



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Tony Evers, Governor
Mark V. Afable, Commissioner

Wisconsin.gov

Injured Patients and Families Compensation Fund

125 South Webster Street • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-6830 • Fax: (608) 226-5536
ociipfcf@wisconsin.gov
oci.wi.gov

Public Health Emergency Application for Fund Coverage

\$100 Fee

1. License Information

☐ Physician

☐ CRNA

Home State:	License Number:
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Wisconsin License Status:

☐ Pending

☐ Active

☐ Expired

WI License Number:	WI Employer:
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2. Contact Information

First Name:		Middle Name:	
Last Name:		Date of Birth:	
Address:			
City:	State:	ZIP:	
Phone Number:		E-mail Address:	

3. Attachments

☐ Check/money order for \$100

Make payable to Injured Patients and Families Compensation Fund

☐ Certificate of primary professional liability (medical malpractice) insurance from an NAIC-Approved Carrier

4. Instructions

Complete all information above and send application, check/money order, and certificate of insurance to:

*Injured Patients and Families Compensation Fund
PO Box 7873
Madison, WI 53707-7873*