

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A79-2671-79

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Ins. Reciprocal

SO 01123

Policy Number 7901-27293

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 80 FCC MM1 IAC 3

Insured Jules A. Cadet, MD

Address 213 N. E. 27th St., Miami, Fla 33137

County Code 01

(1) Specialty Psych Code 19

(2) Date of Incident (Month, Day, Year) 102179

(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) 031180 No evidence of allegations or formal claim.

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

Handwritten mark

Summary of occurrence which created claim.

Pt was admitted for psyc treatment. She was depressed, agitated, confused & had suicidal tendencies. Pt did alright until 10-20 with abdominal pain. Insd went to hosp & referred her to medical Dr on call. Hosp had trouble finding other Dr & no one saw pt on consult as requested. Later hosp called insd to tell him pt had expired.