

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

83(1012

File # A83-7532-83

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

DF

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8301-26642

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name n/a

Policy Number

Calendar Year Claim Closed 83 FCC MM1 IAC 3

Insured Annette Barnes, M.D.

Address 220 W. Main Street
Bartow, Florida 33880

Polk

County Code 05

(1) Specialty Pysch Code 19

(2) Date of Incident (Month, Day, Year) 020183

(3) Date submitted for mediation (Month, Day, Year) n/a

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion NA

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

(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) n/a

A. Primary Indemnity \$ 0

C. Excess Indemnity \$

B. Primary Defense \$ 0

D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant n/a

(9) Directed Verdict (1) For Plaintiff (2) For Defendant n/a

(10) Trial (1) YES (2) NO

(11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 113083 no claim to date

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

BRIEF SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt was seen by insd after she had a stroke & needed emotional support. Aft husband received insd's bill he was upset about the amount of the bill & how much time insd had spent with pt. Insd had her personal atty responed to the letter. Now husband has written the County Medical Society about insd's fees & they want insd to write a reply to their letter.