

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A83-7308-82

PRIMARY CARRIER
Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

8310822

Policy Number 8301-29894

EXCESS CARRIER
Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 83 FCC MM1 IAC 3

Insured Nelita R. Ano, M.D.

Address 2089 South Ridgewood Avenue
South Daytona, Florida 32019

County Code 08

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 021082

(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) 092983 No claim to date

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

Brief summary of occurrence:

Pt was 1st seen by insd in 1979 during the time his mother and father were having marital problems. Insd recommended pt should stay with the mother between the ages of 4 and 7. Since then the mother has remarried and now pt's father states that insd said pt could live with him after the age of 7. Pt is now having behavior problems and insd has been contacted by the mother's atty. Pt's father has started custody procedures.