

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 02653

PRIMARY CARRIER

Company Code 01840 (Florida Certificate of Authority Number)

Company Name VIGILANT INSURANCE COMPANY

Policy Number 7913-04-22

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name UNKNOWN

Policy Number                     

Calendar Year Claim Closed 82 FCC MMI IAC 3

Insured STEPHEN D. BOUGEOIS, M.D.

Address 1605 LAKELAND HILLS BLVD - LAKELAND, FLA. County Code 05

(1) Speciality EMERGENCY ROOM PHYSICIAN Code 04

(2) Date of Incident (Month, Day, Year) 03/06/76

(3) Date submitted for mediation (Month, Day, Year) 02/27/78

(4) Disposition of mediation (check one):

(1)  Plaintiff (2)  Defendant (3)  No final conclusion

(5) Date of suit, if filed (Month, Day, Year) 02/28/78

(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 \$ 12,754.00 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) 10/1/82 dismissed at

appellate level

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

allege doctor negligently treated a  
gun shot wound to the right  
hand - infection resulted and  
eventually plaintiff ended up with  
some disability to his right thumb.

Hospital settled case and sought  
indemnity from doctor but  
dismissed its action at appellate  
level -