

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A80-3820-79

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8001-12106

MICROFILM

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 81

FCC MM1

IAC 3

01557

Insured Joel W. L. Mattison, MD.

County Code

Address 4700 North Habana, Tampa, FL 33614

03

(1) Specialty Plast. Surgery Code 17

(2) Date of Incident (Month, Day, Year) 06 26 79

(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) 04 27 81 no claim

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

12. Pt underwent bilateral breast reduction (Strombeck) at the hosp on 6/26/79. No comp w/ surg. Pt was seen in follow-up w/ no complaints. Later insd learned that pt had seen another dr regarding her nipples were somewhat high & had surg to correct same. Now an atty has requested the pt's hosp records.