

FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
INSURANCE CLAIMS REPORT

NOV 3 1987

8704026

DEPARTMENT FILE NO. _____
INSURER'S CLAIM NO. 509JH9082
09B30

BUREAU OF RATES

1. PRIMARY INSURER NAME: ST. PAUL FIRE & MARINE INS. CO. INSURER CODE: 01470
(See Table A)
2. EXCESS INSURER NAME: N/A INSURER CODE: _____
(See Table A)
3. INSURED'S NAME: CURTIS, CHARLES E.
(Last Name, First and Middle Name)
STREET ADDRESS: 310 U.S. HIGHWAY 1
CITY, STATE: LAKE PARK, FL ZIP: 33403 COUNTY CODE: 06
(See Table B)

	POLICY NUMBER	PER CLAIM POLICY LIMITS	AGGREGATE POLICY LIMITS
4. PRIMARY INSURER:	<u>509JH9082</u>	<u>\$ 1,000,000.00</u>	<u>\$ 1,000,000.00</u>
EXCESS INSURER:	<u>N/A</u>	<u>\$ _____</u>	<u>\$ _____</u>

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

6. PROFESSION OR BUSINESS: (Check one)
 (01) Physicians & Surgeons
 (02) Hospitals
 (03) Podiatrists
 (04) Other Medical Professionals
 (05) Clinics
 (06) Ambulatory Surgical Centers
 (07) Other Health Care Facilities

7. SPECIALTY CODE: 844.21 (Applies to physicians, surgeons, and other health care professionals.
(See Table C) Use ISO Common Statistical Base Classification Codes.)

8. BOARD CERTIFICATION: (Check one)
 (01) In specialty coded in Item 7, above.
 (02) In a different specialty.
 (03) In the specialty in Item 7 and another specialty. Enter the additional specialty code here: _____
 (04) Insured is not board certified. (Table C)

9. PLACE WHERE INJURY OCCURRED: (Check one)
 (01) Hospital Inpatient Facility
 (02) Emergency Room
 (03) Hospital Outpatient Facility
 (04) Nursing Home
 (05) Physician's Office
 (06) Patient's Home
 (07) Other Outpatient Facility
 (08) Other Location
 (09) 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
 (01) Patient's Room
 (02) Operating Suite
 (03) Recovery Room
 (04) Labor & Delivery Room
 (05) Physical Therapy Dept.
 (06) Nursery
 (07) Critical Care Unit
 (08) Special Procedure Room
 (09) Radiology
 (10) Emergency Room

FLORIDA DEPARTMENT OF INSURANCE
 FLORIDA MEDICAL, PROFESSIONAL LIABILITY
 INSURANCE CLAIMS REPORT

DEPARTMENT FILE NO. _____
 INSURER'S CLAIM NO. 509JA9082
09B301

DATE OF OCCURRENCE: 4, 9, 85
 DATE REPORTED TO INSURER: 8, 22, 86
 INJURED PERSON'S AGE: 21 Years (If less than one year, then enter 01)
 INJURED PERSON'S SEX: M F (Circle one)
 INJURED PERSON'S NAME: _____

FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED:

NO DIAGNOSIS MADE OF TUMOR

(LEAVE BLANK)
15.

DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION:

TUMOR OF POSTERIOR FOSSA

16.

DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE:

CLMT. DIED OF TUMOR

17.

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:

NONE

18.

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:

CLMT. DIED OF TUMOR

19.

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

- (01) Emotional only - Fright, no physical damage.
- (02) Insignificant - Lacerations, contusions, minor scars, rash. No delay.
- Temp- (03) Minor - - - - - Infections, misset fracture, fall in hospital. Recovery delayed.
- rary (04) Major - - - - - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.
- (05) Minor - - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
- Form- (06) Significant - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
- ment (07) Major - - - - - Paraplegia, blindness, loss of two limbs, brain damage.
- (08) Grave - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.
- (09) Death

