

F. IDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A80-3781-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8001-20845

MICROFILMED

C0304

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 811 FCC MM1 IAC 3

Insured Michael H. Millward, M.D.

Address 6875 Estero Boulevard
Fort Myers, Florida 33931

County Code 18

(1) Specialty one - GP Code 06

(2) Date of Incident (Month, Day, Year) 111580

(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) 032481 no activity - no

Claim pursued

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

Insd saw pt in office with complaints & sent him to the hosp for possible appendicitis. Pt disch 2 days later. Now pt is upset, writing insd saying he was admitted unnecessarily, because he did not have appendicitis.