

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

83 01595

File # A81-4462-78

RC

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8101-29894

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 Nelita Ano, M.D.

Address 2040 South Ridge wood
Daytona, Florida 32019

County Code 08

(1) Specialty Psy. Code 19

(2) Date of Incident (Month, Day, Year) 102878

(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 \$ 00 C. Excess Indemnity \$

B. Primary Defense \$ 143,000 D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant

(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) 031583 Deposition only

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

Pt adm to hosp thru ER due to drug reaction(halucenogenic drug).
Disch to family. Hosp sued pt for non-payment. Pt sued hosp for
keeping him involuntarily. Pt's atty alled that pt given inapp drug
(Hepal, 20mg, 3X dly) Insd may be pulled into case in future but nothing
now.