

76  
FS 0836

TRI-STATE INSURANCE COMPANY

Annual report of Malpractice claims during the calendar year  
January 1, 1976 to December 31, 1976, pursuant to  
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED:  
Gail D. Wainger, M.D.  
8720 N. Kendell Drive  
Miami, Florida
2. SPECIALTY:  
PSYCHIATRY
3. POLICY NO.: PPL/T 4127
4. DATE OF CLAIM: 3/27/75
5. DATE OF SUIT:
6. DATE AND AMOUNT PAID:  
Date: 9/76 Amount: \$ NIL Expense \$ 172.39  
Judgment  Settlement  Closed-No Payment  Reason:  
7. DESCRIPTION OF OCCURRENCE: THREATENED SUIT