case within 30 days Yes No

Signature: _____ Date: _____