

KaMMCO Claim Report Form

**Fax to 1-785-232-4704 or
E-mail to gsaiya@kammco.com**

Attention: Gwen Saiya, Claims Coordinator
Kansas Medical Mutual Insurance Company
623 SW Tenth Avenue
Topeka, Kansas 66612
1-800-232-2259

Date:

Insured Name(s):

Insured Contact Person:

Mailing Address:

Phone:

Email:

Patient Name:

Home Address:

DOB:

SSN:

Medicare and/or Medicaid #:

Incident Date:

Incident: _____

Demand: _____

Screening Panel: _____

Lawsuit: _____

Date Served:

Incident Location (Facility and Address):

Please attach copies of any Demand, Screening Panel request, Summons, Petition, or Notice of Suit related to the incident.

The KaMMCO Claims Coordinator will be in contact with you soon to discuss the facts of the claim.