# **Entity Medical Malpractice Insurance**

# Claims Notification Form



We encourage you to contact us early so that we can help to minimise the impact of any claim or complaint.

If you need to notify us of a claim or incident that may give rise to a claim please complete the form below and email to **claims@tego.com.au**If you are seeking medico-legal advice call our support hotline on **(02) 9018 9997**. Please have your policy number and schedule available.

#### **EXAMPLES OF MEDICO-LEGAL SUPPORT:**

- Ending therapeutic patient relationship
- Releasing patient records
- Mandatory reporting
- Responding to a subpoena
- Dealing with Government authorities

#### **EXAMPLES OF WHAT TO NOTIFY:**

- o Correspondence or a request from a patient's solicitor
- Service of court documents including a statement of claim or summons
- o A written or verbal complaint made by a patient
- A complaint that has been lodged with HCCC, AHPRA or Medical Council
- Medicare audits or request for details surrounding provider or item numbers
- o A request from the policy or Coroner for documents or a statement

For medico-legal advisory support call: Meridian Lawyers; (02) 9018 9997

| INSURED DETAILS  |                                |                  |  |
|--|--------------------------------|------------------|--|
| Policy Number  |                                |                  |  |
| EMMI-  |                                |                  |  |
| Name of Insured  |                                |                  |  |
| Address  | State                          | Postcode         |  |
|  |                                |                  |  |
| Contact Person   | Telephone Number               | Telephone Number |  |
|  |                                |                  |  |
| Email Address  |                                | ABN              |  |
|  |                                |                  |  |
| DETAILS OF THE CLAIM OR CIRCUMSTAN                       | NCES                           |                  |  |
| Full name of the claimant/potential claimant             |                                |                  |  |
|  |                                |                  |  |
| Claimant Address   | State                          | Postcode         |  |
|  |                                |                  |  |
| Date of incident   |                                |                  |  |
| / /  |                                |                  |  |
| Please provide details of the claim or circumstances the | nat might give rise to a claim |                  |  |
|  |                                |                  |  |
|  |                                |                  |  |
|  |                                |                  |  |
|  |                                |                  |  |
|  |                                |                  |  |

| On what day did you become aware of the claim or   | circumstance?   |
|--|---|
| / /  |   |
| What, if any, compensation is claimed?             |   |
|  |   |
| Please provide any additional information that may | y assist our understanding of the matter:                 |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| DECLARATION  |   |
|  |   |
| I hereby declare, for and on behalf of the Inst    | ured, that the foregoing statements are true and correct: |
| Name   | Signature of Principal/Partner/Director                   |

# Please attach the following (if available):

- 1. Letter of demand
- 2. Court proceedings (all documents filed)
- 3. Clinical notes

Position

Date

4. File notes of any conversations concerning the claim

Email to: claims@tego.com.au

# **PRIVACY**

We are committed to safeguarding your privacy and the confidentiality of your personal information. We, and entities acting on our behalf, only collect personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including managing and administering any Claim made by you. Without your personal information, we may not be able to issue insurance cover, administer your insurance or process your Claim.

We will only use your personal information in accordance with the Privacy Act 1988 (Cth) and for the purposes outlined above.

We may disclose your personal information to third party service providers for the purposes outlined above or where disclosure is permitted by law. These entities may be located in Australia or overseas, including in India, Singapore, Hong Kong, the United Kingdom, New Zealand and the United States of America. Where such disclosure is made, we make all reasonable efforts to ensure that the arrangements we have in place with overseas parties impose appropriate privacy and confidentiality obligations on those parties to ensure that imparted personal information is kept secure and that such information is only used for the purposes noted above.

If you wish to obtain details of the personal information we hold about you (including contacting us to correct or update the personal information we hold about you), or if you have a complaint about a breach of your privacy, please refer to our privacy policy available at <a href="http://www.tego.com.au">http://www.tego.com.au</a>, or contact our Compliance Officer by email to claims@tego.com.au

We reserve the right to refuse access under the grounds permitted by the *Privacy Act 1988* (Cth) and if you are seeking information on another person's behalf, we will require written authorisation from that individual.

# **COMPLAINTS**

We will do everything possible to provide quality service to you. However, we recognise that occasionally there may be some aspects of our service or a decision we have made that you may wish to draw to our attention. If we cannot resolve the matter with you immediately, our Complaints and Dispute Resolution Procedure undertakes to provide an answer to your complaint within 15 working days. Our Complaints Policy is available for your guidance upon request. If your complaint still remains unresolved you may take it to the Australian Financial Complaints Authority (AFCA), who are an independent body to whom we subscribe to assist with resolution of disputes. We are members of the Australian Financial Complaints Authority (AFCA), a free consumer service. Further information is available from our office, or contact AFCA directly on 1800 931 678 or visit www.afca.org.au.