Notification to Avant

Avant
By doctors for doctors

Please complete this form and return to us.

Insured/Practice Details			
Insured surname or practice name?		Insured first name	
Best contact number		Email address	
Please fill out **at least one** of the following fields:			
Member ID		Company number	

Patient/Claimant and Entity Details			
Patient/Claimant Surname (or entity name)		Patient/Claimant First name	
Patient/Claimant D.O.B			

Patient Status ☐ Public ☐ Private ☐ Public in private facility ☐ Unknown/not applicable

Notification Details	
Date of incident (This may be the date the issue commenced, the date you became aware of the incident, the date relevant treatment started, or the date on relevant correspondence from, for example, AHPRA/HCCC/OHO/Medicare.)	
State where incident occurred, 'international' if overseas	

Reason for notification

☐ Disciplinary complaint ☐ Informal complaint ☐ Claim for compensation ☐ Employment issue

☐ Coronial ☐ Medicare ☐ Hospital Inquiry ☐ Training dispute

☐ Notification only (no action required) ☐ General health law advice ☐ Criminal ☐ Other

Is the matter related to the delivery of a baby or the care of an infant? ☐ Yes ☐ No

Brief factual account of the matter:	
If this notification has been notified to any other MDO/Organisation please provide details	

Do you need a member of our team to call you about this matter? ☐ Yes ☐ No

Please provide your preferred contact number

Include relevant correspondence or documentation you have in relation to the notification.
Ensure you keep all records and documentation regarding this matter separately from your clinical file.

Please return this form to **Avant Insurance Limited PO BOX 746 Queen Victoria Building NSW 1230**, or email **nca@avant.org.au** or freefax us on **1800 228 268** or contact us on **1800 128 268**.