

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

8001083

File # A79-2494-79

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 7904-25067

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 87 FCC MM1 IAC 3

Insured Camelita E. Garcia, M.D.

Address University Hops. Acad. Fund, P.O.Box 13157, Jax, Fla. 32206

County Code 02

(1) Specialty Psyc Code 19

(2) Date of Incident (Month, Day, Year) 053079

(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 \$ 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

(10) Trial (1) YES (2) NO

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

(Month, Day, Year) 010380 No activity

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

Summary of occurrence which created claim.

Insd received a call about a drunk & irate man. Insd advised lady to bring immediately to the hosp. When pt was finally brought he was very loud, demanding & wanting drugs. Presently the charts cant be found & atty has contacted the hosp.