



# Medical indemnity claim form

Please complete all fields

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

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

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		/ /

#### 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)			

#### 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)					

## Section 5: Incident details

Clinical speciality	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](mailto:privacy@vmia.vic.gov.au).