

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A82-5362-81

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

8200753

Policy Number 8201-26642

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name N/A

D.D.  
P.C.

Policy Number                     

Calendar Year Claim Closed 82 FCC MMI IAC 3

Insured Annette Barnes, M.D.

Address 220 West Main Street  
Bartow, Florida 33830

County Code 05

(1) Specialty Psych Code 19

(2) Date of Incident (Month, Day, Year) 100181

(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) 061182 No Claim

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

Pt was referred from an opthamologist for depression. Now pt is complaining that insd did not see her one time. Pt has registered a complaint with the State Attorney's Office. Insd has not heard anything from an atty.