

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE # A84-8079-82

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8401 - 27191

0990

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 84

INSURED LOPEZ-PADILLA, M.D./NELSON
ADDRESS 230 SOUTHEAST 23RD AVENUE

COUNTY CODE 06

(1) SURGERY CODE: 06 SPECIALITY: FAMILY PRACTICE-NO SURGERY CODE: 1

(2) DATE OF INCIDENT: 02/08/84

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 02/08/84

(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 \$3,077.00 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) X YES (2) NO

(11) DATE AND REASON FOR FINAL DISPOSITON, IF NO SETTLEMENT OR JUDGEMENT :
11/08/84

PT SEEN FOR IMPOTENCE AND PEYRONIES DISEASE
WAS SUSPECTED. TESTS PERFORMED AND WERE
NEGATIVE. PT LATER HAD STROKE AND WAS
ADMITTED. IT WAS THEN DISCOVERED PT HAD A
PITUITARY TUMDR WHICH CAUSED THE IMPOTENCE.
NOW S&C SERVED ALLEGING IMPROPER DIAGNOSIS.

FORM NO. DI4-303
PAGE 1 - AMENDED (2-84)

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PREPARED BY

Edward R. Gutierrez

F. P. I. D.