

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A83-7608-83

Company Code 04160 (Florida Certificate of Authority Number)

DF

Company Name Florida Physicians' Insurance Reciprocal

B (0569)

Policy Number 8301-28087

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name N/A

Policy Number           

Calendar Year Claim Closed 83 FCC MMI IAC 3

Insured Kenneth Korey, M.D.

Address 1007 Beverly Drive  
Rockledge, Florida 32955

County Code 19

(1) Specialty General Surgery Code 19

(2) Date of Incident (Month, Day, Year) 080183

(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)      N/A

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) 122083 no claim to date

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

Brief summary of occurrence:

Pt underwent cholecystectomy and further exploratory surg. Later tortuous irregular pancreatic duct which was obstructed in the distal body ectatic lateral branches was discovered. Pt will not pay bills and has written insd a threatening letter, claiming he has intentions of suing.