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 should only be transmitted by a secure email system.

Email your completed form along with all relevant documentation, including medical records and legal correspondence, to incidents@magmutual.com.

For inquiries or additional information, please use the email address above, call 800-586-6891, or fax 404-842-9556.

Please note: to submit a Workers Compensation claim, you must access the MyMagMutual portal at magmutual.com or email the First Report of injury to wcclaims@magmutual.com.

PolicyOwner Information				
Organization (Group) 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	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 (if applicable)				
Full Name	Patient Address	Patient Insurance	Gender	DOB (MM/DD/YYYY)

Please provide description of incident on next page.

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