

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4462-78

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8101-29894

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

8100622

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

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

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured Nelita Ano, M.D.

Address 2040 South Ridgewood, Daytona, Florida 32019

County Code 08

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 102878

(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 \$ 00 C. Excess Indemnity \$ \_\_\_\_\_

B. Primary Defense \$ 00 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) 101981 Record only, no claim

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

0114

OCCURRENCE RESULTING IN CLAIM:

Pt admitted to Hosp thru ER due to drug reaction (hallucenogenic drug). Disc to family. Hosp. sued Pt for non-payment. Pt sued hosp for keeping him in hosp involuntarily. Pt's atty alledges that Pt was given inappripriate med (Helpal, 20 mg, 3X Daily). Insd may be pulled into case in future, but nothing now.