FLORIDA DEPARTMENT OF INSURANCE MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PR_MARY CARRIER File	#_ A81-4657-81
Company Code 04160 (Florida Certificate of Authority Number)	
Company Name Florida Physicians Insurance Reciprocal	
Policy Number 8101-09547	(A)
EXCESS CARRIER Company Code [[[Florida Certificate of Authority Number)	4) 10690
Company Name	-
Policy Number	
Calendar Year Claim Closed FCC MM I IAC 3	
Insured Lawrence L. Marvin, M.D. 2909 N. Orange Ave., Suite 105	County Code
Address Orlando, Florida 32804	<u> </u>
(1) Specialty one - Psych Code 19	
(2) Date of Incident (Month, Day, Year) 0 7 0 1 81	
(3) Date submitted for mediation (Month, Day, Year)	
(4) Disposition of mediation (check one):	
(1) Plaintiff (2) Defendant (3) No final conclusi	on
(5) Date of suit, if filed (Month, Day, Year)	
(6) Disposition of incident (check one):	
(1) Final Judgment (2) Settlement	
(3) K Final Disposition Not Resulting in Payment on Behalf of the Ins	sured
(7) Date and amount of Judgment or Settlement (Month, Day, Year)	
A. Primary Indemnity \$ 0 C. Excess Indemnity \$	<u> </u>
B. Primary Defense \$ \(\tau\) 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) 1 NO	
(11) Date and reason for final disposition, if no settlement or judgment:	
(Month, Day, Year) 0918811 Closed no Claur	
(12) Include brief summary of occurrence which created claim on back.	
(MM) 1-01/80 Prepared by K. Coley Classiff	

Insd has been treating pt for psych problems. During her hospital stay pt stated that she was seduced by one of the employees(male nurse). Pt & pts husband are upset & planning to sue the hospital. No atty involved to date.