

PHYSICIANS MALPRACTICE CLOSED CLAIM REPORTING FORM 82 00211

PRIMARY CARRIER
Company Code 44010

CLAIM # 01399

Company Name Caduceus Self Insurance Fund
Policy # 5-001565

EXCESS CARRIER
Company Code _____

Company Name _____
Policy # _____

Calendar Year Claim Closed 1982 FCC MMI IAC 3

Insured Bernard J. Zumpano, M.D.
7821 Coral Way, Suite 104
Address Miami, FL 33155 County Code 01

1. Specialty Neurology Code ~~00~~ 09

2. Date of Incident 11/20/79

3. Date Submitted for Mediation N/A

4. Disposition of Mediation (check one):
 Plaintiff Defendant No Final Conclusion

5. Date of Suit, if filed 06/23/80

6. Disposition of incident (check one):
 Final Judgment Settlement No Payment on Insured's Beha.

7. Date and Amount of Judgment or Settlement ~~614,000~~ 02/23/82

A. Primary Indemnity	\$ <u>9,000</u>	C. Excess Indemnity	\$ _____
B. Primary Defense	\$ <u>6,804</u>	C. Excess Defense	\$ _____

8. Summary Judgment: For Plaintiff For Defendant

9. Directed Verdict: For Plaintiff For Defendant

10. Trial: Yes No

11. Date and Reason for Final Disposition, if no Settlement or Judgment:

12. Brief Summary of Occurrence Which Created Claim:
Patient suffered Bovie burn during surgery to back.