

MICROFICHE

A80-3154-78

PRIMARY CARRIER

Policy Code [0][4][1][6][0] (Florida Certificate of Authority Number)

00 01397

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8001-19480

EXCESS CARRIER

Policy Code [ ][ ][ ][ ] (Florida Certificate of Authority Number)

Company Name

Policy Number

Calendar Year Claim Closed [8][0] FCC [M][M][1] IAC [3]

Insured Howard L. Masco, M.D.

Address 1801 S. Blvd., New Port Richey, Fla. 33552

County Code [2][8]

Speciality Psyc Code [1][9]

Date of Incident (Month, Day, Year) [0][5][0][1][7][8]

Date submitted for mediation (Month, Day, Year) [ ][ ][ ][ ][ ][ ] N/A

Disposition of mediation (check one):

(1) [ ] Plaintiff (2) [ ] Defendant (3) [ ] No final conclusion

Date of suit, if filed (Month, Day, Year) [0][4][1][0][8][0]

Disposition of incident (check one):

(1) [ ] Final Judgment (2) [ ] Settlement

(3) [X] Final Disposition Not Resulting in Payment on Behalf of the Insured

Date and amount of Judgment or Settlement (Month, Day, Year) [ ][ ][ ][ ][ ][ ] N/A

Primary Indemnity \$ N/A C. Excess Indemnity \$

Primary Defense \$ 1323.00 D. Excess Defense Costs \$

Primary Judgment (1) [ ] For Plaintiff (2) [ ] For Defendant

Selected Verdict (1) [ ] For Plaintiff (2) [ ] For Defendant

Final (1) [ ] YES (2) [X] NO Dismissed

Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) [0][9][0][4][8][0]

Include brief summary of occurrence which created claim on back.

Insd treated pt for schizophrenia medically in office & hosp for several months. Insd last saw pt 7-5-78. Later pt went to nutritionist & was taken off medication. Now newspaper article reports that a suit has been filed against insd & hosp alleging permanent damage as a result of medication.