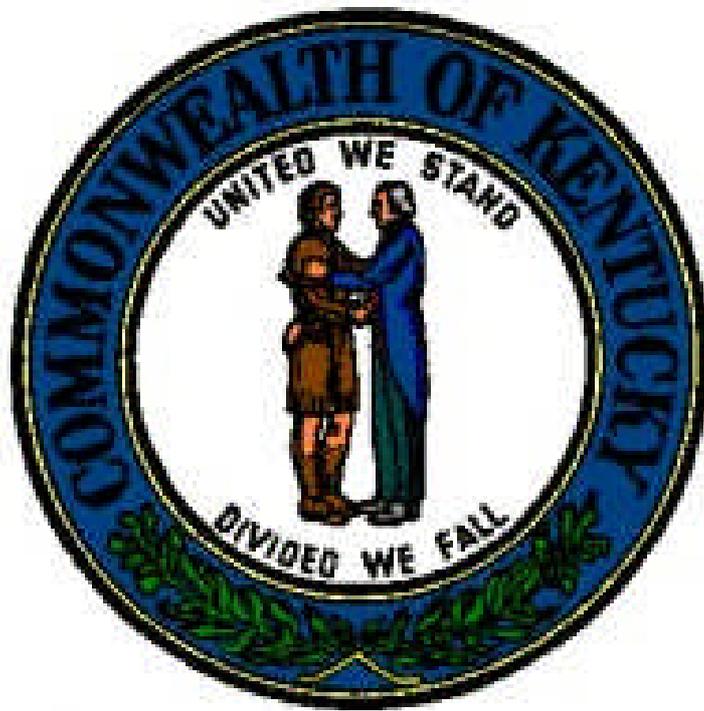


# *Medical Malpractice E-Services*

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## User Documentation



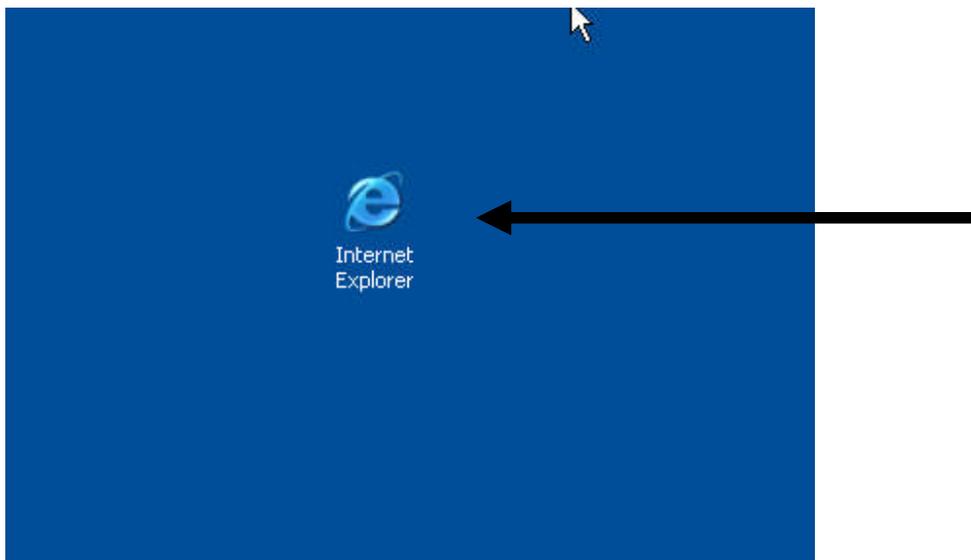
Kentucky Department of Insurance  
November 2012  
User Documentation  
*Version 1.0*

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## ACCESSING E-SERVICES

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1. To access E-Services, double click your **internet browser**.



2. Follow the link to the DOI Webpage, at:

<http://insurance.ky.gov/>

The screenshot shows the homepage of the Kentucky Department of Insurance website. The browser address bar displays 'http://insurance.ky.gov/'. The website header includes 'Kentucky.gov', 'KY Agencies | KY Services | Search', and 'Department of Insurance'. The main navigation menu on the left lists: Home, Our Divisions / Programs, File a Complaint, Health Reform Information, Kentucky Health Insurance Advocate (KHIA), Report Insurance Fraud, Consumer Information, Agent Licensing Information, Company Information, Communications and Public Outreach, Public Meetings, Forms & Documents, Statutes & Regulations, Bulletins & Advisories, Publications, and Contact Us / Directions. The central content area features the 'Department of Insurance' title, a mission statement, contact information, and a 'What's New / Recent Topics' section with a list of updates. The right sidebar contains 'eServices' and 'Search Options' menus. The footer includes links for Privacy Policy, Disclaimer, and Accessibility Statement, along with font size controls and a copyright notice for 2010.

3. Click the E-Services icon, located at the top right side of the page.

The screenshot shows a web browser window displaying the Kentucky Department of Insurance website. The browser's address bar shows the URL <http://insurance.ky.gov/>. The website header includes navigation links for "KY Agencies | KY Services | Search" and a search bar. The main navigation menu on the left lists various services such as "Home", "Our Divisions / Programs", "File a Complaint", "Health Reform Information", "Kentucky Health Insurance Advocate (KHIA)", "Report Insurance Fraud", "Consumer Information", "Agent Licensing Information", "Company Information", "Communications and Public Outreach", "Public Meetings", "Forms & Documents", "Statutes & Regulations", "Bulletins & Advisories", "Publications", and "Contact Us / Directions". The central content area features the "Department of Insurance" logo and a description of its mission, along with a "What's New / Recent Topics" section listing various regulatory updates and legislative changes. On the right side, the "eServices" section is prominently displayed, featuring a search bar and a list of services including "Agent / Agency", "Insurer / Company", "CE Provider, Courses and failure to comply with CE", "Complaint Ratio", "Market Conduct Examination Reports and Orders", "Medicare Supplement", "Legal Orders", "Statutes & Regulations", "Forms & Documents", "Health Rate Filings", and "Federal Health Reform". An arrow points to the "eServices" icon in the top right corner of the website header.

This will lead you to the log in screen for E-Services.

**KY Department of Insurance** KYDOI Home | FAQs

Please log in here:

Username

Password  ←

**First time here? Please click here to register for secure access.**

**Forgot your password?**

eServices will timeout after 15 consecutive minutes of inactivity. This is done to protect confidential information should a user forget to logout. If this happens, simply go through the logon process to continue eServices activities

**Having trouble logging in? Click here for assistance.** 

[Click Here](#) to learn about our security.

### What does eServices offer?

- Consumers**
  - [Submit Consumer Complaint File](#)
- Individuals (Licensed or pending applicants)**
  - Review your licensing information and account profile
  - Submit requests for additional license certificates, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, examinations, etc.
  - Submit Surplus Lines Affidavits.
- Others -**
  - View KY Department of Insurance's database based on your inquiry needs. (NOTE: This type of access is intended for KCTCS Proctors, State Agencies, etc.)
- CE and Pre-Licensing Providers**
  - Submit Course Rosters and Individual Course Completions
  - Pay outstanding fees for filings, accreditation, and renewal
  - Verify attendance by courses submitted to DOI
- Business Entities**
  - Review your affiliated individuals' information (i.e., addresses, exam license/application status, continuing education, etc.)
  - Submit requests for additional license clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, and designations.
- Insurers**
  - Review your affiliated individuals' information (i.e., addresses, exam license/application status, continuing education, etc.)
  - Submit financial responsibility reports, E&O Legal Liability (Form 99-1) Assumption of Insurers Legal Liability (Form 99-6)
  - Submit financial responsibility cancellations - (Form 99-5)

**OR**

- Submit data for KY Department of Insurance's review and acceptance. These eServices are for accounts with Shopper Guides)

# ENTERING E-SERVICES WITH YOUR USERNAME AND PASSWORD

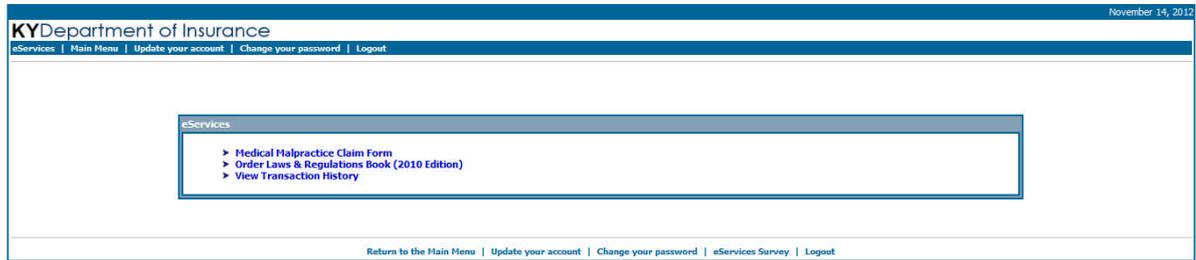
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To enter the E-Services application, enter your username and password in the following fields.

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The image shows a screenshot of the KY Department of Insurance website's login page. The page title is "KY Department of Insurance". The main heading is "Please log in here:". Below this heading are two input fields: "Username" and "Password". A "submit" button is located to the right of the password field. The "Username" field contains the text "testing22" and the "Password" field contains a series of dots. A callout box with a black border and white background points to the "submit" button and contains the text "Then click 'Submit'". Below the login form, there are three links: "First time here? Please click here to register for secure access.", "Forgot your password?", and "Having trouble" with a small red icon. To the right of the login form, there is a vertical navigation menu with the following items: "Co", "view data relat", "Complaint, Mec", "Consumer Guic", and "New A".

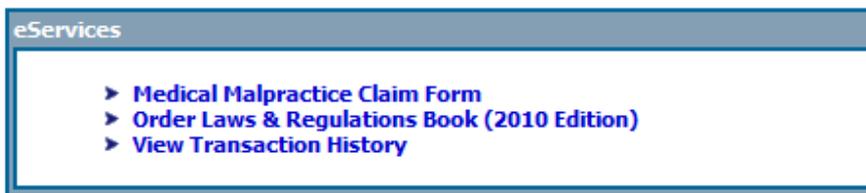
The following screen should display...



## ENTER CLAIM FORMS

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To enter claim forms, click 'Medical Malpractice Claim Form'



The following screen will display.

**American Casualty Company of Reading, Pennsylvania**

| User Information |                    |       |   |
|------------------|--------------------|-------|---|
| Name             | Weatherly, Deborah | Phone | 8138805122  |
| Address          |                    |       | <input type="checkbox"/> Contact is a Third Party Administrator |

| Health Care Provider Information |                      |          |                      |
|----------------------------------|----------------------|----------|----------------------|
| First Name                       | <input type="text"/> | Mid name | <input type="text"/> |
| Business Name                    | <input type="text"/> |          |                      |
| Address                          | <input type="text"/> |          |                      |
| City                             | <input type="text"/> | State    | Select ▼             |
| Professional Designation         | <input type="text"/> |          |                      |
| Last Name                        | <input type="text"/> |          |                      |
| Zip                              | <input type="text"/> |          |                      |

| Claimant Information |                      |          |                      |
|----------------------|----------------------|----------|----------------------|
| First Name           | <input type="text"/> | Mid name | <input type="text"/> |
| Business Name        | <input type="text"/> |          |                      |
| Address              | <input type="text"/> |          |                      |
| City                 | <input type="text"/> | State    | Select ▼             |
| Last Name            | <input type="text"/> |          |                      |
| Zip                  | <input type="text"/> |          |                      |

| Claimant Information |                      |          |                             |
|----------------------|----------------------|----------|-----------------------------|
| First Name           | <input type="text"/> | Mid name | <input type="text"/>        |
| Last Name            | <input type="text"/> |          |                             |
| Business Name        | <input type="text"/> |          |                             |
| Address              | <input type="text"/> |          |                             |
| City                 | <input type="text"/> | State    | Select <input type="text"/> |
| Zip                  | <input type="text"/> |          |                             |

| Claim Information                       |                                   |
|---|-----------------------------------|
| Nature of the Claim                     | <input type="text"/>              |
| Damages Asserted and the Alleged injury | <input type="text"/>              |
| Settlement / Judgement Amount           | <input type="text"/>              |
| Settlement / Judgement Date             | <input type="text"/> (MM/DD/YYYY) |

After entering the required information, Click Submit Claim.

Note: If your log in involves more than one company, you will be taken to the following screen to select the company.

| Name   | NAIC # |
|--|--------|
| American Casualty Company of Reading, Pennsylvania | 20427  |
| Columbia Casualty Company                          | 31127  |
| Continental Casualty Company                       | 20443  |

Note: If your log in involves only one company, and you wish to add additional companies to the log in, please send an e-mail to:

[DOIISHELPDESK@ky.gov](mailto:DOIISHELPDESK@ky.gov)

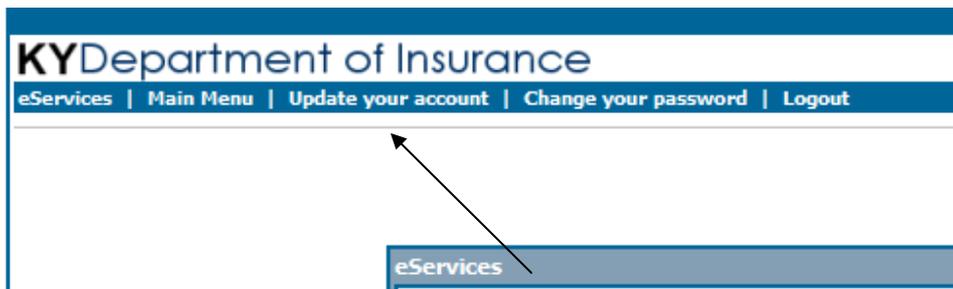
After the proper company is selected, the screen with Claim Form will display.

# ADMINISTRATIVE TOOLS

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## UPDATING YOUR ACCOUNT

To update your account...click here.



This will allow the user to alter and save account information.

A screenshot of the 'Update Account Information' form. The form title is 'Update Account Information' and the subtitle is 'Update Account Information - updates eServices account information only.' Below the subtitle is a note: 'Updating your address on this profile does not update your official record with the department. You must complete "Record Correction Form 8303" on the eServices menu.' The form contains the following fields:

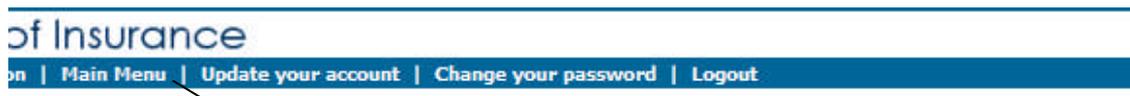
- User Name: [Redacted]
- Password: [Redacted] \*\*\*\*\* (To change your password, [Click here](#))
- First Name: [Redacted]
- Last Name: [Redacted] (DO NOT ADD SUFFIX: JR, SR, etc)
- Phone: 4444444444 Extn: 2232 (Numbers Only)
- Email: testing@doi.com (include the .com, .net or .org - accounts with invalid e-mail addresses will be removed)
- Address Line 1: 123 Main St
- Address Line 2: [Redacted]
- City: Springfield
- State: MO Zip: 65899-0001
- Your Mother's Maiden Name: [Redacted]
- Additional field: test

At the bottom of the form are two buttons: 'Update Account' and 'Cancel'. There are two callout boxes:

- A box on the left with the text 'Alter the data here.' and an arrow pointing to the 'User Name' field.
- A box at the bottom with the text 'Click Update when complete' and an arrow pointing to the 'Update Account' button.

## PASSWORD

To change your password...



**Change Your Password**

Please select a new password that is at least 8 characters long. It must contain at least 1 number. Please do not use special characters such as "\*", /, #, etc."

Enter Your Current Password :

Enter Your New Password :

Verify New Password :

When complete, click 'Change Password' to finish.