

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

83 0754

PRIMARY CARRIER

File # C83-7270-82

Company Code 04160 (Florida Certificate of Authority Number)

GIIDF

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8301-10637

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 James E. Collins, M.D.

Address 500 5th Avenue, South
Naples, Florida 33940

Collier

County Code

64

(1) Specialty Psych Code 19

(2) Date of Incident (Month, Day, Year) 020182

(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) 092983 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 Dr. Walker who dx detaching retina resulting from a tumor behind the retina. Dr. Schneider gave pt radiation therapy to reduce the tumor so further detachment would be prevented. Pt became psychotic & had a nervous breakdown. Pt was then referred to insd. Pt later returned to Pittsburgh & later died from metastatic disease. Now atty has requested records.