

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4133-79

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8101-11485

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 11 FCC M M 1 IAC 3

Insured Raul I. Lopez, M.D.
Address Mercy Professional Building/3661 South Miami Avenue/Suite 608 County Code 01
Miami, Florida 33133 Date

(1) Specialty Neurology Code 0 9

(2) Date of Incident (Month, Day, Year) 0 7 0 6 7 9

(3) Date submitted for mediation (Month, Day, Year) N/A

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion N/A

(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 \$ ~~223~~ 223 D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant N/A

(9) Directed Verdict (1) For Plaintiff (2) For Defendant N/A

(10) Trial (1) YES (2) NO

(11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) ~~061781~~ 061781 CLAIM DENIED
NO LIABILITY

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

SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt admitted to hospital on 7/6/79 with history of fainting spells at home. In hospital pt had numerous IV's and developed phlebitis. Pt dismissed herself from hospital and has had continuing problems with phlebitis since that time. Pt now says IV's were unnecessary and has contacted Steve Adler. No atty to date. Code