

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-5477-82

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

82-01100

Policy Number 8201-12825

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 87 FCC M M 1 IAC 3

Insured Robert J. Bellino, M.D.

Address 2010-59th St. W, Bradenton, Fl. 33529

County Code 15

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 02|02|82

(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 \$

C. Excess Indemnity \$

B. Primary Defense \$

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) 06|15|82 Claim denied

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

OCCURRENCE WHICH RESULTED IN CLAIM:

Patient admitted by Dr. Nelson for depression. Seen by Insured in consult on 2/2/82. Insured took over care following transfer to Manatee Hospital. After discharge, Insured recommended continued care as an outpatient. Now Insured has received letter from an attorney requesting records and alleging patient was held against her will.