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FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
INSURANCE CLAIMS REPORT

8704869

NOV 3 1987

Same claim as 8704079?
Different claim numbers

DEPARTMENT FILE NO. _____
INSURER'S CLAIM NO. 509MJ0529
098300

BUREAU OF RATES

1. PRIMARY INSURER NAME: FMM/JUA INSURER CODE: 46030
(See Table)
2. EXCESS INSURER NAME: None INSURER CODE: _____
(See Table)
3. INSURED'S NAME: GARCIA, CONRADO B.
(Last Name, First and Middle Name)
- STREET ADDRESS: 1800 W. Millsboro
- CITY, STATE: Deerfield Beach, FL. ZIP: 33442 COUNTY CODE: 10
(See Table)

4.	POLICY NUMBER	PER CLAIM POLICY LIMITS	AGGREGATE POLICY LIMITS
PRIMARY INSURER:	<u>509MJ0529</u>	<u>\$ 250,000 .00</u>	<u>\$ 750,000 .00</u>
EXCESS INSURER:	<u>N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</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)
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> (01) Physicians & Surgeons | <input type="checkbox"/> (04) Other Medical Professionals | <input type="checkbox"/> (07) Other Health Care Facilities |
| <input type="checkbox"/> (02) Hospitals | <input type="checkbox"/> (05) Clinics | |
| <input type="checkbox"/> (03) Podiatrists | <input type="checkbox"/> (06) Ambulatory Surgical Centers | |

7. SPECIALTY CODE: 80420 (Applies to physicians, surgeons, and other health care professionals.
(See Table C) Use ISO Common Statistical Base Classification Codes.)

8. BOARD CERTIFICATION: (Check one)
- | | |
|---|-----------|
| <input checked="" type="checkbox"/> (01) In specialty coded in Item 7, above. | |
| <input type="checkbox"/> (02) In a different specialty. | |
| <input type="checkbox"/> (03) In the specialty in Item 7 and another specialty. Enter the additional specialty code here: _____ | |
| <input type="checkbox"/> (04) Insured is not board certified. | (Table C) |

9. PLACE WHERE INJURY OCCURRED: (Check one)
- | | | |
|--|---|--|
| <input type="checkbox"/> (01) Hospital Inpatient Facility | <input type="checkbox"/> (04) Nursing Home | <input type="checkbox"/> (07) Other Outpatient Facility |
| <input type="checkbox"/> (02) Emergency Room | <input checked="" type="checkbox"/> (05) Physician's Office | <input type="checkbox"/> (08) Other Location |
| <input type="checkbox"/> (03) Hospital Outpatient Facility | <input type="checkbox"/> (06) Patient's Home | <input type="checkbox"/> (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: _____

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

12. LOCATION OF INSTITUTIONAL INJURY: (Check one)
- | | | |
|---|--|---|
| <input type="checkbox"/> (01) Patient's Room | <input type="checkbox"/> (04) Labor & Delivery Room | <input checked="" type="checkbox"/> (07) Critical Care Unit |
| <input type="checkbox"/> (02) Operating Suite | <input type="checkbox"/> (05) Physical Therapy Dept. | <input type="checkbox"/> (08) Special Procedure Room |
| <input type="checkbox"/> (03) Recovery Room | <input type="checkbox"/> (06) Nursery | <input type="checkbox"/> (09) Radiology |
| | | <input type="checkbox"/> (10) Emergency Room |

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13. DATE OF OCCURRENCE: 07/01/86

DATE REPORTED TO INSURER: 02/17/87

14. INJURED PERSON'S AGE: 77 Years (If less than one year, then enter 01)

INJURED PERSON'S SEX: M (F) (Circle one)

14.1 INJURED PERSON'S NAME:

Last Name

First and Middle Initial

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

(LEAVE BLANK)

Blood Sugar elevation and abdominal pain.

15.

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

16.

Failure to implement diabetic therapy.

17. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE:

17.

#16

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:

18.

#16

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:

19.

Cardiac arrest due to dehydration, metabolic acidosis and respiratory alkalosis

20. SERIOUSNESS 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, missed fracture, fall in hospital. Recovery delayed.

orary (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.

Perma- ___ (06) Significant - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

nent ___ (07) Major - - - - - Paraplegia, blindness, loss of two limbs, brain damage.

___ (08) Grave - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

___ (09) Death

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21. DATE OF SUIT, IF ANY: 1 1 N/A

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

DEFENDANT'S NAME (Last Name, First Name)	INSURER CODE NO.	INSURER FILE ID.
1) _____	_____	_____
2) _____	_____	_____
3) <u>N/A</u>	_____	_____
4) _____	_____	_____
5) _____	_____	_____

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (Check one)
 (01) Yes (02) No

24. DATE OF FINAL CLAIM DISPOSITION: 09.30.87

25. FINAL METHOD OF CLAIM DISPOSITION:
 (01) Settled by parties.
 (02) Disposed of by a court.
 (03) Disposed of by arbitration.

26. SETTLEMENT: (Check one)
 (01) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
 (02) After arbitration is initiated or prior to suit being filed.
 (03) Within 90 days of suit being filed.
 (04) More than 90 days after suit is filed and prior to or during the course of mandatory settlement conference.
 (05) Prior to completion of the swearing of the jury.
 (06) Prior to filing of the notice of appeal.
 (07) After notice of appeal is filed or post-judgment relief or action is required for recovery.
 (08) During appeal.
 (09) After appeal.
 (10) Claim or suit abandoned.

27. COURT: (Check one)
 (01) No court proceedings. (06) Judgment for the plaintiff.
 (02) Directed verdict for plaintiff. (07) Judgment for the defendant.
 (03) Directed verdict for defendant. (08) Judgment for the plaintiff after appeal.
 (04) Judgment notwithstanding the verdict for the plaintiff. (09) Judgment for the defendant after appeal.
 (05) Judgment notwithstanding the verdict for the defendant. (10) Other.
 (11) Summary judgment for the plaintiff.
 (12) Summary judgment for the defendant.

28. ARBITRATION: (Check one)
 (01) Claim not subject to arbitration. (03) Award for plaintiff.
 (02) Claim subject to arbitration, but previously coded disposition reached in lieu of award. (04) Award for defendant.

29. WAS THERE AN ITEMIZED VERDICT UNDER FLORIDA STATUTE 768.48? (Check one)
 (01) Yes (02) No (if yes, please attach copy of settlement or verdict.)

