Logo

Description automatically generatedMedical indemnity claim form

Please complete all fields

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| Section 1: Your organisation | | | |
| Organisation name |  | Campus (if applicable) |  |
| Contact name and title |  | Contact email and phone |  |
| Urgent?  Click on the circle if you need action in less than 3 days (e.g. if a Writ has been served, we must arrange legal representatives to file a Notice of Appearance on your behalf within 10 days) | Yes  No | Request VMIA contact?  Click on the circle if you need us to contact you to discuss this matter – we would normally only do so if the matter required urgent attention such as appointing a legal advisor | Yes  No |

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| Section 2: Source of claim | | |
| Select one only | Clinical Audit  Complaint via the Office of the HSC  Complaint direct to Health Service   (without request for compensation)  Coronial Matter  FOI - Other Insurer  FOI - Patient / Family  FOI – Solicitor | Incident Report  Medical Record Review  Other  Any written request for compensation   (Inc. letter of Demand under Wrongs Act)  Tribunal (e.g. AHPRA, VCAT)  Writ |

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| Section 3: Claimant (person seeking compensation) | | | |
| Is the claimant the patient? | Yes (go to Section 4)  No | If no, relationship to the patient | Spouse or domestic partner  Primary carer  Parent  Sibling  Other family member/relative  Agent/guardian/or   enduring power of attorney  Non-family |
| Claimant first name |  | Claimant family name |  |
| Claimant gender |  | Claimant date of birth | /       / |

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| Section 4: Episode of care details to which the notification relates | | | |
| Patient first name |  | Claimant family name |  |
| Patient gender |  | Patient date of birth | /       / |
| Unit/Medical Record No. |  | Admission status | Public  Private |
| Brief description of admitting provisional/confirmed diagnosis and any relevant co-morbidities which may have affected admission (e.g. Type 2 Diabetes, Congestive Cardiac Failure, etc) |  | | |

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| Section 5: Incident details | | | |
| Date of incident | /       / | Date first aware of incident | /       / |
| Incident description  Short description of adverse event notified or claim made e.g. alleged delay in diagnosis of ectopic pregnancy leading to rupture of fallopian tube requiring salpingectomy |  | | |
| Factual account of incident/circumstance  (Please do not provide opinion on liability or causative factors) |  | | |
| Clinical specialty | Allied Health & Other   Therapy Services  Ambulance/Pre-Acute  Care Service  Anaesthetics  Breast Surgery  Cardiology  Cardiothoracic Surgery  Clinical Pharmacology  Colon & Rectal Surgery  Community Mental Health  Dental/Oral Surgery  Dermatology  Ear/Nose/Throat (ENT)  Emergency Medicine  Endocrinology  Gastroenterology  General Medicine  General Practice | General Surgery  Genetics  Gerontology  Gynaecology  Haematology  Immunology/Allergy  Infectious Disease  Intensive Care  Inpatient Mental  Health Services  Maxillofacial Surgery  Medical Imaging  Neonatology  Nephrology  Neurology  Neurosurgery  Obstetrics  Oncology  Ophthalmology | Orthopaedics  Other  Paediatrics  Palliative Care  Pathology  Plastic Surgery  Preventative Medicine  Primary &   Community Services  Radiation Oncology  Residential Aged   Care Services  Respiratory Medicine  Residential Mental Health  Rheumatology  Subacute Care & Rehab  Trauma Service  Urology  Vascular Surgery |
| Please list relevant DRG codes |  | | |
| Area of incident | Accident & Emergency  Inpatient | Outpatient  Community |  |
| Have you received written correspondence from claimant regarding incident? | Yes  No  If yes, please attach any relevant documents | | |
| Has Open Disclosure occurred? | Yes  No  Unknown | | |

Any personal information you provide directly (or provided by a health service under s141 of the Health Services Act 1988) in this Form is being collected by the VMIA for the purpose of administering VMIA’s functions, under s6 of the Victorian Managed Insurance Authority Act 1996 (Vic), namely to provide insurance, risk advisory and claims handling services. Any personal information you provide will be treated according to the requirements of the Privacy and Data Protection Act 2014 (Vic), the Information Privacy Principles, the Victorian Protective Data Security Standards, the Health Records Act 2001 (Vic) and the Health Privacy Principles. VMIA will not act or engage in any practice that contravenes these provisions. Information will be handled in line with VMIA's Privacy Policy. You have the right to access and correct your personal information. Requests for access should be sent to the Privacy Officer, VMIA, PO Box 18409, Collins Street East, VIC 8003 or privacy@vmia.vic.gov.au.