



FLORIDA DEPARTMENT OF INSURANCE  
 FLORIDA MEDICAL PROFESSIONAL LIABILITY  
 CLOSED CLAIM REPORTING FORM

11. NAME OF INSTITUTION: AMI-PARKWAY REGIONAL MED CEN INSTITUTION CODE: 1 | 0 | 0 | 1 | 1 | 4 |  
 (See Table D)

12. LOCATION OF INSTITUTIONAL INJURY: (Check One)

<input type="checkbox"/> (01) Patient's Room	<input type="checkbox"/> (05) Physical Therapy Dept.	<input checked="" type="checkbox"/> (09) Radiology
<input type="checkbox"/> (02) Operating Suite	<input type="checkbox"/> (06) Nursery	<input type="checkbox"/> (10) Emergency Room
<input type="checkbox"/> (03) Recovery Room	<input type="checkbox"/> (07) Critical Care Unit	<input type="checkbox"/> (11) Other: _____
<input type="checkbox"/> (04) Labor & Delivery Room	<input type="checkbox"/> (08) Special Procedure Room	_____

13. DATE OF OCCURRENCE: 12/14/92  
 DATE REPORTED TO INSURER: 06/03/93

14. INJURED PERSON'S AGE: 68 Years (If less than one year, enter 00; if unknown, enter UNK.)

INJURED PERSON'S SEX:  (M)  (F) (Circle One)

14.1 INJURED PERSON'S NAME: [REDACTED] [REDACTED]  
 First and Middle Initial  
 STREET ADDRESS: [REDACTED]  
 CITY: [REDACTED] STATE [REDACTED] ZIP [REDACTED]

15. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED:  
Esophageal cancer.

(LEAVE BLANK)  
 15.

16. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION:  
N/A.

16.

17. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE:  
The decedent's widow alleged a GI series was incorrectly performed because it failed to identify a tumor of the esophagus. This allegation was never substantiated by an expert witness.

17.

18. DESCRIBE THE OPERATION, DIAGNOSTIC OR TREATMENT PROCEDURE CAUSING THE INJURY. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE PROCEDURES USED. INCLUDE METHOD OF ANESTHESIA, OR NAME OF DRUG USED FOR TREATMENT, WITH DETAIL OF ADMINISTRATION:  
N/A.

18.

19. DESCRIBE THE PRINCIPAL INJURY GIVING RISE TO THE CLAIM. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE INJURY. INCLUDE TYPE OF ADVERSE EFFECT FROM DRUGS WHERE APPLICABLE:  
Death.

19.

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20. SEVERITY OF INJURY: (Check only one - rate most serious injury if several are involved.)

- (01) Emotional only - Fright, no physical damage.
- (02) Insignificant--- Lacerations, contusions, minor scars, rash. No delay.
- Temp-  (03) Minor----- Infections, missed fracture, fall in hospital. Recovery delayed.
- orary  (04) Major----- Burns, surgical material left, drug side effect, brain damage. Recovery delayed.
- (05) Minor----- Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
- Perma-  (06) Significant---- Deafness, loss of limb, loss of eye, loss of one kidney or lung.
- nent  (07) Major----- Paraplegia, blindness, loss of two limbs, brain damage.
- (08) Grave----- Quadriplegia, severe brain damage, lifelong care of fatal prognosis.
- (09) Death

21. DATE OF SUIT, IF ANY:   N/A  

21.1 CIRCUIT COURT CASE NUMBER:   N/A  

21.2 COUNTY CODE OF COUNTY SUIT FILED IN:   |  |  |   (SEE TABLE B)   N/A  

22. LIST OTHER DEFENDANTS INVOLVED IN THIS CLAIM, THE INSURER'S NUMBER AND THE COMPANION CLAIM FILE ID NUMBER:

	<u>DEFENDANT'S NAME (Last Name, First Name)</u>	<u>INSURER CODE NO.</u>	<u>INSURER FILE ID.</u>
1)	<u>  N/A.  </u>	<u>                    </u>	<u>                    </u>
2)	<u>                    </u>	<u>                    </u>	<u>                    </u>
3)	<u>                    </u>	<u>                    </u>	<u>                    </u>
4)	<u>                    </u>	<u>                    </u>	<u>                    </u>
5)	<u>                    </u>	<u>                    </u>	<u>                    </u>

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (Check One)

- (01) Yes  (02) No

24. DATE OF FINAL CLAIM DISPOSITION:   9/22/94  

25. FINAL METHOD OF CLAIM DISPOSITION:

- (01) Settled by parties.
- (02) Disposed of by a court.
- (03) Disposed of by arbitration.

26. STAGE OF THE LEGAL SYSTEM AT WHICH SETTLEMENT WAS REACHED OR AWARD MADE: (Check One)

- (01) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
- (02) After arbitration is initiated or prior to suit being filed.
- (03) Within 90 days of suit being filed.
- (04) More than 90 days after suit filed and prior to or during the course of mandatory settlement conference.
- (05) During trial but before court verdict.
- (06) After court verdict and prior to filing notice of appeal.
- (07) After notice of appeal is filed or post-judgement relief or action is required for recovery.
- (08) During appeal.
- (09) After appeal.
- (10) Claim or suit abandoned.

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27. COURT: (Check One)
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> (01) No court proceedings.<br><input type="checkbox"/> (02) Directed verdict for plaintiff.<br><input type="checkbox"/> (03) Directed verdict for defendant.<br><input type="checkbox"/> (04) Judgement notwithstanding the verdict for plaintiff.<br><input type="checkbox"/> (05) Judgement notwithstanding the verdict for defendant.<br><input type="checkbox"/> (06) Judgement for the plaintiff. | <input type="checkbox"/> (07) Judgement for the defendant.<br><input type="checkbox"/> (08) Judgement for the plaintiff after appeal.<br><input type="checkbox"/> (09) Judgement for the defendant after appeal.<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Summary judgement for the plaintiff.<br><input type="checkbox"/> (12) Summary judgement for the defendant. |
|--|---|

28. ARBITRATION: (Check one)
- |  |  |
|--|--|
| <input checked="" type="checkbox"/> (01) Claim not subject to arbitration.<br><input type="checkbox"/> (02) Claim subject to arbitration, but settlement reached in lieu of award. | <input type="checkbox"/> (03) Award for plaintiff.<br><input type="checkbox"/> (04) Award for defendant. |
|--|--|

29. WAS THERE AN ITEMIZED VERDICT? (Check One)
- (01) Yes  (02) No (If yes, please attach copy of settlement or verdict.)

30. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: . . . . . \$ 7,500.00

30.1 AMOUNT OF DEDUCTIBLE PAID BY THIS DEFENDANT: . . . . . \$ 0.00

31. INDEMNITY PAID BY EXCESS CARRIER ON BEHALF OF THIS DEFENDANT: . . . . . \$ 0.00

32. LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL:.. . . . \$ 0.00

33. ALL OTHER LOSS ADJUSTMENT EXPENSE PAID:.. . . . \$ 236.00

34. NUMBER OF DAYS OF INJURED PERSON'S WAGE LOSS PAID TO DATE: . . . . . 0 days

35. ESTIMATED NUMBER OF FUTURE DAYS OF INJURED PERSON'S WAGE LOSS: . . . . . 0 days

36. INJURED PERSON'S GROSS WEEKLY INCOME: . . . . . \$ 0.00

37. INJURED PERSON'S

TOTAL ECONOMIC LOSS:	<u>MEDICAL</u>	<u>WAGE LOSS</u>	<u>OTHER EXPENSES</u>
A) INCURRED TO DATE . . . . .	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
B) ESTIMATED FUTURE . . . . .	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

38. AMOUNT PAID FOR INJURED PERSON'S NON-ECONOMIC LOSS:.. . . . \$ 7,500.00

39. IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENTS USED IN THIS CLAIM:
- |   |                |
|---|----------------|
| A) PRESENT VALUE OF PERIODIC PAYMENTS . . . . .   | \$ <u>0.00</u> |
| B) COST TO THE INSURER OF THE PAYMENTS . . . . .  | \$ <u>0.00</u> |
| C) TOTAL EXPECTED PAYMENT TO PLAINTIFF . . . . .  | \$ <u>0.00</u> |
| D) DID YOU PURCHASE AN ANNUITY? <input type="checkbox"/> (01) Yes <input checked="" type="checkbox"/> (02) No |                |

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40. BRIEFLY DESCRIBE THE STRUCTURED SETTLEMENT INCLUDING HOW IT IS FINANCED: N/A.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. TYPE OF NON-ECONOMIC DAMAGE LIMIT: (Check One)

- (01) No limit (neither party requests or agrees to voluntary binding arbitration).
- (02) No limit (defendant refuses claimant's offer of voluntary binding arbitration).
- (03) \$250,000 Limit (both parties accept arbitration). (See Item 42 for exception.)
- (04) \$350,000 Limit (plaintiff rejects arbitration).
- (05) Does not apply because occurrence happened before the 02-08-88 law.

42. IF (03) IS CHECKED IN ITEM 41 AND THE LIMIT ON NON-ECONOMICAL DAMAGES IS DIFFERENT THAN \$250,000, THEN INDICATE THE MODIFIED LIMIT: . . . . . \$ 0.00

43. COLLATERAL SOURCE INFORMATION: N/A

ENTER TO THE NEAREST PERCENT (use no decimals) THE PERCENT RECOVERY FOR ECONOMIC LOSS FROM:

- |                                    |   |
|------------------------------------|---|
| A. <u>0%</u> Health                | D. <u>0%</u> Automobile                           |
| B. <u>0%</u> Disability            | E. <u>0%</u> Medicare, Medicaid & Social Security |
| C. <u>0%</u> Worker's Compensation | F. <u>0%</u> Other sources, specify: _____        |

44. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY: Member discussed case with insurance company personnel and medical experts.  
\_\_\_\_\_  
\_\_\_\_\_

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