

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-5086-79

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8101-12712

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 Jack Rotstein, M.D.

1236 Mason

Address Daytona Beach, Florida 32017 Volusia

County Code 08

(1) Specialty Psych Code 19

(2) Date of Incident (Month, Day, Year) 022479

(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 \$ 30.00

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) 032582 Dismissed

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

SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Patient iwth diagnosis paranoid schizophrenia hospitalized 2/24/79 to 3/13/79 under care of insured. Following threat by patient to harm his wife patient removed to Stoney Lodge Hospital in New York by court order (Baker's Act). Now patient has filed suit alleging insured presented false information to court.