

PRIMARY CARRIER

File # A79-2228-79

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

MICROFICHE 0883

Policy Number 7901-27030

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name

Policy Number

Calendar Year Claim Closed 80 FCC M M L IAC 3

Insured Mario A. Mendizabal, M.D.

Address 498 S. E. Kings Bay Drive Crystal River, Florida 32629

County Code 47

(1) Specialty one - GP Code 06

(2) Date of Incident (Month, Day, Year) 011579

(3) Date submitted for mediation (Month, Day, Year) N/A

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion

(5) Date of suit, if filed (Month, Day, Year) N/A

(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) N/A

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

B. Primary Defense \$ 589 D. Excess Defense Costs \$

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

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

(0) Trial (1) YES (2) NO

(1) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 071880 Closed - no activity

(2) Include brief summary of occurrence which created claim on back.

Pt was in office for illness & a throat & urine culture were ordered. The throat culture was misplaced & so the throat was not treated which eventually got worse & pt had a prolong illness with it. Now atty is requesting records.