

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-6384-76

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physician's Insurance Reciprocal

Policy Number 8201-06804

210838

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

WD

Calendar Year Claim Closed 82 FCC MM1 IAC 3

Insured C. Brooks Henderson, M.D.

Address 2 Southwest 12th Street
Ocala, Florida 32670

County Code 14

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 760101

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

(4) Disposition of mediation (check one): N/A

(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) 12/4/82 No claim made

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

Brief summary of occurrence:

Insd has been treating pt since 1964 for management of medications, mostly antidepressants, & chronic depression. Insd referred pt for intestinal bypass for weight control. Later pt had revision of her stomach being stapled. Pt expresses ambivalent attitude towards Dr. Woodward because she experienced complications & a punctured lung.