

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

83 1689

File # B82-5492-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physician's Insurance Reciprocal

Policy Number 8201-33987

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 83 FCC MM1 IAC 3

Insured Lawrence T. Wylie, M.D.

Address 1095 Mason Avenue
Daytona Beach, Florida 32019

County Code 08

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 010306

(3) Date submitted for mediation (Month, Day, Year) 030680 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) N/A

(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 \$ 156.00 D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant

(9) Directed Verdict (1) For Plaintiff (2) For Defendant N/A

(10) Trial (1) YES (2) NO

(11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 011883 Deposition only - no claim

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

Brief summary of occurrence:

Pt was being seen by insd and two later went to the dentist for an extraction. Pt was a diabetic & developed an infection from the extraction, which resulted in subsequent death. A malpractice suit has been served against the dentist and insd has been called upon for depo. After pt was admitted to the hosp, insd also saw him there.