

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-5623-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8201-28011

KB

01781

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 Gerard Gerling, M.D.

Address 11 Tremerton St., Suite 8, St. Augustine, Fl. 32084

County Code 20

(1) Specialty Neurology Code 09

(2) Date of Incident (Month, Day, Year) 041280

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

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion *N/A*

(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 \$ 743.88 D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant *N/A*

(9) Directed Verdict (1) For Plaintiff (2) For Defendant *N/A*

(10) Trial (1) YES (2) NO *N/A*

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

(Month, Day, Year) 120882 *Pl. Atty decided not to*

proceed the case

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

OCCURRENCE WHICH RESULTED IN CLAIM:

Patient was referred for severe headaches of 2 weeks' duration. Work up was normal except for cervical spondylosis. Patient insisted upon discharge without EEG. Patient later had craniotomy for subdural hematoma at Shands. Attorney has requested records.