



**THIRD PARTY NOTICE AND
QUESTIONNAIRE –
MEDICAL MALPRACTICE**
LEGAL DIVISION
SFN 58278 (05/2017)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 – Injured worker information			
Claim number	Injured worker's (First name)	(Last name)	Date of injury
SECTION 2 – Questions			
Do you believe the doctor, nurse or hospital staff made your work injury worse? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide the name and address of the doctor, nurse, or hospital staff you believe is responsible.			
Provide the name and address of the insurance company of the doctor, nurse, or hospital staff.			
Describe what the doctor, nurse, or hospital staff did, or did not do, which made your work injury worse.			
Provide the name and address of your attorney.			
Have you or your attorney been in contact with the doctor, nurse, or hospital staff or their insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide the dates of contact		Name of contact person	
Are you considering accepting or have you accepted money for your injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount of money received			
If you have not received any money from the doctor, nurse, or hospital staff or their insurance company, are you or your attorney attempting to get money for your injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION 3 – Lien notice/signature			
Lien notice WSI has a lien in the full amount it has paid in all benefits for this claim. This lien attaches to all claims, demands, settlement proceeds, judgment awards, or insurance payable by reason of a legal liability of a third person. If you receive any money in regard to this claim from a third person or their insurance company, and WSI does not receive payment of its lien within 30 days of their payment to you, WSI may sue you and/or your personal injury attorney for the full amount of the lien. No release of liability or satisfaction of any judgment, claim or demand is valid or effective against WSI's lien.			
Signature By signing this document, I acknowledge that the information provided here is true and correct to the best of my knowledge. I understand that I must notify WSI at the time I begin to pursue settlement negotiations or seek the assistance of an attorney in this matter.			
Injured worker's signature			Date