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This form contains protected health information which must be protected and safeguarded. This form may only be transmitted by a secure, encrypted email system. If you do not have a secure, encrypted email system, DO NOT email this form to MagMutual. You may call the Claims Department at 1-800-586-6891.

If you are reporting a workers' compensation incident, please report via service.magmutual.com or email the First Report of Injury to alliedlinesclaims@magmutual.com.

PolicyOwner information (name, employer, address, phone #s, email address, medical license # and specialty)	
Person submitting report/Contact Person (name, phone #s and email address)	
Policy # and effective dates (if available)	
Date matter reported	
Date matter occurred	
Type of matter	<input type="checkbox"/> Lawsuit <input type="checkbox"/> Notice of Intent <input type="checkbox"/> Claim (demand for payment) <input type="checkbox"/> Deposition Request/Subpoena <input type="checkbox"/> Medical Board Investigation or Proceeding <input type="checkbox"/> Regulatory Investigation or Proceeding <input type="checkbox"/> Billing Audit <input type="checkbox"/> Privacy or Information Security Incident <input type="checkbox"/> Employment-related Matter <input type="checkbox"/> Property Damage <input type="checkbox"/> Fall or Injury on Property <input type="checkbox"/> Evacuation <input type="checkbox"/> Incident/Precautionary/Other (please provide details below) Date Received (if applicable) _____
Patient information (name, contact information, gender, DOB)	
Please describe what happened. You may attach additional pages: 	

Send original Initial Report, all related documentation and medical records via a secure and encrypted email system to incidents@magmutual.com or call 1-800-586-6891. If you do not have a secure, encrypted email system, DO NOT email this form to MagMutual. Please send via fax to 404-842-9556.