

Claim and Suit Reporting Contact Instructions

Potential claims (“PCs”), claims and suits may be reported during the business hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, to the Company’s Claim Department at:

OHA Insurance Solutions, Inc.
Claim Department
155 East Broad Street, Floor 2
Columbus, Ohio 43215-3619

(614) 255-4840 Main Phone Line
(614) 255-4839 Fax
(614) 255-4823 Ron Wade Direct Phone Line

If a report is made by fax or mail, please call the Company to confirm receipt of notice.

After business hours and on weekends, claim notices or claim assistance requests may be directed at any time to Ron Wade at:

(614) 447-9526 Ron Wade, Residential Office
(614) 446-2809 Mobile

All claim and suit reports should, at a minimum, contain the following information:

Name, address and telephone number of patient (claimant or plaintiff)
Date of Occurrence that is basis for claim
Alleged injuries sustained in, or as a result of, the Occurrence
Alleged negligence on the part of the Company’s insured
Insured contact name and telephone number
Names, addresses and telephone numbers of any involved claimants or plaintiff attorneys

All Company policyholders are encouraged to contact the Claim Department by telephone or by written notice at any time they become aware of an Occurrence regarding their professional practice that could develop into a mature claim. All such contacts from Company insureds to the Company will be handled in a confidential manner by the Claim Department. The Company Claim Department will assist policyholders in responding to covered “PCs.” Should an insured need legal advice or assistance, the Company Claim Department will authorize and obtain the necessary legal assistance on behalf of the insured.

All 180-Day Letters, formal claim notices and suits should be immediately forwarded to the Claim Department. Suit papers should be duplicated and the originals mailed to the Claim Department.



OHAIS FIRST NOTICE OF CLAIM FORM

Initial Notice of Loss is: _____ Potential Claim _____ Claim _____ Suit _____

When applicable, send **copies** of all applicable medical records, charts to Claim Department
OHA Insurance Solutions, Inc., 155 E. Broad Street, Floor 2, Columbus, Ohio 43215-3619.
614-255-4840 (Main Phone), 614-255-4839 (Fax), or 614-255-4823 Ron Wade (Direct Phone)

Name of Insured: _____ Policy No.: _____

Address: _____ Policy Period: _____

_____ Retro Date: _____

Contact for Insured: _____ Tel. No. _____

Fax No: _____ Email Address: _____

Name of Claimant/Plaintiff: _____ Sex: _____ Age: _____

Occupation: _____

Address: _____ Tel. No.: _____

Date of Occurrence: _____ Location of Occurrence: _____

If served with Summons and Complaint: Date and Manner Served: _____

Brief Description of Presenting Symptoms: _____

Treatments Rendered: _____

Alleged Negligence/Basis of Complaint: _____

Injuries/Damages as known: _____

Miscellaneous Information/Insured Requests: _____

Name of Claimant/Plaintiff Attorney: _____

Address: _____ Tel. No.: _____

_____ Fax. No.: _____

Signature and Title of Person submitting Claim Notice: _____

Date of Claim Notice to Company: _____ By Phone: _____ Fax: _____ Mail: _____

Please keep your report to the facts. The fact situation should not be discussed by the insured with anyone other than the Company Claim Representatives or the Attorney to whom the interests of the insured might be assigned.

