

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# _____

PRIMARY CARRIER

A80-2974-78

ny Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

00779

Policy Number 8001-20045

EXCESS CARRIER

ny Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 80 FCC MM1 IAC 3

Insured Arthur J. Starr, M.D.

Address Post Office Box 335 Tampa, Florida 33601

County Code 03

Speciality Path Code 15

Date of Incident (Month, Day, Year) 060178

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)

Primary Indemnity \$ 0 C.Excess Indemnity \$ _____

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) 052080 No claim pursued

Include brief summary of occurrence which created claim on back.

00779

Pt had c-section & insd states placenta was removed intact. About 2 wks later pt returned with heavy bleeding & OBG did D&C & decribed products of conception. Insd states description was in the broadest sense & was strictly speaking, implantation which did not involute. Pt has been well, but has filed claim against him.