

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

4525 P 0111  
FILE # 402647

PRIMARY CARRIER 46080  
Company Code 015710 (Florida Certificate of Authority Number) 1501

Company Name U.S. F & D. Insurance Co. (Florida)

Policy Number 890 ND 101929

RECEIVED  
MAY 1 1981

EXCESS CARRIER  
Company Code      (Florida Certificate of Authority Number)

Company Name U.S.

Policy Number U.S.

BUREAU OF RATES

Calendar Year Claim Closed  80 FCC  M  I  IAC  3

Insured Heleen A. Roer MD

Address 4300 Petra Rd. Merritt Beach Fla County Code 01

(1) Speciality Cardiovascular Code  02

(2) Date of Incident (Month, Day, Year)  03  15  76

(3) Date submitted for mediation (Month, Day, Year)  02  03  77

(4) Disposition of mediation (check one):  
(1)  Plaintiff (2)  Defendant (3)  No final conclusion

(5) Date of suit, if filed (Month, Day, Year)  02  03  76

(6) Disposition of incident (check one):  
(1)  Final Judgment (2)  Settlement  
(3)  Final Disposition Not Resulting in Payment on Behalf of the Insured

(7) Date and amount of Judgment or Settlement (Month, Day, Year)            76

A. Primary Indemnity \$ 0 C. Excess Indemnity \$     

B. Primary Defense \$ 3872. D. Excess Defense Costs \$     

(8) Summary Judgment (1)  For Plaintiff (2)  For Defendant

(9) Directed Verdict (1)  For Plaintiff (2)  For Defendant

(10) Trial (1)  YES (2)  NO

(11) Date and reason for final disposition, if no settlement or judgment:  
(Month, Day, Year)  02  09  76 Voluntary Dismissal

Include brief summary of occurrence which created claim on back.

1/80 Prepared by

Cachette broke off in Clint's  
leg.