



## CLAIM AGAINST THE ALAMEDA HEALTH SYSTEM A PUBLIC HOSPITAL AUTHORITY

**PLEASE TYPE OR PRINT**

Please complete three (3) forms, retain the pink copy for your file, and return the white and canary copies to the address below. All attachments must be in triplicate of any estimates, bills, receipts, police report, etc. which would support your claim.

SEND DOCUMENTS TO: Clerk of the Hospital Authority Board  
Highland General Hospital  
1411 East 31st Street  
Oakland, CA 94602

PHONE: (510) 437-8468

|                            |
|----------------------------|
| CBS CLAIM NO.              |
|                            |
| <b>FOR CLERKS USE ONLY</b> |

1. Claimant's Name: \_\_\_\_\_  
(Last, First)

2. Address: \_\_\_\_\_  
(Number Street City, State, Zip) (Phone Number)

3. Address to which notices are to be sent, IF DIFFERENT from lines 1 & 2:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Number Street City, State, Zip) (Phone Number)

\*4. Total Amount of Claim: \$ \_\_\_\_\_ 5. Date of Accident/Loss: \_\_\_\_\_

6. Location of Accident/Loss: \_\_\_\_\_

7. How Did Accident/Loss Occur: \_\_\_\_\_

8. Describe Injury/Damage/Loss: \_\_\_\_\_

9. Name of Public Employee(s) Causing Injury/Damage/Loss, If Known: \_\_\_\_\_

10. Itemization of Claim (List items totaling amount set forth on line #4): Use separate sheet for additional items

| ITEM                   | AMOUNT   | ITEM  | AMOUNT   |
|------------------------|----------|-------|----------|
| _____                  | \$ _____ | _____ | \$ _____ |
| _____                  | \$ _____ | _____ | \$ _____ |
| _____                  | \$ _____ | _____ | \$ _____ |
| *TOTAL AMOUNT OF CLAIM |          |       | \$ _____ |

11. Signed by or on behalf of Claimant: \_\_\_\_\_ Dated: \_\_\_\_\_

**NOTICE: Section 72 of the Penal Code provides:**

"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine or not exceeding ten thousand (\$10,000), or by both such imprisonment and fine."