

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4135-81

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

**8202252**

Policy Number 8101-20180

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 George Lose, M.D.

Address 1843 Floyd St.  
Sarasota, Florida 33579

County Code 16

(1) Specialty one - Psych Code 19

(2) Date of Incident (Month, Day, Year) 021581

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

(4) Disposition of mediation (check one):

(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 \$ 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) 022482 no claim payment

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

Insd has been treating pt for a # of years for manic depression. Insd admitted pt to hospital in early Feb. Insd put pt into a posey. Pt twisted & moved around in the posey. Apparently pt got caught in the posey & it choked her. Pt is now in heavy coma & pts children are threatening suit against the hosp & insd. Insd is now scheduled for depo.