

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4071-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8101-29212

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

00844

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured Michael S. Carey, M.D.

Address 500 East Central Avenue

Winter Haven, Florida 33880 Polk

County Code 05

1) Specialty GP Code 06

2) Date of Incident (Month, Day, Year) 022280

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 \$ 697.00 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) ~~022280~~ closed no claim
110581

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

SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt was admitted to hosp on 2/22/90 with history of nausea, painful arthritis and weight gain. Following hospitalization pt presented to insd with jaundice and is now alleging that jaundice was present during earlier hospitalization. Pt refused continued work up in hosp as well as outpatient laboratory tests. Now insd has received letter from atty.