

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

8300954

File # A83-7687-83

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8301-29949

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 Kiumars Shams, M.D.

Address 210 Jupiter Lakes Blvd.

Jupiter, Florida 33458

Palm Beach County Code 06

(1) Specialty Psych Code 19

(2) Date of Incident (Month, Day, Year) 07/22/83

(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) 1/1/83 No further claim activity

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

BRIEF SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt was referred to insd by Dr. George Bonis for an extended multidisciplinary evaluation of her chronic pain disorder. Several consultants were called on & the findings of these consultations were that the pt was suffering from a major psychiatric disorder. Now pt has written a letter to the hospital Administrator concerning the treatment she received from insd.