

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

509ML0877
FILE# 09B001

46030
PRIMARY CARRIER

Company Code 0111170 (Florida Certificate of Authority Number) 8302201

Company Name ST. PAUL INS. CO. (FMMJUA)

Policy Number 509ML0877

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name FLA. PATIENTS COMPENSATION FUND

Policy Number

Calendar Year Claim Closed 83 FCC MM1 IAC 3

Insured MILTON E. BURGLASS, M.D.

Address 1938 N. KROME AVE., HOMESTEAD, FL., 33030 County Code 01

(1) Speciality PSYCHIATRY Code 19

(2) Date of Incident (Month, Day, Year) 120700

(3) Date submitted for mediation (Month, Day, Year)

(4) Disposition of mediation (check one):
(1) Plaintiff (2) Defendant (3) No final conclusion

(5) Date of suit, if filed (Month, Day, Year) 020882

(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 \$ 13,214. 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) 102683 We filed Motion for Summary
Judgement and the Court granted same.

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

(Prescribed)

Cluit alleged Ivid [↑]rx a medicine that caused him
to have a heart attack and expire.