

Florida State Medical Malpractice Closed Claim Report

File # A77-0839-77

1207

Primary Carrier Florida Physicians Insurance Reciprocal

Policy Number 7701-25212

Excess Carrier ----

Policy Number ----

Insured Mariam K. Ohn, M.D.

Address 9677 Seminole Blvd., Suite 1D, Seminole, Fla. 33542

Specialty Gen. Practice, Class two

Date of incident 4/7/77

Date of Suit -----

Disposition of incident:

Date 8/1/79

Settlement \$ 00

Defense Cost \$ 7,195.61

Summary Judgement -----

Directed Verdict -----

Let out by the jury -----

*Phellas County*

Reason for final disposition, if no settlement.

Case won in mediation, suit never filed & statute has now

Summary of occurrence which created claim.

Insd. saw pt in ER with a laceration of his hand. She cleaned and sutured the wound. Subsequently pt developed an infection in the wound from a particle left in the laceration which resulted in amputation of the index finger. Insured has been served with mediation papers.

Code 1