

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A83-6671-872

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

0565

Policy Number 8301-20845

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name n/a

Policy Number

D.F. ②

Calendar Year Claim Closed 83 FCC MMI IAC 3

Insured Michael H. Millward, M.D.

6875 Estero Blvd.

Address Ft. Myers, Fl 33931 Lee

County Code

18

(1) Specialty F.P. Code 06

(2) Date of Incident (Month, Day, Year) 122382

(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 N/A

(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 \$

C. Excess Indemnity \$

B. Primary Defense \$

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) 042983 Att not pursuing

claim

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

BRIEF SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt was first seen for prepatellar bursitis of the right knee. Pt was given injection of Decomedrol (cortisone). After one week knee became sore & inflamed & after two weeks pt returned to insd with cellulitis. Ceclor was prescribed & pt improved. Now pt feels that the infection was a result of insd's care.