FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# S09JH8853
09J-001

0355

PRIMARY CARRIER
Company Code 014170 (Florida Certificate of Authority Number)

Company Name The St. Paul Insurance Companies

Policy Number S09JH8853

EXCESS CARRIER
Company Code ☐☐☐☐☐ (Florida Certificate of Authority Number)

Company Name

Policy Number

Calendar Year Claim Closed 84 FCC MM1 IAC 3

Insured Romeo L. Pavlilio, M.D., P.A.

Address 178 Tepic Court, Kissimmee, FLA. 32743 County Code 24

(1) Speciality Radiology Code 20

(2) Date of Incident (Month, Day, Year) 110182

(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) ☐☐☐☐☐☐

(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 $ C. Excess Indemnity $

B. Primary Defense $ 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) 050284 No claim pursued against insured

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

MM)1-01/80

Prepared by D. Gail Vaelkel

alleging films of cervical spine taken in surgical suite were incorrectly interpreted.