

MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A81-4970-80

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

(2288)

Policy Number 8101-27170

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC M M 1 IAC 3

Insured RONALD WILK, M.D.

County Code

Address 900 N.W. 13th St., Suite 201, Boca Raton, Fl. 33432

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(1) Specialty Neurology Code 09

(2) Date of Incident (Month, Day, Year) 011480

(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 \$ 00 C. Excess Indemnity \$

B. Primary Defense \$ 869.00 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) ~~050482~~ no claim pursued

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

B. Murphy

OCCURRENCE WHICH RESULTED IN CLAIM:

Insured saw patient on consult for Bruits following arteriogram. Patient developed weakness in arm. Possible hematoma or direct injury to nerve. Now attorney is requesting records and alleging hematoma was present and surgery should have been performed.