

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A81-5205-81

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8101-06804

KB
PC
82 (0780)

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC M M L IAC 3

Insured G. Brooks Henderson, M.D.

Address 2 Southwest 12th Street
Ocala, Fl 32670

County Code 14

(1) Specialty Psy Code 19

(2) Date of Incident (Month, Day, Year) 120681

(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) 041582 No claim

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

Pt was referred from County Jail & admit to hosp on 12-6-81. Pt exam by Dr. Byrd. Pt said her rights were being violated & refused help. Pt emotional labile. Pt medicated against her will w/Haldol. Pt disch 12-21-8 with a final dx- major affective disorder bipolar manic. Pt has threatened to sue the hospital & everybody else in sight.