

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # 81-4135-01

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8101-20180

81 00295

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured George Lose, M.D.

Address 1843 Floyd Street

Sarasota, Florida 33579

County Code 15

(1) Specialty Pshcyh Code 19

(2) Date of Incident (Month, Day, Year) 021581

(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)

(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 \$ 00 C. Excess Indemnity \$ _____

B. Primary Defense \$ 00 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) 072781 no claim

Occurred

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

Pt was admitted to hospital by Dr. Lose with depressoion & psychos
This was in 2/81. insd saw pt on cnsult. Pt had been found with
psoey bell around her neck. Pt is still alive & in hosp for
Pyschiatric ward. Now an atty is cheeking into the matter.