MEDICAL ORIDA DEPARTMENT OF INSURANCE MEDICAL LPRACTICE CLOSED CLAIM REPORTED FORM	i i i i i i i i i i i i i i i i i i i
PRIMARY CARRIER Fi	le # <u>A80-3395-79</u>
ompany Code 04160 (Florida Certificate of Authority Number)	ICROFICHE
Company Name Florida Physicians Insurance Reciprocal	TOROL TO-
Policy Number 8001-13613	
EXCESS CARRIER ompany Code (Florida Certificate of Authority Number)	And Andrews
Company Name	\$/90443
Policy Number	· · · · · · · · · · · · · · · · · · ·
Calendar Year Claim Closed 8 FCC MM 1 IAC 3	
Insured Allan Foodman, M.D.	County Code
Address 1808 Orchid Street, Sarasota, Florida	1 6
1) Specialty One - Psychiatry Code 19	
2) Date of Incident (Month, Day, Year) 1 10179	
3) Date submitted for mediation (Month, Day, Year)	17
4) Disposition of mediation (check one):	•
(1) Plaintiff (2) Defendant (3) Nowfinal concl	usion
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 \$OO C. Excess Indemnity	\$
B. Primary Defense \$ 00 D. Excess Defense Costs	\$
8) Summary Judgment (1) . For Plaintiff (2) . For Defendant	N1/4
9) Directed Verdict (1) For Plaintiff (2) For Defendant	101.

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

(2) : NO

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

(MM) 1-01/80

(10) Trial (1) YES

(Month, Day, Year)

Prepared by Manuel

Powell

Summary: Pt was hospitalized for learning disorder, hyperactivity and social mal-adjustment. She ran away from the hosp and now the grandmother, who is the legal guardian, is refusing to pay the bill of \$12,00, which has been paid to her by the insurance company and says she will sue if insd pursues the matter.