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BUREAU OF PROPERTY & CASUALTY FORMS & RATES

FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
CLOSED CLAIM REPORTING FORM

9700170
DEPT. FILE NO.

INSURER'S CLAIM NUMBER: 86 0287-10S

PRIMARY INSURER NAME: RLI INSURER CODE: 01660 (See Table A)

EXCESS INSURER NAME: NA INSURER CODE: ______ (See Table A)

HEALTH CARE PROVIDER: Frei, Rudolph J.
(Last Name, First and Middle Name or Hospital Name from Table D)

IF HEALTH CARE PROVIDER (above) IS A PHYSICIAN, DENTIST OR PODIATRIST ENTER DEPARTMENT OF PROFESSIONAL REGULATION LICENSE NUMBER: 0010245

INSURED'S NAME: Rudolf Frei

STREET ADDRESS: 3035 E. Commercial Blvd., #200

CITY: Ft. Lauderdale STATE: FL ZIP: 33308 COUNTY CODE: 10 (See Table B)

	POLICY NUMBER	PER CLAIM POLICY LIMITS	AGGREGATE POLICY LIMITS
PRIMARY INSURER:	RAP001000	$ 1,000,000.00	$ 3,000,000.00
EXCESS INSURER:	NA	$ .00	$ .00

IS THE INSURED PHYSICIAN A FOREIGN MEDICAL GRADUATE? X (01) Yes ___ (02) No (If yes, enter the country in which primary medical education was received: Switzerland SZ

PROFESSION OR BUSINESS: (Check one)
X (01) Physicians & Surgeons
___ (02) Hospitals
___ (03) Podiatrists
___ (04) Dentist
___ (05) Abortion Clinics
___ (06) Ambulatory Surgical Centers
___ (07) Crisis Stabilization Unit
___ (08) Health Maintenance Organization

SPECIALTY CODE: 80249 (Applies to physicians, surgeons, and dentists.
(See Table C) Use ISO Common Statistical Base Classification Codes.)

BOARD CERTIFICATION: (Check one)
___ (01) In specialty coded in Item 7, above.
___ (02) In a different specialty.
___ (03) In the specialty in Item 7 and another. Enter the additional specialty code here: ______ (See Table C)
X (04) Insured is not board certified.

PLACE WHERE INJURY OCCURRED: (Check one)
___ (01) Hospital Inpatient Facility
___ (02) Emergency Room
___ (03) Hospital Outpatient Facility
___ (04) Nursing Home
___ (05) Physician's Office
___ (06) Patient's Home
___ (07) Other Outpatient Facility
X (08) Other Location
___ (09) Other Hospital/Institution

IF PLACE OF INJURY (above) IS CHECKED AS ((08) OTHER), THEN PROVIDE A DESCRIPTION OF THE PLACE WHERE THE INJURY OCCURRED: Court House parking lot

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1. NAME OF INSTITUTION: NA INSTITUTION CODE: |_|_|_|_|_|_|
(See Table D)

2. LOCATION OF INSTITUTIONAL INJURY: (Check one)

___ (01) Patient's Room	___ (05) Physical Therapy Dept.	___ (09) Radiology
___ (02) Operating Suite	___ (06) Nursery	___ (10) Emergency Room
___ (03) Recovery Room	___ (07) Critical Care Unit	___ (11) Other ___________
___ (04) Labor & Delivery Room	___ (08) Special Procedure Room	

3. DATE OF OCCURRENCE: 12/15/86

DATE REPORTED TO INSURER: 12/15/88

4. INJURED PERSON'S AGE: 34 Years (If less than one year, enter 00; if unknown, enter UNK.)

INJURED PERSON'S SEX: (M) F (Circle one)

4.1 INJURED PERSON'S NAME: ___

STREET ADDRESS: ___

CITY: ___________

5. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED: (LEAVE BLANK) 15.
Depression, episodic recurrent

6. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION: 16.
NA

7. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE: 17.
Suicide of patient

8. DESCRIBE THE OPERATION, DIAGNOSTIC OR TREATMENT PROCEDURE CAUSING THE INJURY. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE PROCEDURES USED. INCLUDE METHOD OF ANESTHESIA, OR NAME OF DRUG USED FOR TREATMENT, WITH DETAIL OF ADMINISTRATION: 18.
alleged treatment of insured - medication management and co-defendant - primary therapist

9. DESCRIBE THE PRINCIPAL INJURY GIVING RISE TO THE CLAIM. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE INJURY. INCLUDE TYPE OF ADVERSE EFFECT FROM DRUGS WHERE APPLICABLE: 19.
Death

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20. SEVERITY OF INJURY: (check only one -- rate most serious injury if several are involved.)

___(01) Emotional only - Fright, no physical damage.

___(02) Insignificant - Lacerations, contusions, minor scars, rash. No delay.
Temporary ___(03) Minor - - - - - Infections, misset fracture, fall in hospital. Recovery delayed.
___(04) Major - - - - - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

___(05) Minor - - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
Permanent ___(06) Significant - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
___(07) Major - - - - - Paraplegia, blindness, loss of two limbs, brain damage.
___(08) Grave - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

X (09) Death

21. DATE OF SUIT, IF ANY: 05/05/89

21.1 CIRCUIT COURT CASE NUMBER: 88-32175 CH

21.2 COUNTY CODE OF COUNTY SUIT FILED IN: 10 (SEE TABLE B)

22. LIST OTHER DEFENDANTS INVOLVED IN THIS CLAIM, THE INSURER'S NUMBER AND THE COMPANION CLAIM FILE ID NUMBER:

	DEFENDANT'S NAME (Last Name, First Name)	INSURER CODE NO.	INSURER FILE ID.
1)	Dennis Day PhD	NA	NA
2)			
3)			
4)			
5)			

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (Check one)
X (01) Yes ___(02) No

24. DATE OF FINAL CLAIM DISPOSITION: 1/7/97

25. FINAL METHOD OF CLAIM DISPOSITION:
X (01) Settled by parties.
___(02) Disposed of by a court.
___(03) Disposed of by arbitration.

26. STAGE OF THE LEGAL SYSTEM AT WHICH SETTLEMENT WAS REACHED OR AWARD MADE: (Check one)
___(01) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
___(02) After arbitration is initiated or prior to suit being filed.
___(03) Within 90 days of suit being filed.
X (04) More than 90 days after suit filed and prior to or during the course of mandatory settlement conference.
___(05) During trial but before court verdict.
___(06) After court verdict and prior to filing of notice of appeal.
___(07) After notice of appeal is filed or post-judgement relief or action is required for recovery.
___(08) During appeal.
___(09) After appeal.
___(10) Claim or suit abandoned.

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:7. COURT: (Check one) NA
- ___(01) No court proceedings.
- ___(02) Directed verdict for plaintiff.
- ___(03) Directed verdict for defendant.
- ___(04) Judgment notwithstanding the verdict for plaintiff.
- ___(05) Judgment notwithstanding the verdict for defendant.
- ___(06) Judgment for the plaintiff.
- ___(07) Judgment for the defendant.
- ___(08) Judgment for the plaintiff after appeal.
- ___(09) Judgment for the defendant after appeal.
- ___(10) Other
- ___(11) Summary judgment for the plaintiff.
- ___(12) Summary judgment for the defendant.

.8. ARBITRATION: (Check one) NA
- ___(01) Claim not subject to arbitration.
- ___(02) Claim subject to arbitration, but settlement reached in lieu of award.
- ___(03) Award for plaintiff.
- ___(04) Award for defendant.

9. Was there an itemized verdict? (Check one) NA
___(01) Yes ___(02) No (If yes, please attach copy of settlement or verdict.)

0. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: - $ 100,000 .00

0.1 AMOUNT OF DEDUCTIBLE PAID BY THIS DEFENDANT: - $ 0 .00

1. INDEMNITY PAID BY EXCESS CARRIER ON BEHALF OF THIS DEFENDANT: - - - - - - - - - - - - - - - - $ 0 .00

2. LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL: - $ 60,597 .00

3. ALL OTHER LOSS ADJUSTMENT EXPENSE PAID: - $ 0 .00

4. NUMBER OF DAYS OF INJURED PERSON'S WAGE LOSS PAID TO DATE: - - - - - - - - - - - - - - - - 0 days

5. ESTIMATED NUMBER OF FUTURE DAYS OF INJURED PERSON'S WAGE LOSS: - - - - - - - - - - - - - - 0 days

6. INJURED PERSON'S GROSS WEEKLY INCOME: - $ UNK .00

7. INJURED PERSON'S TOTAL ECONOMIC LOSS: NA

	MEDICAL	WAGE LOSS	OTHER EXPENSES
A) INCURRED TO DATE - - - -	$ 0 .00	$ 0 .00	$ 0 .00
B) ESTIMATED FUTURE - - - -	$ 0 .00	$ 0 .00	$ 0 .00

. AMOUNT PAID FOR INJURED PERSON'S NON-ECONOMIC LOSS: - $ NA .00

. IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENTS USED IN THIS CLAIM: NA

A) PRESENT VALUE OF PERIODIC PAYMENTS - $ .00

B) COST TO THE INSURER OF THE PAYMENTS - $ .00

C) TOTAL EXPECTED PAYMENT TO PLAINTIFF - $ .00

D) DID YOU PURCHASE AN ANNUITY? ___ (01) Yes ___ (02) No

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.0. BRIEFLY DESCRIBE THE STRUCTURED SETTLEMENT INCLUDING HOW IT IS FINANCED: NA

1. TYPE OF NON-ECONOMIC DAMAGE LIMIT: (Check one) NA

___ (01) No limit (neither party requests or agrees to voluntary binding arbitration).
___ (02) No limit (defendant refuses claimant's offer of voluntary binding arbitration).
___ (03) $250,000 limit (both parties accept arbitration). (See Item 42 for exception.)
___ (04) $350,000 limit (plaintiff rejects arbitration).
___ (05) Does not apply because occurrence happened before the 02-08-88 law.

2. IF (03) IS CHECKED IN ITEM 41 AND THE LIMIT ON NON-ECONOMIC DAMAGES IS DIFFERENT THAN $250,000, THEN INDICATE THE MODIFIED LIMIT: - $______ .00

3. COLLATERAL SOURCE INFORMATION: NA
ENTER TO THE NEAREST PERCENT (use no decimals) THE PERCENT RECOVERY FOR ECONOMIC LOSS FROM:

A. ___% Health
B. ___% Disability
C. ___% Workers' Compensation
D. ___% Automobile
E. ___% Medicare, Medicaid & Social Security
F. ___% Other sources, specify: ______

. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY:
Denied liability

CONTACT PERSON: ______
TELEPHONE: (703) 907 3832

JOAN R. BRECKENRIDGE
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