

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4421-75

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8101-18355

0812

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured Arturo Perez, M.D.

2050 Havendale Blvd.

Address Winter Haven, Florida 33880

County Code

05

(1) Specialty IM Code 08

(2) Date of Incident (Month, Day, Year) 12/01/75

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

(4) Disposition of mediation (check one):

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

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

(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 \$ 527.00

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) 1/01/98

Record only, no claim

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

R. Carey

01/14

Insd had been treating pt for several years for chronic obstructive lung disease. Pt was admitted to hosp 3-81 & continued to deteriorate. Pt expired 3-7-81 of cardiopulmonary disease. Now pts wife is upset & has retained an atty req rec.