

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A80-2912-78

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8001-08638

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A.

Policy Number _____

(1110)

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured James D. Forbes, M.D.

Address 141 Deane Duff Ave.
Clewiston Florida 33440

County Code 49

(1) Specialty four - GS Code 07

(2) Date of Incident (Month, Day, Year) 12/14/78

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

(4) Disposition of mediation (check one):

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

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

(6) Disposition of incident (check one):

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

(7) Date and amount of Judgment or Settlement (Month, Day, Year) 12/3/80

A. Primary Indemnity \$ 2000. C. Excess Indemnity \$ _____

B. Primary Defense \$ 795. D. Excess Defense Costs \$ _____

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

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

(10) Trial (1) YES (2) NO

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

(Month, Day, Year) 01/14/81 Settled

(12) Include brief summary of occurrence which created claim on back.

Insd admitted pt to hosp with tonsillitis & a convulsive disorder. Insd ordered Dilantin & the nursing staff & the pharmacist dispensed the adult elixir instead of the pediatric. Pt transferred to another hosp with Dilantin intoxication. Now atty req rec.