

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

MICROFICHE

Policy Number 8001-04004

EXCESS CARRIER

Company Code - - - - - (Florida Certificate of Authority Number)

00258

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Calendar Year Claim Closed  FCC M M L IAC 3

Insured Robert H. Owrey, M.D.

Address 4600 N. Habana Ave., Suite 26, Tampa, FL 33614

County Code 03

Specialty General Practice Code 06

Date of Incident (Month, Day, Year) 08 08 80

Date submitted for mediation (Month, Day, Year)     

Disposition of mediation (check one):

- (1)  Plaintiff
- (2)  Defendant
- (3)  No final conclusion

Date of suit, if filed (Month, Day, Year)     

Disposition of incident (check one):

- (1)  Final Judgment
- (2)  Settlement
- (3)  Final Disposition Not Resulting in Payment on Behalf of the Insured

Date and amount of Judgment or Settlement (Month, Day, Year)     

A. Primary Indemnity \$ 0 C. Excess Indemnity \$ \_\_\_\_\_

B. Primary Defense \$ 0 D. Excess Defense Costs \$ \_\_\_\_\_

Summary Judgment (1)  For Plaintiff (2)  For Defendant

Directed Verdict (1)  For Plaintiff (2)  For Defendant

Trial (1)  YES (2)  NO

Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 11 21 80 no claim

Include brief summary of occurrence which created claim on back.

1-01/80

Prepared by B Murphy

12. Insd was pt's treating physician & in 8/80, she had a hip fracture repaired by Dr. Wilson. Later she dev phlebitis & other comp & these were taken care of. She was discharged to a Boarding House. SHe had more comp & has been readmitted to hosp for care. Now the pt's family is alleging improper care.