

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

File # A77-0516-76

Company Name Florida Physicians Insurance Reciprocal

Policy Number 7601-16652

(2074)

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

D.D
P.C

Calendar Year Claim Closed 82 FCC MMI IAC 3

Insured Herman M. Zeidman, M.D.

Address 3100 Estates Drive
Pompano Beach, FL 33060

County Code 10

(1) Specialty GP Code 06

(2) Date of Incident (Month, Day, Year) 10/9/1976

(3) Date submitted for mediation (Month, Day, Year) 03/27/79

(4) Disposition of mediation (check one):

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

(5) Date of suit, if filed (Month, Day, Year) 01/18/82

(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) 01/29/82

A. Primary Indemnity \$ 44,149. C. Excess Indemnity \$

B. Primary Defense \$ 26,529. 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)

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

BRIEF SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt's daughter is complaining because of bill that pt received from insd while in hospital for consult which daughter says is not justified.