



**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 \_\_\_\_\_ For Deposition

\_\_\_\_\_ Attorney Letter \_\_\_\_\_ Lawsuit/Date Served \_\_\_\_\_ Department of Health

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\_Cაცicia@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**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.