

MEDICAL MALPRACTICE JOINT UNDERWRITING
ASSOCIATION OF RHODE ISLAND

Dear Policyholder:

IMPORTANT NOTICE - REPORTING OF INCIDENTS or CLAIMS

As a policyholder, you are requested to report **promptly and in writing**, either directly or through your agent, all incidents that might lead to the filing of a claim. Early reporting of an incident is crucial because it allows the MMJUA of RI to represent your interest as an insured most effectively through prompt investigation. Compliance with this procedure will provide a record in the event of a subsequent claim and will permit the Claim Department to commence a timely investigation if it is deemed appropriate. Additionally prompt reporting allows for the following:

- **Preservation of evidence:** As time passes, details about the event may become less clear if not documented promptly.
- **Timely intervention:** Early Identification allows for immediate steps to be taken to mitigate harm and prevent further complications for the patient.
- **Investigation:** A thorough investigation is possible when information is new and easily accessible available, allowing for a better understanding of the cause of the incident.
- **Risk management:** Through prompt reporting, an organization can proactively identify and address potential risks, preventing similar incidents from occurring in the future.
- **Insurance coverage:** Most insurance policies require immediate notification of potential claims to ensure proper coverage and avoid disputes. Your policy includes a LANGUAGE INCIDENT REPORTING INCENTIVE PROGRAM USING INDEXED DEDUCTIBLES ENDORSEMENT which can impose a financial penalty for late reporting.
- **Patient safety focus:** Early reporting fosters a culture of transparency and encourages healthcare providers to openly discuss potential issues, leading to improved patient safety practices.

It is particularly important that all inquiries from attorneys regarding the forwarding of records be reported and that no information be released without prior consultation with the MMJUA of RI Claims Department.

IF IN DOUBT, REPORT.

POLICY Language:

SECTION IV – CONDITIONS

Duties in the Event of a Medical Incident, Business Entity Incident, Claim or Suit

1. You must see to it that we are notified in writing as soon as practicable of a circumstance which may result in a claim. Notice should include:
 - a. The specific circumstances surrounding the “medical incident” or “business entity incident;”
 - b. The names and address of any injured persons and witnesses; and
 - c. The nature, location and type of any injury arising out of the “medical incident” or “business entity incident.”
2. If a claim is made against any insured or “suit” is brought against any insured, you must:
 - a. Immediately record the specifics of the claim or “suit” and the date received; and
 - b. Notify us as soon as practicable.
3. You and any other involved insured must:
 - a. Immediately send us copies of any demands, notices, summonses, complaints or legal papers received in connection with the claim or “suit;”
 - b. Authorize us to obtain records and other information;
 - c. Cooperate fully with us in the investigation or settlement of the claim or defense against the “suit;” and
 - d. Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury to which this insurance may also apply.
4. No insured, except at that insured’s own expense, will voluntarily make any payment, assume any obligation, or incur any expense as to a claimant without our consent.
 - a. The nature, location and type of any injury arising out of the "medical incident".
Notice of a circumstance is not notice of a "claim".
5. If a "claim" is received by any insured, you must:
 - a. Immediately record the specifics of the "claim" and the date received; and
 - b. Notify us as soon as practicable. You must see to it that we receive written notice of the "claim" as soon as practicable.



Medical Malpractice Joint Underwriting Association of Rhode Island

Notice of Facility 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.

Facility Name: _____

Policy No: _____

Contact/Title: _____ **Phone:** _____

Patient Name: _____

Date of Incident: _____ **Date of First Notice:** _____

Location: _____

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):

To Report an Incident or File a Claim, Please Fax or Email This Form To:

Fax (Attention: Claims Manager): 401-369-8241

Email (Attention: Claims Manager): Donna_Cacicia@gbtpa.com

Please Enclose the Following Documents with This Notice and Send to The Address Below:

1. Pertinent Medical Records
2. All Related Correspondence
3. Notice of Intent (If Applicable)
4. Summons and Complaint (If Applicable)

MMJUA of RI
Attn: Claims Department
One Turks Head Place, Suite 200
Providence, RI 02911