

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4552-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8101-07773

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

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

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

8100513

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured MOKE WILLIAMS, M.D.

Address 1601 N.E. 26th Street, Ft. Lauderdale, Fl. 33305

County Code 10

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 032180

(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)     

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)  NO

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

(Month, Day, Year) 092981 No claim

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

OCCURRENCE WHICH CREATED CLAIM:

Pt adm to hosp w/DX of acute schizophrenic reaction & was treated medically & w/psychotherapy by Insd. Pt did not pay bill (\$7,000) & has written letter to Broward County Medical Society alledging improper treatment (Testing never done, unnecessary medication, wrong progress reports to family). Medical Society Medication Committee has req summary of treatment by Insd.