

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE # A84-8079-82

PRIMARY CARRIER  
COMPANY CODE 04160 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL  
POLICY NUMBER 8401 - 27191

0990

EXCESS CARRIER  
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME  
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 84

INSURED LOPEZ-PADILLA, M.D./NELSON  
ADDRESS 230 SOUTHEAST 23RD AVENUE

COUNTY CODE 06

(1) SURGERY CODE: 06 SPECIALITY: FAMILY PRACTICE-NO SURGERY CODE: 1

(2) DATE OF INCIDENT: 02/08/84

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 02/08/84

(6) DISPOSITION OF INCIDENT (CHECK ONE):

(1) FINAL JUDGEMENT (2) SETTLEMENT

(3) FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED

(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT:

A. PRIMARY INDEMNITY \$ .00 C. EXCESS INDEMNITY N / A  
B. PRIMARY DEFENSE \$3,077.00 D. EXCESS DEFENSE N / A

(8) SUMMARY JUDGEMENT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(9) DIRECTED VERDICT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(10) TRIAL (1) X YES (2) NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :  
11/08/84

PT SEEN FOR IMPOTENCE AND PEYRONIES DISEASE  
WAS SUSPECTED. TESTS PERFORMED AND WERE  
NEGATIVE. PT LATER HAD STROKE AND WAS  
ADMITTED. IT WAS THEN DISCOVERED PT HAD A  
PITUITARY TUMOR WHICH CAUSED THE IMPOTENCE.  
NOW S&C SERVED ALLEGING IMPROPER DIAGNOSIS.

FORM NO. DI4-303  
PAGE 1 - AMENDED (2-84)

RECEIVED

PREPARED BY

*Edward R. Gutierrez*

F. P. I. D.