

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

81 02021
FILE#

PRIMARY CARRIER

Company Code 44080 (Florida Certificate of Authority Number)

Company Name SOUTH PINELLAS MEDICAL TRUST

Policy Number 17976

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name

Policy Number

Calendar Year Claim Closed 87 FCC MMI IAC 3

Insured JOSEPH E. RAWLINGS, JR., M.D.

Address 5901 7th Avenue North, St. Petersburg, Pinellas, Florida 33710

County Code 04

(1) Speciality General Practice Code 06

(2) Date of Incident (Month, Day, Year) 08 24 81

(3) Date submitted for mediation (Month, Day, Year) 02 25 80

(4) Disposition of mediation (check one):

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

(5) Date of suit, if filed (Month, Day, Year) 03 26 80

(6) Disposition of incident (check one):

(1) Final Judgment ^{Summary} (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) 06 10 81

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

B. Primary Defense \$ 9,638. 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)

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

Summary of Incident: Claimant alleged that Insured failed to diagnose and treat her for cancer.