Claims Incident Notification

Important information

MIPS must be notified when you first become aware of any claim, investigation or proceeding against you. Failure to notify MIPS may prejudice your entitlement to cover, under the insurance policies and MIPS Protections, as outlined in the *Membership Benefits Handbook*.

Please ensure you read the important information above. Please print clearly.

Step 1: Member details

Title
Surname
First names
Member number
Mobile
Business hours
Email (please print clearly)

Step 2: Patient details

Title
Surname
First names
Date of birth D D / M M / Y Y
Gender ☐ Male ☐ Female
Did this incident occur in a public hospital? ☐ No ☐ Yes
Solicitor acting (where applicable) ☐ No ☐ Yes
If patient is deceased, is an inquest likely? ☐ No ☐ Yes
Date of inquest D D / M M / Y Y

Step 3: Incident details

Incident date D D / M M / Y Y
State/Territory ACT ☐ NSW ☐ NT ☐ QLD ☐
SA ☐ TAS ☐ VIC ☐ WA ☐

If treatment was over time, involves a delay in or failure of diagnosis etc, use the first consultation date or date condition was first known.

Step 4: Incident circumstances

Please ensure that:

- Your original medical records are secured and preserved.
- Copies of all relevant records, solicitors, patient or tribunal/ board etc letters are attached.
- A draft response to any correspondence, if prepared, is attached.

Please continue on separate attachment if necessary.

Step 5: Sign this document

Signature
Date D D / M M / Y Y

Office use only

MIPS Reference number: ☐☐☐☐–☐☐☐☐☐☐

Completed forms can be mailed or emailed to info@mips.com.au or PO Box 24240 Melbourne Vic 3001
Please mark envelopes as 'Confidential'.