

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-5573-82

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8201-07848

Bjm

01356

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 Charles C. Dugan, M.D.

Address 2600 Broadway, West Palm Beach, Fl. 33407

County Code 06

(1) Specialty Dermatology Code 03

(2) Date of Incident (Month, Day, Year) 031782

(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

(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) 062782 no claim pursued

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

(MM) 1-01/80

CLM 14

Prepared by *B. Murphy*

OCCURRENCE WHICH RESULTED IN CLAIM:

Insured instructed patient on how to make solution for soaking feet with Potassium Permanganate. Insured gave nurse bottle to give patient 5 tablets. Nurse told patient to take them orally. Receptionist noticed and told Insured who gave patient Ipecac and 3 quarts of milk and Epsom salts. Patient is okay but another doctor recommended a gastroscopy to be sure. Insured wanted advice.