

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8401 - 16817

00398

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 85 FCC MM1 IAC 3

INSURED BURNS, M.D./DAVID WILLIAM
ADDRESS 701 N. PALMETTO STREET
SUITE C
LEESBURG, FL 32748

COUNTY CODE 12

- (1) SURGERY CODE: 3 SPECIALITY: SURGERY - GENERAL - N.O.C. CODE: 07
- (2) DATE OF INCIDENT: 03/27/84
- (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: 03/20/85

A. PRIMARY INDEMNITY	\$7,500	C. EXCESS INDEMNITY	N / A
B. PRIMARY DEFENSE	\$325	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 :
N / A

PT ADMITTED TO HOSPITAL BY INSD AFTER REQUEST FROM DR. GILBERT TO SEE PT. PT HAD ACUTE APPENDICITIS SO INSD OPERATED DAY OF ADMISSION. PT HAD ABSCESS & ONE PENROSE DRAIN LEFT IN. PT DISCHARGED 3/1/84 WITH SMALL AMOUNT OF PUS DRAINING FROM LOWER END OF WOUND. FOLLOW UP IN OFFICE & INSD FOUND LAP PAD IN BELLY. THIS WAS REMOVED 3/23/84. SPONGE COUNT CORRECT AT TIME OF SURGERY.

