

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

83 (1289

File # A82-6572-82

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physician's Insurance Reciprocal

Policy Number 8201-29894

RC

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 813 FCC M M 1 IAC 3

Insured Nelita R. Ano, M.D.

Address 2040 South Ridgewood
Dayton, Florida 32019

County Code 08

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 8-2-02

(3) Date submitted for mediation (Month, Day, Year) 02 01 82 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)

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

(8) Summary Judgment (1) For Plaintiff (2) For Defendant

(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) 02/24/83 closed no claim

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

Brief summary of occurrence:

Insd has had some trouble getting pt to pay his bill. While pt was in the hosp and insd was out of town, pt claims he had a reaction to medication given to him by insd's husband. Insd has received a letter from pt expressing his dissatisfaction and has offered to pay half of his bill.