

## Adverse Events Reporting Form

This form must be received within 48 hours of discovery of event. Failure to comply with reporting requirements may result in corrective action.

You must review the entire form and fill out sections that are applicable to the situation you are reporting. Please attach medical records if available.

Completed forms, questions or concerns should be sent either via email to [adverseevents@mhplan.com](mailto:adverseevents@mhplan.com) or to your Provider Network Development Representative.

Section 1: Patient Information (Complete All Sections)		
Member Name:	Date of Birth:	Gender:
Last 4 of SSN:	Member Medicaid/Medicare ID (if applicable):	
Section 2: Adverse Event Details (Complete All Sections)		
<b>Incident Date &amp; Time:</b>		
Incident Location:		
<input type="checkbox"/> Hospital <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Urgent Care <input type="checkbox"/> Nursing Home <input type="checkbox"/> Healthcare Provider Office <input type="checkbox"/> Other:		
<b>Address, City, State, Zip Code:</b>		
<b>Incident Narrative:</b>		
<i>Document: Who was involved, description of incident, witnesses ,etc.</i>		
Section 3: Resolution/Conclusion		
<b>Actions Taken to Mitigate Risk to Patient</b>		
Section 4: Reporter Information		
<b>Provider Name &amp; NPI:</b>	<b>Address, City, State, Zip Code:</b>	
<b>Telephone Number:</b>	<b>Email Address:</b>	