82-02441

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# ____

PRIMARY CARRIER
Company Code [01470] (Florida Certificate of Authority Number)

Company Name St Paul Ins. Co

Policy Number 509 JH 6776 09 A001

EXCESS CARRIER
Company Code [ ] (Florida Certificate of Authority Number)

Company Name ____

Policy Number ____

Calendar Year Claim Closed [82] FCC [MM1] IAC [3]

Insured Dr David Wilson Cheshire, M.D.

Address 3599 University Blvd, Jacksonville Fl County [02]

(1) Speciality Psychiatry Code [19]

(2) Date of Incident (Month, Day, Year) [031982]

(3) Date submitted for mediation (Month, Day, Year) [ ]

(4) Disposition of mediation (check one):

(1) [ ] Plaintiff (2) [ ] Defendant (3) [ ] No final conclusion

(5) Date of suit, if filed (Month, Day, Year) [ ]

(6) Disposition of incident (check one):

(1) [ ] Final Judgment (2) [ ] Settlement

(3) [X] Final Disposition Not Resulting in Payment on Behalf of the Insure

(7) Date and amount of Judgment or Settlement (Month, Day, Year) [ ]

A. Primary Indemnity $____ C. Excess Indemnity $____

B. Primary Defense $____ 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) [112482] Claim denied - no claim → Improper diagnosis - drug related

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

(M)1-01/80

Prepared by W. M. Spence