



MALPRACTICE INFORMATION QUESTIONNAIRE

1. Date of occurrence. _____
2. Name of parties involved. _____
3. Name of hospital involved: _____
4. Name an location of court: _____
5. Name of malpractice carrier: _____
6. Your status in the suit (i.e.primary defendant, co-defendant): _____
7. Basis of suit and description of the event which led to the allegation: _____

8. Current status/outcome of suit: _____

9. Amount reserved by carrier for claim (settlement amount if closed): _____

Signature

Date

Northern Colorado IPA
1175 58th Ave., Suite 202
Greeley, Colorado 80634
970-495-0333 Fax 970-224-9624