

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

File # 82-5535-81

01207

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8201-20845

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC MM1 IAC 3

Insured Michael H, Millward, M.D.

6875 Estero Boulevard
Address Fort Muers Beach, Florida 33931

County Code 18

(1) Specialty G.P. Code 06

(2) Date of Incident (Month, Day, Year) 07/17/81

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

(4) Disposition of mediation (check one):

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

*G.I.
D.C
N/A*

(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 \$ 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) 060382 *no claim being made*

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

Pt was seen 7/19/80, by Dr. Bendeck (emp of M Millward) for PE and urinalysis to rule out preg. Neg results & birth control pills perscribed. No Pap Done. Pt ret 7/17/81 c/o fatigue and pain during intercourse. PE done by insd rev hard, nodular cervix. Pap done. Pt ret w/ spotting foll chge of pills. Insd suspicious of cervical CA & has refered pt to Dr. Shebach . Pt concerned but not about medical care.