

PRIMARY CARRIER  
COMPANY CODE 04160 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL  
POLICY NUMBER 8401 - 16817

0840

EXCESS CARRIER  
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME  
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 84

INSURED BURNSED, M.D./DAVID WILLIAM  
ADDRESS 701 N. PALMETTO STREET

COUNTY CODE 12

(1) SURGERY CODE: 07 SPECIALITY: SURGERY - GENERAL - N.O.C. CODE: 3

(2) DATE OF INCIDENT: 03/27/84

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: NONE

(6) DISPOSITION OF INCIDENT (CHECK ONE):

(1) FINAL JUDGEMENT (2) SETTLEMENT

(3)  FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED

(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT:

A. PRIMARY INDEMNITY \$ .00 C. EXCESS INDEMNITY N / A  
B. PRIMARY DEFENSE \$325 ~~00~~ D. EXCESS DEFENSE N / A

(8) SUMMARY JUDGEMENT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(9) DIRECTED VERDICT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(10) TRIAL (1) YES (2) X NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT:

07/06/84

*Incident Report Only. No claim pursued.*

PT ADMITTED TO HOSPITAL BY INSD AFTER REQUEST FROM DR. GILBERT TO SEE PT. PT HAD ACUTE APPENDICITIS SO INSD OPERATED DAY OF ADMISSION. PT HAD ABSCESS & ONE PENROSE DRAIN LEFT IN. PT DISCHARGED 3/1/84 WITH SMALL AMOUNT OF PUS DRAINING FROM LOWER END OF WOUND. FOLLOW UP IN OFFICE & INSD FOUND LAP PAD IN BELLY. THIS WAS REMOVED 3/23/84. SPONGE COUNT CORRECT AT TIME OF SURGERY.

*EJ Byrne*