

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4432-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8101-09547

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

810839

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured Lawrence L. Marvin, M.D.

Address 2909 North Orange Ave., Suite 105

Address Orlando, Florida 32804

County Code 017

(1) Specialty one - Psych Code 19

(2) Date of Incident (Month, Day, Year) 121580

(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) N/A

(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 \$ 241.00 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) 120981 Records Only

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

Pt had operation for cardiac bypass in 10-80. Since then pt had been suffering from depression, anxiety & insomnia. Pt referred to insd on 12-15-80 for consult & lt admitted him to hospital. Pt also was having some respiratory problems, but was improving mentally & physically. Following discharge pt was to see insd for followup but never & that was the last time insd saw this pt. Now an atty is req pts records