

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 764-02

00053

PRIMARY CARRIER

Company Code 4 4 0 1 0 (Florida Certificate of Authority Number)

Company Name CADUCEUS SELF INSURANCE FUND, INC.

Policy Number 7-002565

EXCESS CARRIER

Company Code 4 6 0 1 0 (Florida Certificate of Authority Number)

Company Name FLORIDA PATIENT'S COMPENSATION FUND

Policy Number _____

Calendar Year Claim Closed 8 4 FCC M M 1 IAC 3

Insured B. Joseph Zumpano, M.D.

Address 705 Coral Way
Miami, Fla.

County Code

0 1

1) Speciality Neurosurgery Code 0 9

2) Date of Incident (Month, Day, Year) 1 0 2 7 8 1

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) 0 5 3 1 8 2

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 \$ 4,792 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) 1 2 2 8 8 3 Voluntary Dismissal

12) Include brief summary of occurrence which created claim
Alleged negligent and careless surgery to back.