

FLORIDA DEPARTMENT OF INSURANCE  
 MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 509JH8853  
 09J-001

PRIMARY CARRIER

Company Code 01470 (Florida Certificate of Authority Number)

Company Name The St. Paul Insurance Companies

0355

Policy Number 509JH8853

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Calendar Year Claim Closed 84 FCC MMI IAC 3

Insured Romeo L. Paulilio, M.D., P.A.

Address 178 Topic Court, Kissimmee, FLA. 32743

County Code

27

(1) Speciality Radiology Code 20

(2) Date of Incident (Month, Day, Year) 1110182

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

(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)     

A. Primary Indemnity \$ \_\_\_\_\_ C. Excess Indemnity \$ \_\_\_\_\_

B. Primary Defense \$ \_\_\_\_\_ 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) 050284 No claim pursued against insured

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

Prepared by J. Gail Walker

alleging films of cervical spine taken in surgical suite were  
incorrectly interpreted.