

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-5603-81

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8201-27342

RC
8201925

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC MMI IAC 3

Insured Renu Das, M.D.

Address 800 North Central Avenue, Suite 10
Community Professional Bldg, Kissimmee, Fl. 32741

County Code 26

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 051281

(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 \$ 374.00 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) 071682 closed no claim

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

OCCURRENCE WHICH RESULTED IN CLAIM:

Insured saw patient on consult for depression. Diagnosis was possible psychotic depressed reaction, rule out organic cause. Wife and patient were unhappy with treatment so he was discharged as outpatient. Insured went on vacation and patient ran away and is still missing.