

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-5651-81

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

00726

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8201-17044

P.C.
D.D

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name n/a

Policy Number

Calendar Year Claim Closed 82 FCC MMI IAC 3

Insured J. Richard Gunderman, M.D.

Address 825 West Buffalo Ave.

Tampa, Fl 33603

Hillsborough

County Code

03

(1) Specialty Nephrology Code 09

(2) Date of Incident (Month, Day, Year) 100781

(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) 07/3/82 *No Claim*

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

SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Term birth child, appropriate for gestational age. Cardiac arrest with ensuing hypoxic encephalopathy. Acute tubular necrosis secondary to shock--resolved. Acute tubular necrosis secondary to shock--resolved. Aspiration pneumonia--resolved. Baby expired 3/27/82.