

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A80-3639-80

PRIMARY CARRIER

Company Code 0141160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

MICROFICHE

Policy Number 8001-11555

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

00566

Policy Number _____

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured David Tingle, M.D.

Address 777 37th Street, Suite A102, Vero Beach, FL 32960

County Code 32

(1) Specialty Psychiatrist Code 19

(2) Date of Incident (Month, Day, Year) 030180

(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) 020681 Claim not pursued.

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

12. Claimant was visitor at Indian River Hosp when he was struck by a pt there, Ms. Jacquillin McMahon. Ms. McMahon was a pt who was adm to the hosp by the insd, & seen in ER by Dr. Kirby. Insd ordered to have the pt put under restraint, but the hosp staff did not carry out his order. Now insd has rec'd letter from the hosp insurance carrier placing him on notice.