

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A81-5045-81

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

(1231)

Policy Number 8101-24079

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC MM1 IAC 3

Insured Jee Sang Kwon, M.D.

Address 1118 Pennsylvania Ave., St. Cloud, Fl. 32769

County Code 26

(1) Specialty Internal Medicine Code 08

(2) Date of Incident (Month, Day, Year) 092181

(3) Date submitted for mediation (Month, Day, Year) N/A

(4) Disposition of mediation (check one): N/A

(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

(10) Trial (1) YES (2) NO

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

(Month, Day, Year) 012082 Record only - No claim

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

(MM) 1-01/80

Prepared by R Carey

Am/4

OCCURRENCE WHICH RESULTED IN CLAIM:

Insured treated patient for heart disease, hypertension and diabetes mellitis. While taking shower-bath, patient slipped, fell and injured her back. Attorney has contacted hospital about possible compensation claim.