

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL PRACTICE CLOSED CLAIM REPORT FORM

File # A80-3458-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

MICROFICHE  
90 01045

Policy Number 8001-29098r

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name

Policy Number

Calendar Year Claim Closed 80 FCC M M L IAC 3

Insured Randall E. Pitone, M.D.

Address 777 4th Street S., St. Petersburg, FL 33701

County Code 04

1) Specialty Psychiatry Code 19

2) Date of Incident (Month, Day, Year) 07 21 80

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

4) Disposition of mediation (check one):

(1)  Plaintiff (2)  Defendant (3)  No final conclusion

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 \$ 0 D. Excess Defense Costs \$

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

9) Directed Verdict (1)  For Plaintiff (2)  For Defendant

0) Trial (1)  YES (2)  NO

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

(Month, Day, Year) 10 07 80 Reported for record only  
no claim

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

12. Pt who had attempted suicide was seen in hosp on consult about 7/21/80. About ten days later (7/31/80) insd saw pt in his office. Pt had been depressed, but seemed to be improving. Over that weekend following the office visit, pt committed suicide.