

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4453-81

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8101-09290

*RC*

*Q 1831*

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 Walter J. Muller, M.D.  
335 Knowles Ave.

Address Orlando, Fla. 32789

County Code 07

(1) Specialty one - Psych Code 19

(2) Date of Incident (Month, Day, Year) 03 03 81

(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) 06 18 81 #1308

(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 \$ 7,225 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) 06 15 82 Co-defendant Hospital taking  
over defense

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

Pt is a doctor who is sueing insd & other doctors & hospital because he rec'd Summary Suspension from the medical staff which includes suspension of all clinical privileges.