

Proforma For Medico-legal Assistance

THROUGH AMC

Date:

To,
Sr. Divisional / Regional Manager,
The Oriental Insurance Co. Ltd.
Mumbai.

Dear Sir,

I am a member of group indemnity policy /Errors & omission policy of Association Of Medical Consultants, requesting for claim number & medico legal assistance.
Relevant details are as under.

1. Name: _____ Address:- _____

a) Tel. No. _____

b) E-mail ID. _____

2. Life Membership Number _____ Specialty:- _____

3. a) Indemnity Policy Cert. No. _____

b) Errors & Omission Policy Cert. No. _____

4. Retroactive date _____

5. Amount Insured

a) Indemnity Policy Rs. _____

b) Errors & Omission Policy Rs. _____

c) Date of loss - _____

6. Nature of Problem: (TICK WHAT IS APPLICABLE)

a) There has been some occurrence/event which in my opinion may in future lead to medico legal problem.

a) I have received a letter of allegations from the patients/relatives/advocates.

c) I have received a notice from District/State/National Consumer Forum.

b) I have received a notice from MMC.

c) I have received a notice/ summons from magistrate court/ police station.

d) Any Other : _____

7. I have received above mentioned letter/ notice/ summons on _____ (Date)

8. My agent is _____

I undertake responsibility of informing the Medico – Legal cell on quarterly basis about the status of the case. I also undertake to abide by the terms & conditions of the group professional Indemnity policy / Medical Establishment Policy issued to AMC. I enclose the following:-

1. Copy of insurance certificate for year of incidence, all the years after that & current year insurance certificate.

2. Copy of legal notice received from District/State/national consumer Forum, MMC, National Human Rights Commission or any other authority.

3. Summary of case.

4. Copy of your reply/Advocate reply.

5. Copy of advocate bill if any. Please note advocate bill will be paid first by doctor as per schedule. He will be reimbursed by Insurance Company through AMC on receipt of copy of claim petition, reply of advocate or written statement & original bill, payment receipt and NEFT particulars. Advocate schedule is enclosed.

PLEASE SUGGEST A SUITABLE ADVOCATE TO REPRESENT ME BEFORE THE AUTHORITIES.

Signature of doctor

In case of any query please contact Dr.Ajit Desai. 9820024367.
OR AMC OFFICE Tel No. 26836019..