MAGMUTUAL®

Reporting a Claim or Incident

INITIAL REPORT

This Initial Report is confidential attorney work product in anticipation of litigation or claim, subject to peer review privilege. It contains protected health information which must be safeguarded and may only be transmitted by a secure email system.

If you are reporting a worker's compensation incident, please report via service@magmutual.com or email the First Report of injury to wcclaims@magmutual.com.

PolicyOwner Information				
Organization Name:	Facility Location:	Policy Number:		
Street Address:		City:	State:	Zip:
Contact Name/Role:	Contact Phone:	Contact Email:		

Person Submitting Report (If not listed above)		
Name/Role:	Contact Phone:	Contact Email:
Role/Relationship to Insured:		

Insured Information				
(Title) Name:	Contact Phone:	Email:		
Street Address:		City:	State:	Zip:
Medical License #:		Specialty:		
Date Matter Occurred:		Date Matter Was Reported:		

Type of Matter:

- ☐ Incident/Precautionary
- ☐ Claim (demand for payment)
- ☐ Lawsuit/ Notice of Intent
- ☐ Deposition Request
- ☐ Medical Board Investigation or Proceeding
- ☐ Regulatory Investigation or Proceeding
- ☐ Privacy or Information Security Incident
- ☐ Property Damage
- ☐ Fall or Injury on Property
- ☐ Other:

Patient Information				
Full Name:	Patient Address:	Patient Insurance:	Gender:	DOB (MM/DD/YYYY):
Actual Medical Condition/ Diagnosis:	Care Rendered/ Procedure Performed:	Specific Injury Occurred:	Outcome of Treatment:	

Please provide description of incident on next page.

To submit the completed form along with all medical records and related documentation, email incidents@magmutual.com.
For inquiries or additional information, email our team at incidents@magmutual.com, call 800-586-6891, or fax 404-842-9556.

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Please describe what happened. Include the specific incident location, witnesses, timeline of events and observations/findings from any prior internal investigation(s). You may attach additional pages.