

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # ABO-3824-80

PRIMARY CARRIER

Company Code 0141610 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8001-10044

**MIC**

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

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

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

Calendar Year Claim Closed 811 FCC MMML IAC 3

8/01555

Insured Marion M. Estes, M.D.

Address 806 East Call Street, Tallahassee, FL 32301

County Code 13

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 1 20 9 80

(3) Date submitted for mediation (Month, Day, Year)     

(4) Disposition of mediation (check one):

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

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

(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)     

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

B. Primary Defense \$ 0 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) 04 27 81 No claim

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

12. Pt was picked up by police threatening suicide. She was adm for observation & had a history of mental care. Insd exam pt & was transferred to an open ward. Insd allowed pt to go on an outing w/ a group to the mall & pt escaped & has not been found. Pt's parents were very upset & was threatening suit. Insd has talked to her parents & calmed them down somewhat. No contact w/ any atty.