

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 01567

00114

PRIMARY CARRIER

Company Code 44010 (Florida Certificate of Authority Number)

Company Name CADUCEUS SELF INSURANCE FUND, INC.

Policy Number 5-001903

EXCESS CARRIER

Company Code 46010 (Florida Certificate of Authority Number)

Company Name FLORIDA PATIENT'S COMPENSATION FUND

Policy Number 3871

Calendar Year Claim Closed 83 FCC MMI IAC 3

Insured B. Joseph Zumpano, M.D.

Address 7821 Coral Way
Miami, Fla.

County Code 01

(1) Speciality Neurosurgery Code 09

(2) Date of Incident (Month, Day, Year) 052781

(3) Date submitted for mediation (Month, Day, Year)

(4) Disposition of mediation (check one):

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

(5) Date of suit, if filed (Month, Day, Year) 103081

(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 \$ 4,477. 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) 011783 Plaintiff filed Voluntary Dismissal

(12) Include brief summary of occurrence which created claim.
Alleged that physician performed lumbar laminectomy at wrong level.