

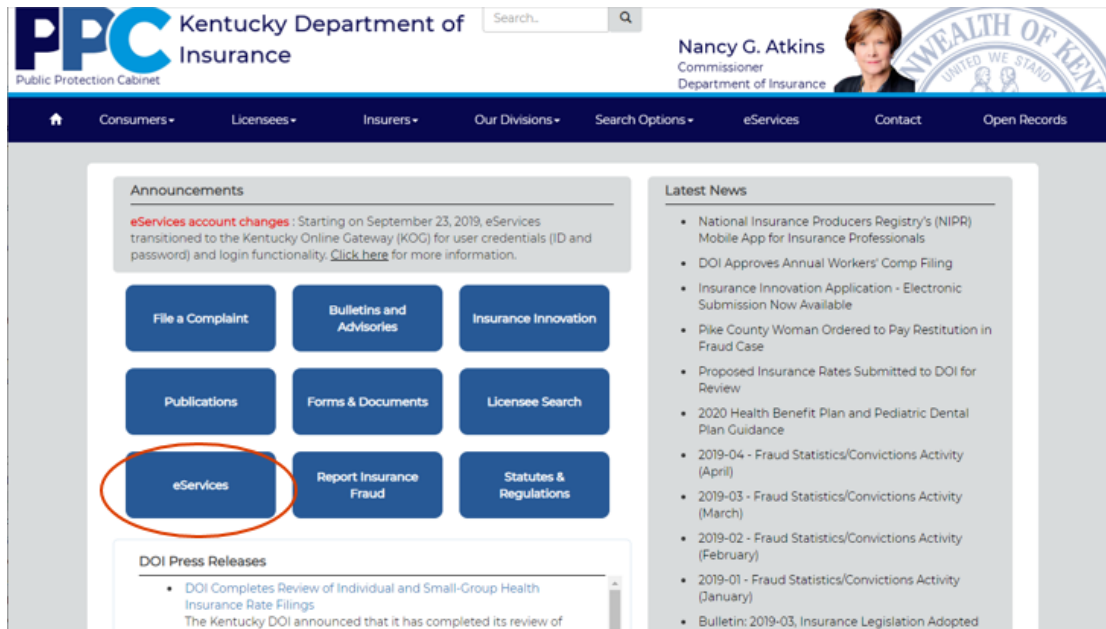


## Medical Malpractice eServices User Documentation

### ACCESSING ESERVICES

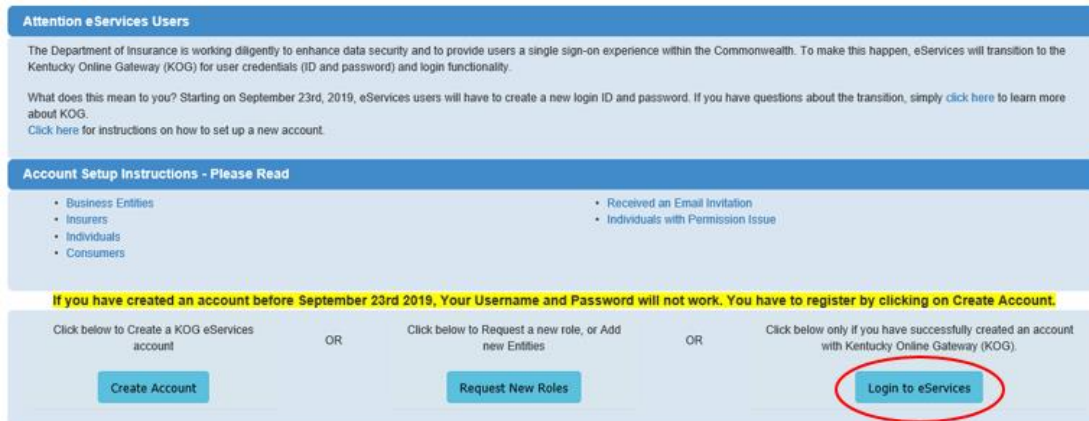
- Access the Department of Insurance’s (DOI) eServices Login Page

1. Click [here](#) to access DOI’s home page.
2. Click on the eServices link.



### ENTER ESERVICES WITH YOU EMAIL ADDRESS AND PASSWORD

- Log into eServices using your email address and password. Click “Login to eServices”



### 🔒 Citizen (or) Business Partner Sign In

Sign in with your Kentucky Online Gateway Account.

**Email Address**

**Password** [Forgot/Reset Password?](#)

**SIGN IN**

[Resend Account Verification Email](#)

**WARNING**

This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be punishable by fines under state and federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable. The Commonwealth of Kentucky follows applicable federal and state guidelines to protect the information from misuse or unauthorized access.

Don't already have a Kentucky Online Gateway Citizen Account?

**Create An Account**

The following screen should display.

## ENTER CLAIM FORMS

- To enter claims forms, click “Medical Malpractice Claim Form”

The following screen will display.

## Medical Malpractice Claim Form

### AIG Property Casualty Company

User Information			
Name	Akula, Satish	Phone	
Address	2595 Interstate Drive, Suite 103 , Harrisburg, PA, 17110		<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	<input type="text"/>
Professional Designation	<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	<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)		

Submit Claim

After entering the required information, Click "Submit Claim."

Note: If your log in involves more than one company, a screen with all associated companies will display. Click on the link for the desired company.

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 selecting a company, the screen with Claim Form will display.