

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A81-5069-81

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8101-29788

*KB
PC*

EXCESS CARRIER

82-00543

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC MM1 IAC 3

Insured Jose C. Montes, M.D.

Address 400 Stuart St., Milton, Fl. 32570

County Code 33

(1) Specialty Psychiatry Code 119

(2) Date of Incident (Month, Day, Year) 110481

(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 \$ -0-

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) 03/30/82 No claim

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

Clm/4

OCCURRENCE WHICH RESULTED IN CLAIM:

Patient transferred to Mental Health Center from state hospital with diagnosis of degenerative dementia, schizophrenia, chronic undifferentiated type and alcohol deterioration. Patient usually is disoriented but Okay. She told nurse she was going to her room and jumped out the window breaking ankle, tibia and fibula. Fractures were set. Now patient denies fractures and wants to go home. Daughter wants to know exactly what happened.