FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
INSURANCE CLAIMS REPORT

DEPARTMENT FILE NO. 86 01492
INSURER'S CLAIM NO. 81-9133-001

1. PRIMARY INSURER NAME: Physicians Protective Trust Fund INSURER CODE: 4.4.0.5.0. (See Table A)

2. EXCESS INSURER NAME: N/A INSURER CODE: ____ (See Table A)

3. INSURED'S NAME: Wright, Jack F (last name, first name, middle name)
STREET ADDRESS: 537 U.S. Highway #1
CITY, STATE: North Palm Beach Florida ZIP: 3.3.4.0.8 COUNTY CODE: 0.6 (See Table B)

4. PRIMARY POLICY NUMBER: 2343 EXCESS POLICY NUMBER: ____
PRIMARY POLICY LIMITS: $ 100,000.00 (per claim) EXCESS POLICY LIMITS: $ ____ .00 (per claim)
$ 100,000.00 (per aggregate) $ ____ .00 (per aggregate)

5. Is the insured physician a Foreign Medical Graduate? If yes, enter the country in which primary medical education was received: unk.
__ (1) Yes __ (2) No unk.

6. PROFESSION OR BUSINESS: (check one)
✓ (1) Physicians & Surgeons
__ (2) Hospitals
__ (3) Podiatrists
__ (4) Other Medical Professionals
__ (5) Clinics
__ (6) Ambulatory Surgical Centers
__ (7) Other Health Care Facilities

7. SPECIALTY CODE: 8.0.2.4.9. (Applies to physicians, surgeons, and other health care professionals. Use ISO Common Statistical Base Classification Codes.) (See Table C)

8. BOARD CERTIFICATION: (check one)
__ (1) In specialty coded in Item 7, above.
__ (2) In a different specialty.
__ (3) In both the specialty in Item 7 and another specialty. Enter the additional specialty code here: ____ (See Table C)
✓ (4) Insured is not board certified.

9. PLACE WHERE INJURY OCCURRED: (check one)
__ (1) Hospital Inpatient Facility
__ (2) Emergency Room
__ (3) Hospital Outpatient Facility
__ (4) Nursing Home
✓ (5) Physician's Office
__ (6) Patient's Home
__ (7) Other Outpatient Facility
__ (8) Other Location
__ (9) Other Hospital/Institution

10. If Place of Injury (above) is checked as (8) Other, then provide a description of the place where the injury occurred: N/A

11. NAME OF INSTITUTION: N/A INSTITUTION CODE: ____ (See Table D)

12. LOCATION OF INSTITUTIONAL INJURY: (check one) N/A
__ (1) Patient's Room
__ (2) Operating Suite
__ (3) Recovery Room
__ (4) Labor & Delivery Room
__ (5) Physical Therapy Dept.
__ (6) Nursery
__ (7) Critical Care Unit
__ (8) Special Procedure Room
__ (9) Radiology

13. DATE OF OCCURRENCE: 12/04/79
DATE REPORTED TO INSURER: 09/10/81

14. INJURED PERSON'S AGE: 43 INJURED PERSON'S SEX: (M) F (circle one)

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15. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED:
Anxiety and depression

(LEAVE BLANK) 15.

16. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION:
"Doctor failed to recognize that Patient also had diabetes which possibly was cause of his impotence" was alleged by Patient.

16.

17. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE:
Patient became addicted to valium

17.

18. DESCRIBE THE OPERATION, DIAGNOSTIC OR TREATMENT PROCEDURE CAUSING THE INJURY. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE PROCEDURES USED. INCLUDE METHOD OF ANESTHESIA, OR NAME OF DRUG USED FOR TREATMENT, WITH DETAIL OF ADMINISTRATION: Doctor treated Patient with valium for approximately seven (7) years and Patient became addicted. He is now having withdrawal symptoms such as anxiety, depression, diabetes and sexual dysfunction for which he blames Doctor

18.

19. DESCRIBE THE PRINCIPAL INJURY GIVING RISE TO THE CLAIM. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE INJURY. INCLUDE TYPE OF ADVERSE EFFECT FROM DRUGS WHERE APPLICABLE: The long-term Treatment of Patient with valium, led to his dependency on the drug. and he is now undergoing Treatment to detoxify.

19.

20. SEVERITY OF INJURY: (check only one -- rate most serious injury if several are involved.)

☑ (1) Emotional only - - - Fright, no physical damage.

Temporary
☐ (2) Insignificant - - - Lacerations, contusions, minor scars, rash. No delay.
☐ (3) Minor - - - - - - - Infections, misset fracture, fall in hospital. Recovery delayed.
☐ (4) Major - - - - - - - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

Permanent
☐ (5) Minor - - - - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
☐ (6) Significant - - - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
☐ (7) Major - - - - - - - Paraplegia, blindness, loss of two limbs, brain damage.
☐ (8) Grave - - - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

☐ (9) Death

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21. DATE OF SUIT, IF ANY: 08/23/82

22. LIST OTHER DEFENDANTS INVOLVED IN THIS CLAIM, THE INSURER'S CODE NUMBER AND THE COMPANION CLAIM FILE IDENTIFICATION NUMBER:

	DEFENDANT'S NAME (last name, first name)	INSURER CODE NO.	INSURER FILE ID.
1)			
2)			
3)			
4)			
5)			

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (check one)
✓(1) Yes ___(2) No

24. DATE OF FINAL CLAIM DISPOSITION: 09/30/86

25. FINAL METHOD OF CLAIM DISPOSITION:
✓(1) Settled by parties.
___(2) Disposed of by a court.
___(3) Disposed of by arbitration.

26. SETTLEMENT: (check one)
___(1) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
___(2) After arbitration is initiated or prior to suit being filed.
___(3) Within 90 days of suit being filed.
✓(4) More than 90 days after suit is filed and prior to or during the course of mandatory settlement conference.
___(5) Prior to completion of the swearing of the jury.
___(6) Prior to filing of the notice of appeal.
___(7) After notice of appeal is filed or post-judgment relief or action is required for recovery.
___(8) During appeal.
___(9) After appeal.
___(0) Claim or suit abandoned.

27. COURT: (check one)
✓(1) No court proceedings.
___(2) Directed verdict for plaintiff.
___(3) Directed verdict for defendant.
___(4) Judgment notwithstanding the verdict for the plaintiff.
___(5) Judgment notwithstanding the verdict for the defendant.
___(6) Judgment for the plaintiff.
___(7) Judgment for the defendant.
___(8) Judgment for the plaintiff after appeal.
___(9) Judgment for the defendant after appeal.
___(0) Other.

28. ARBITRATION: (check one)
✓(1) Claim not subject to arbitration.
___(2) Claim subject to arbitration, but previously coded disposition reached in lieu of award.
___(3) Award for plaintiff.
___(4) Award for defendant.

29. WAS THERE AN ITEMIZED VERDICT UNDER FLORIDA STATUTE 768.48? (check one)
___(1) Yes ✓(2) No (If yes, please attach copy of settlement or verdict.)

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30. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: - $ 33,334.00

31. INDEMNITY PAID BY EXCESS CARRIER ON BEHALF OF THIS DEFENDANT: - $ .00

32. LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL: - $ 29,645.00

33. ALL OTHER LOSS ADJUSTMENT EXPENSE PAID: - $ 6,367.00

34. NUMBER OF DAYS OF INJURED PERSON'S WAGE LOSS PAID TO DATE: - _____ days

35. ESTIMATED NUMBER OF FUTURE DAYS OF INJURED PERSON'S WAGE LOSS: - _____ days

36. INJURED PERSON'S GROSS WEEKLY INCOME: - $ _____ .00

37. INJURED PERSON'S TOTAL ECONOMIC LOSS:

	MEDICAL	WAGE LOSS	OTHER EXPENSES
A) INCURRED TO DATE - - - -	$ _____ .00	$ _____ .00	$ _____ .00
B) ESTIMATED FUTURE - - - -	$ _____ .00	$ _____ .00	$ _____ .00

38. AMOUNT PAID FOR INJURED PERSON'S NON-ECONOMIC LOSS: - $ _____ .00

39. IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENTS USED IN THIS CLAIM:

A) PRESENT VALUE OF PERIODIC PAYMENTS - $ _____ .00

B) COST TO THE INSURER OF THE PAYMENTS - $ _____ .00

C) TOTAL EXPECTED PAYMENT TO PLAINTIFF - $ _____ .00

D) DID YOU PURCHASE AN ANNUITY? ___ (1) Yes ✓ (2) No

40. BRIEFLY DESCRIBE THE STRUCTURED SETTLEMENT INCLUDING HOW IT IS FINANCED: _____

41. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY: N/A

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