

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4916-81

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8101-18063

8201496

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 88 FCC MM1 IAC 3

Insured Guillermo W. Cosma, M.D.

Address Harrison Square, Building B
1305 S. Harrison Ave., Clearwater, Fl. 33516

County Code 04

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 061781

(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 \$ 00 C. Excess Indemnity \$

B. Primary Defense \$ 00 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) 03/09/82 No claim

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

OCCURRENCE WHICH RESULTED IN CLAIM:

Patient treated by Insured for psychiatric problems while other doctors were out of town. Patient admitted to hospital under Baker Act. Now attorney is alleging Insured violated rights by revealing confidential information about her treatment and diagnosis.