

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A82-5707-81

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8201-16530

00772

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 Edward F. Steinmetz, M.D.

Address 3661 Central Ave., Ft. Myers, Fl. 33901

County Code 18

(1) Specialty Neurology Code 09

(2) Date of Incident (Month, Day, Year) 020581

(3) Date submitted for mediation (Month, Day, Year) N/A

(4) Disposition of mediation (check one): N/A

(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) 080982

A. Primary Indemnity \$ 0 C. Excess Indemnity \$
B. Primary Defense \$ 0 D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant N/A

(9) Directed Verdict (1) For Plaintiff (2) For Defendant N/A

(10) Trial (1) YES (2) NO

(11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 080982 Claim not being pursued at this time

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

OCCURRENCE WHICH RESULTED IN CLAIM:

Patient was evaluated for acoustic neuroma. She went elsewhere for surgery and got a bad result. Now she's alleging Insured should have diagnosed tumor sooner.