

A79-2071-78

PRIMARY CARRIER

Code 04160 (Florida Certificate of Authority Number)

(0722)

Company Name Florida Physicians' Insurance Reciprocal

MICROFICHE

Policy Number 7901-12107

EXCESS CARRIER

Code (Florida Certificate of Authority Number)

Company Name

Policy Number

Calendar Year Claim Closed 80 FCC MMI IAC 3

Insured Joel Mattison, M.D.

County Code

Address 4700 N. Habana Ave. Tampa, FL. 33644

03

Specialty PL. Surg Code 17

Date of Incident (Month, Day, Year) 071278

Date submitted for mediation (Month, Day, Year) N/A

Disposition of mediation (check one):

Plaintiff (2) Defendant (3) No final conclusion

Date of suit, if filed (Month, Day, Year) N/A

Disposition of incident (check one):

Final Judgment (2) Settlement

Final Disposition Not Resulting in Payment on Behalf of the Insured

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

Primary Indemnity \$ 0 C. Excess Indemnity \$

Primary Defense \$ 640. D. Excess Defense Costs \$

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

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

Final (1) YES (2) NO

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

Month, Day, Year) 070780 7-7-80 closed no activity

Include brief summary of occurrence which created claim on back.

Prepared by R. Carey

Insd did an abdominal lipectomy for removal of abdominal tissue. Pt had an area of tissue loss on the edge of the incision near the midline & has been uphappy about this even though it can be revised at t proper time. This is alos a known complication & pt was informed of this. Atty is requesting records.