

Florida State Medical Malpractice Closed Claim Report

781258

File # 76-0299-76

Primary Carrier FMA-PLI-Trust

Policy Number 7605-18392

Excess Carrier _____

Policy Number _____

Insured R. V. Radin, M.D.

Address 3003 Cardinal Drive, Vero Beach, Florida 32960

Specialty Psychiatrist

Date of incident _____

Date of Suit _____

Disposition of incident:

Date 11/1/77 - (Received) 10/16/77 - (Closed) 12/1/78

Settlement \$ —

Defense Cost \$ 288.18

Summary Judgement —

Directed Verdict —

Let out by the jury —

Reason for final disposition, if no settlement.

Claim not pursued

Indian River County

John Robinson 11/13/77

Summary of occurrence which created claim.

Pt's husband is alleging improper supervision of treatment and says patient's condition is worse because of insured. Also alleges unnecessary expense. Code 20