

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-5658-82

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8201-34128

RC

Q2 1391

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 Jitendra U. Mehta

Address 464 1st Street North
Winter Haven, Fl 33880

Polk

County Code 05

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 041682

(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) 072782 *no claim pursued*

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

BRIEF SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt was admitted to the hospital on 4/15/82 for psychiatric problems. The next day pt decided to jump out the 5th floor window. Pt sustained broken bones along with other complications. Pt was place in ICU & is still presently there/ Pt's parents are upset with the hospital and Insd. Precautionary measure.