

Indiana Patient Compensation Fund Complaint Form for Damages

**Before the Department of Insurance
State Of Indiana**

_____))
Plaintiff(s))
vs.))
_____))
_____))
_____))
Defendant(s))

PROPOSED COMPLAINT FOR DAMAGES

Comes now the Plaintiff(s), _____, and
for his/her complaint for damages against the Defendant(s), states
as follows:

1. That Plaintiff _____, was a patient of the
Defendant(s), _____,
_____, from _____
through _____, and received medical care and/or treatment from
Defendant(s).

2. Said medical care or treatment rendered by Defendant(s) was
negligent and below the appropriate standard of care.

3. That as a proximate result of the negligence of the Defendant(s),
the Plaintiff(s) _____, has/have incurred medical
expenses, additional treatment, related expenses, lost wages and/or
intangible damages of a nature as to require compensation.

WHEREFORE, the Plaintiff(s) respectfully pray(s) for an award against the
Defendant(s) in an amount that will fairly and fully compensate Plaintiff(s)
for all losses, injuries and damages, for the costs of this action, and for
all other just and proper relief.

Please provide any additional information here:

Respectfully submitted,

X _____

Phone: _____

Address: _____

Date: _____
