

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

A82-5601-82

PRIMARY CARRIER

File #

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8201-18100

*DD/A*  
*(1297)*

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 Mohamed O. Kadiwala, M.D.

Address 203 St. Rd., 54, Suite 18, New Port Richey, F. 33552

County Code 28

(1) Specialty Internal Medicine Code 08

(2) Date of Incident (Month, Day, Year) 02/11/82

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

(4) Disposition of mediation (check one):

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

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

B. Primary Defense \$ -0- 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) 06/10/82 No Claim

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

OCCURRENCE WHICH RESULTED IN CLAIM:

Insured prescribed 10 mgs of Sinequan for Patient. Eckerd Drugs filled the prescription incorrectly. Now patient is suing Eckerd's.