

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-6159-82

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physician's Insurance Reciprocal

82 01005

Policy Number 8201-12825

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC MM1 IAC 3

Insured Robert J. Bellino, M.D.

Address 2010 59th Street West
Bradenton, Florida 33505

County Code 15

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 820519

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

(4) Disposition of mediation (check one): N/A

(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 \$ 0 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) 11/882 No Claim Made

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

Brief summary of occurrence:

Pt was adm to hosp for nausea & weight loss, 5-19-82. Insd saw pt in consult as he was very confused. Pt was placed in the mental health unit & given medication that made him sleepy. The next day pt's wife fd pt in a semi-comatose state. Another Dr. did brain studies & fd pt had a stroke on 6-23-82. On 7-19-82 pt was sent to a nursing home & his wife has sent letters to the hosp & the insured stating that the insured is a bad doctor & did not treat her husband properly.