

PRIMARY CARRIER

File # A80-3661-80

Company Code 041160 (Florida Certificate of Authority Number)

MICROFICHE

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8001-14444

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name

Policy Number 81 01458

Calendar Year Claim Closed 81 FCC M M L IAC 3

Insured Rafael Gonzalez - Carbo, M.D.

Address 715 Southwest 59th Ave. Miami, Florida 33144

County Code 01

(1) Specialty physch Code 19

(2) Date of Incident (Month, Day, Year) 080180

(3) Date submitted for mediation (Month, Day, Year)

(4) Disposition of mediation (check one):

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

(5) Date of suit, if filed (Month, Day, Year)

(6) Disposition of incident (check one):

(1) Final Judgment (2) Settlement (3) Final Disposition Not Resulting in Payment on Behalf of the Insured

(7) Date and amount of Judgment or Settlement (Month, Day, Year)

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

B. Primary Defense \$ 24.00 D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant

(9) Directed Verdict (1) For Plaintiff (2) For Defendant

(10) Trial (1) YES (2) NO

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

(Month, Day, Year) 021281 No claim

(12) Include brief summary of occurrence which created claim on back.

Pt seen in State Hosp for depression. Insd diag pt as being schizophrenic. Pt had suffered a very acute nervous breakdown. Pt somehow talked w/ public defendant about his treatment at hosp & now Public defendant want to talk w/ insd & review his records.