

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-3891-79

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8101-12582

2011

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 Charles G. Edwards, M.D.

Address 2311 N. Flagler Drive  
West Palm Beach, Florida 33407

County Code 06

(1) Specialty one - Ped Code 16

(2) Date of Incident (Month, Day, Year) 01 09 79

(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) 01 13 81 #1040

(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 \$ 4,986.00 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) 07 15 82 all were dismissed

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

Prepared by B Murphy

Insd first saw pt as a newborn in hosp. Insd performed routine test & they came out fine. Insd continued to see pt on a routine basis. Now suit has been filed alleg poor medical care & that child had hypoglycemia & Gastrology problems.