

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 83-4485

32

PRIMARY CARRIER

Company Code 4 4 0 5 0 (Florida Certificate of Authority Number)

84 (2459)

Company Name PHYSICIANS PROTECTIVE TRUST FUND

Policy Number 086200

EXCESS CARRIER

Company Code 4 6 0 1 0 (Florida Certificate of Authority Number)

Company Name FLORIDA PATIENT'S COMPENSATION FUND

Policy Number 8087

Calendar Year Claim Closed 8 4 FCC M M I IAC 3

Insured Jerry J. Fleischaker, M.D.

Address 718 W. Buffalo, Tampa, FL

County Code

0 3

(1) Surgery Code 1 Speciality Psychiatry Code 1 9

(2) Date of Incident (Month, Day Year) 0 2 1 6 8 3

(3) Date submitted for mediation (Month, Day, Year) N/A

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion

(5) Date of suit, if filed (Month, Day, Year) 1 1 0 2 8 3

(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) 0 5 2 5 8 4

A. Primary Indemnity \$ 25,000. C. Excess Indemnity \$

B. Primary Defense \$ 3,938. 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)

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

2459

Pt. brought to insured because of uncontrollable behavior.
Insured prescribed Prolixin Decanoate and pt. had a reaction
and required hospitalization.