

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

01083

File # A83-7307-82

PRIMARY CARRIER  
Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8301-03956

EXCESS CARRIER  
Company Code      (Florida Certificate of Authority Number)

Company Name PCF

Policy Number Cert.#316

Calendar Year Claim Closed 83 FCC MM IAC 3

Insured Daniel Hammond, M.D.

Address 1150 N.W. 14th Street  
Miami, Florida 33136

County Code  
01

(1) Specialty GYN Surgery Code 10

(2) Date of Incident (Month, Day, Year) 080182

(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)      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) 080283 no claim being made

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

Brief summary of occurrence:

Pt was seen by insd since 1978 for mild pelvic infections, vaginitis and mild fibrocystic disease. In August of 1982 pt c/o midline abdomen tenderness and was adm to the hosp. Insd examined and fd a definite mass w/ thickening on the RT side. On 9-4-82 pt was taken to surg and was subseq fd to have bil tubal abscesses w/ rupt of the rt. Hysterectomy and salpingo-oophrectomy were perf the next day.