

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A83-7605-82

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

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

83 00577

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 C. BARNES, M.D.

Address 220 W. MAIN ST., BARTOW, FL. 33830

County Code 05

(1) Specialty PSYCHIATRY Code 19

(2) Date of Incident (Month, Day, Year) 070782

(3) Date submitted for mediation (Month, Day, Year) N/A

(4) Disposition of mediation (check one): N/A

(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 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) 122183 No claim to date

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

OCCURRENCE WHICH RESULTED IN CLAIM:

PT SLIPPED AND FELL IN RESTAURANT. INSD TREATED HER FOR LEFT KNEE INJURY AND PSYCHOLOGICAL PROBLEMS. NOW ATTY IS REQUESTING RECORDS PERTAINING TO TREATMENT AS PT SAYS PSYCHOLOGICAL PROBLEMS ARE A RESULT OF FALL AND SHE'S GOING TO SUE RESTAURANT.