

Medical Malpractice Check Sheet

- Accident report
- Written statements about your accident or injury
- Name and address of ambulance service
- Name and address of the emergency room where you were taken
- Dates you were admitted to the emergency room and the hospital
- Names and business address of all doctors who have examined you
- Names and addresses of chiropractors you have consulted
- Your automobile insurance policy if you were injured in a car accident along with the declarations page or coverage certificate
- Medical records and bills
- All correspondence you have received from any insurer about the accident or your injuries
- Names of all people who were involved in the accident
- Names and addresses of witnesses to the accident
- Other policies, including major medical, hospitalization, veterans insurance
- Receipts for things you have had to fix because of the accident
- Dates you missed work because of the accident
- Your homeowner's or renter's policy, along with the declarations page or coverage certificate
- Receipts for things you have had to buy because of your injury
- Medical or disability insurance policy or coverage certificate
- Name and telephone number of each insurance adjustor you have talked to
- List of people you have talked to about the accident or your injuries