

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE # A84-8409-84

PRIMARY CARRIER
COMPANY CODE 04160 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER) *84*

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8401 - 18063 *00842*

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 84

INSURED COSMA, M.D. / GUILLERMO W.
ADDRESS 1305 S. FT. HARRISON AVENUE COUNTY CODE 04

(1) SURGERY CODE: 19 SPECIALITY: PSYCHIATRY - INCLUDING CHILD - CODE: 1

(2) DATE OF INCIDENT: 05/14/84

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: NONE

(6) DISPOSITION OF INCIDENT (CHECK ONE):

(1) FINAL JUDGEMENT (2) SETTLEMENT

(3) FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED

(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT:

A. PRIMARY INDEMNITY \$.00 C. EXCESS INDEMNITY N / A

B. PRIMARY DEFENSE \$84.00 D. EXCESS DEFENSE N / A

(8) SUMMARY JUDGEMENT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(9) DIRECTED VERDICT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(10) TRIAL (1) YES (2) X NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :
08/15/84

N/C
INSD SAW PT IN ER 12-20-83, FOR DEPRESSION.
PT WAS SEEN BY INSD IN OFFICE ON 2-20-84.
INSD TREATED PT WITH MEDICATION. INSD RECOM-
MENDED HOSP, PT REFUSED. APPTS WERE MADE, BUT
PT DID NOT KEEP THEM. 3-12-84 PT TOOK OVER-
DOSE AND EXPIRED. ATTY REQUESTS RECORDS.

8/15/84

PREPARED BY

[Handwritten Signature]