FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-3991-80

PRIMARY CARRIER
Company Code [0|4|1|6|0] (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8101-16548

EXCESS CARRIER
Company Code [| | | |] (Florida Certificate of Authority Number) 81 00466

Company Name

Policy Number

Calendar Year Claim Closed [8|1] FCC [M|M|1] IAC [3].

Insured Moises Sucholeiki, M.D.

Address University Hospital P. O. Box 3824
Jacksonville, Florida 32206 Duval County Code [0|2]

(1) Specialty Psychiatry Code [1|9]

(2) Date of Incident (Month, Day, Year) [1|0|2|4|8|0]

(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) [X] 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 N/A

(10) Trial (1) [ ] YES (2) [X] NO

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

(Month, Day, Year) [0|6|/|2|8|1] No Claim

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

(MM) 1-01/80

Prepared by Debbie Chambless

SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt treated by insd during several hospitalizations. Diagnosis was schizophrenic, paranoid type. On 10/24/80 pt was admitted to University Hospital after violent episode at home. Pt expired suddenly from cardiac arrest while in seclusion. No atty contact to date. Code 11