

PHYSICIANS MALPRACTICE CLOSED CLAIM REPORTING FORM

8200165

PRIMARY CARRIER

Company Code 44010

CLAIM # 01525

Company Name Caduceus Self Insurance Fund
 Policy # _____

EXCESS CARRIER

Company Code _____

Company Name _____
 Policy # _____

Calendar Year Claim Closed 1982 FCC MM1 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 05/22/81

3. Date Submitted for Mediation N/A

4. Disposition of Mediation (check one):

Plaintiff Defendant No Final Conclusion

5. Date of Suit, if filed ~~7/81~~ 070181

6. Disposition of incident (check one):

Final Judgment (2) Settlement No Payment on Insured's Behal

7. Date and Amount of Judgment or Settlement ~~\$740,000~~ ~~4/82~~ 040182

A. Primary Indemnity	\$ <u>100,000</u>	C. Excess Indemnity	\$ <u>590,000</u>
B. Primary Defense	\$ <u>43,280.</u>	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:

Patient died following brain surgery.

Prepared By: CADUCEUS SELF INSURANCE FUND