

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A81-4344-81

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8101-11148

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

0856

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured Edward D. Gibson, Jr., M.D.

Address 3740 Cleveland Heights Blvd.  
Lakeland, Florida 33803

County Code 05

(1) Specialty one - GP Code 06

(2) Date of Incident (Month, Day, Year) 02|028|1

(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 \$ 303,000 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) 09|15|81 closed no claim

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

Pt was seen for symptoms of diabetes, which proved to be negative. Insd prescribed medication & told pt to return if she had further problems. Pt lt called insd stating that KMart filled to wrong prescription & that she had a reaction. Now an atty is req rec.