## FLORIDA DEPARTMENT OF INSURANCE MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

Company Name Florida Physicians' Insurance Reciprocal  Policy Number 3201-17044  EXCESS CARRIES Company Name n/a  Policy Number Calendar Year Claim Closed [1] FCC [MM] IAC [3]  Insured J. Richard Gunderman, M.D. 825 West Buffalo Ave. Address Tampa, F1 33603  (1) Specialty Nephrology Code [0]9  (2) Date of Incident (Month, Day, Year) [1] [0] [7] [8] [1]  (3) Date submitted for mediation (Month, Day, Year) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		A82-5651-81
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EXCESS CARRIER Company Name _ 1/a  Policy Number  Calendar Year Claim Closed [5] FCC MMN I IAC [3]  Insured _ J. Richard Gunderman, M.D.	Company Name Florida Physicians' Insurance Reciprocal	
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Policy Number  Calendar Year Claim Closed [h] FCC [M] L IAC [3]  Insured J. Richard Gunderman, M.D.  825 West Buffalo Ave. Address Tampa, F1 33603   Billsborough  (1) Specialty Nephrology   Code [0]  (2) Date of Incident (Month, Day, Year) [] [] [] [] [] [] [] [] [] [] [] [] []		D.D
Calendar Year Claim Closed [5]2 FCC [M M ] IAC [3]  Insured J. Richard Gunderman, M.D.  825 West Buffalo Ave. Address Tampa, F1 33603 Rillsborough  (1) Specialty Nephrology Code [0]9  (2) Date of Incident (Month, Day, Year) [10 0 7 8 1]  (3) Date submitted for mediation (Month, Day, Year) [10 0 7 8 1]  (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) [10 0 7 8 1]  (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) [10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Company Name n/a	
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Address 825 West Buffalo Ave. Tampa, Fl 33603  (1) Specialty Nephrology  (2) Date of Incident (Month, Day, Year) 100781  (3) Date submitted for mediation (Month, Day, Year)	Calendar Year Claim Closed [5] FCC MM1 IAC 3	
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(4) Disposition of mediation (check one):  (1) Plaintiff (2) Defendant (3) No final conclusion \( \beta \) / \( \beta \)  (5) Date of suit, if filed (Month, Day, Year) \( \beta \) / \( \beta \)  (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) \( \begin{array}{c ccccccccccccccccccccccccccccccccccc	(2) Date of Incident (Month, Day, Year) 100781	
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(7) Date and amount of Judgment or Settlement (Month, Day, Year)  A. Primary 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:	(1) Final Judgment (2) Settlement	
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(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:	B. Primary Defense \$ D. Excess Defense Costs \$_	
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	(10) Trial (1) YES (2) NO	
(Month, Day, Year) 67/1383 No Claus	(11) Date and reason for final disposition, if no settlement or judgment:	
	(Month, Day, Year) 67/383 No Claus	
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	(MM) 1-01/80 Frepared by CLIM 14	

## 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.