

South Carolina Medical Malpractice Association
550 South Main Street, Suite 525, Greenville, SC 29601 – corporate office
864.240.5449 main 866.893.6270 toll-free 864-240-2750 fax
www.scmma.net

SC MMA
LOSS NOTICE

Report Date: ____ / ____ / ____ Date of Incident: ____ / ____ / ____ MMA Policy #: _____

A. INSURED INFORMATION:

1. Insured Name: _____
2. Primary Practice Address:
Street or PO Box: _____ Suite: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax: _____
3. Business E-mail: _____ 3b. May we contact you by e-mail?: Yes No
4. Practice Contact Person (if applicable): _____
5. Practice Contact E-mail address: _____
6. Insured Home Phone: _____ 6a. Insured Cell Phone: _____

B. STATUS OF LOSS:

- | | | |
|--|--|------------------------|
| 7. Have you received any of the following? | | <u>Date of Receipt</u> |
| 7a. Summons and Complaint and/or Notice of Intent (NOI): | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____ / ____ / ____ |
| 7b. Letter of Representation | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____ / ____ / ____ |
| 7c. Request for Records: | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____ / ____ / ____ |

Important: *If you have received a Summons and Complaint and/or a NOI, contact a MMA Claims Specialist immediately.*

C. DESCRIPTION OF LOSS AND ADDITIONAL COMMENTS:

8. Please provide additional details below and mail or fax the form to the SCMMA.

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