

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

A81-5070-76

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

File # _____

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8101-07848

BM
00837

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 Charles C. Dugan, M.D.

Address 2600 Broadway, West Palm Beach, Fl. 33407

County Code 06

(1) Specialty Dermatology Code 03

(2) Date of Incident (Month, Day, Year) 010176

(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 \$ 0 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) 031982 no claim pursued

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

(MM) 1-01/80

Prepared by B Murphy

Clm 14

OCCURRENCE WHICH RESULTED IN CLAIM:

Patient was seen for radical dermatitis and had ulcer. Insured biopsied. Now attorney is requesting records.