

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 82-3706

PRIMARY CARRIER

Company Code 44050 (Florida Certificate of Authority Number)

02470

Company Name Physicians Protective Trust Fund

Policy Number 3011

EXCESS CARRIER

Company Code 46010 (Florida Certificate of Authority Number)

Company Name Patient's Compensation Fund

Policy Number 8149

Calendar Year Claim Closed 84

FCC   

IAC   

Insured Bharminder Bedi, M.D.

County Code

Address Rt. 1, Box 131, Odessa, FL 33556

04

(1) Surgery Code 1 Speciality Family Practice Code 06

(2) Date of Incident (Month, Day Year) 100181

(3) Date submitted for mediation (Month, Day, Year) 092082 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)   

(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) 111284

A. Primary Indemnity \$ 30,000 C. Excess Indemnity \$ -0-

B. Primary Defense \$ 22,000 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.

2470

Alleged use of sexual therapy to treat female patient with depression and insecurity problem.