

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

1991

File # A82-6540-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physician's Insurance Reciprocal

Policy Number 8201-11871

EXCESS CARRIER

Company Code [ ] (Florida Certificate of Authority Number)

Company Name N/A

Policy Number [ ]

Calendar Year Claim Closed 83 FCC M M 1 IAC 3

Insured Donald R. Vande Polder, M.D.

Address 1950 Arlington Street  
Site 125 Sarasota, Florida 33579

County Code 16

(1) Specialty Neurology Code 09

(2) Date of Incident (Month, Day, Year) 8-00-20-5

020580

(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

(5) Date of suit, if filed (Month, Day, Year) [ ] N/A

(6) Disposition of incident (check one):

(1) [ ] Final Judgment (2) [ ] Settlement

(3) [x] 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 \$ 325.00

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) [x] NO

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

(Month, Day, Year) 02/17/83 Claim denied to Atty

11/12/82. No further activity

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

Prepared by Edward R. Smith

Brief summary of occurrence:

Insd saw pt twice in his office for a c/o headaches. Insd sent pt for a brain scan which revealed what insd thought to be a cyst. Pt later went to another docotr who dx brain tumor and subsequently operated. Now an atty has made a demad from insd, stating that pt suffered two years.