

PHYSICIANS MALPRACTICE CLOSED CLAIM REPORTING FORM

00130

PRIMARY CARRIER

Company Code 44010

CLAIM # 01427

Company Name Caduceus Self Insurance Fund
Policy # _____

EXCESS CARRIER

Company Code _____

Company Name _____
Policy # _____

Calendar Year Claim Closed 1982 FCC MML IAC 3

Insured Bernard J. Zumpano, M.D.

Address 7821 Coral Way, Suite 104
Miami, FL 33155

County Code 01

1. Specialty Neurosurgery

Code 09

2. Date of Incident 0503/80

3. Date Submitted for Mediation N/A

4. Disposition of Mediation (check one):

Plaintiff Defendant No Final Conclusion

5. Date of Suit, if filed 1201/80

6. Disposition of incident (check one):

Final Judgment Settlement No Payment on Insured's Beha.

7. Date and Amount of Judgment or Settlement ~~3/82 \$750,000~~ 030182

A. Primary Indemnity \$ 100,000 C. Excess Indemnity \$ 651,633
B. Primary Defense \$ 35,502 C. Excess Defense \$ _____

8. Summary Judgment: For Plaintiff For Defendant

9. Directed Verdict: For Plaintiff For Defendant

10. Trial: Yes No

11. Date and Reason for Final Disposition, if no Settlement or Judgment:

12. Brief Summary of Occurrence Which Created Claim:

Surgery performed on wrong side of plaintiff's head.

Prepared By: CADUCEUS SELF INSURANCE FUND