

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A83-7260-83

93 (0769)

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8301-24010 0024010

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

DF

Calendar Year Claim Closed 83 FCC MM1 IAC 3

Insured Patrice ^{↑C.} Mack, M.D.

Address 850 Central Avenue
Naples, Florida 33940

County Code 64

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 043083

(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 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 N/A

(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) 092883 No claim pursued
at this time

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

Brief summary of occurrence:

Pt was admitted to the hosp by insd for chronic drug abuse, conduct disorder, unsocialized behavior and aggressiveness. Pt was to be detoxed and insd recommended he be placed in a home for chronic drug abusers. Pt had no respect for others and the consequences of his acts did not seem to bother him. Pt's father has requested copies of his medical records for investigation of a "potential suit".