

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

A82-5689-82

PRIMARY CARRIER

File #

Company Code 04160 (Florida Certificate of Authority Number)

8200871

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

Policy Number 8201-06804

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC MM1 IAC 3

Insured C. Brooks Henderson, M.D.

Address 2 S.W. 12th St., Ocala, Fl. 32671

County Code 14

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 031582

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

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion N/A

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

(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 \$ 0

C. Excess Indemnity \$

B. Primary Defense \$ 0

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) 091482 No claim

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

OCCURRENCE WHICH RESULTED IN CLAIM:

Insured called in as consultant for depressed patient. Diagnosis was manic depressive illness. Insured followed as time permitted. Now attorney has requested hospital records.