

MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-6168-82

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physician's Insurance Reciprocal

Policy Number 8201-06804

83 WD 02057

EXCESS CARRIER

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

Company Name N/A

Policy Number

Calendar Year Claim Closed 83 FCC M M L IAC 3

Insured C. Brooks Henderson, M.D.

Address 2 Southwest 12th Street Ocala, Florida 32671

County Code 14

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) ~~8/26/72~~

(3) Date submitted for mediation (Month, Day, Year) 07 26 82 [] [] [] [] [] [] 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) [X] 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 \$ 204,000 D. Excess Defense Costs \$

(8) Summary Judgment (1) [] For Plaintiff (2) [] For Defendant N/A

(9) Directed Verdict (1) [] For Plaintiff (2) [] For Defendant N/A

(10) Trial (1) [] YES (2) [X] NO

(11) Date and reason for final disposition, if no settlement or judgment: (Month, Day, Year) 06 01 83 not named in suit. Settled on B+C files.

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

(MM) 1-01/80 Prepared by W. Payne

Brief summary of occurrence:

Pt was seen by insd for major depression. Insd px an anti-drpessant drug w/ instructions to follow-up, on 7-26-82. Pt was seen again on 8-4-82, was reportd to have a history of being allergic to Elavil and was given another drug along w/ being discharged. Now an atty has req. recs. Insd does not know what attorney is contemplating. On initially seeing pt she had taken an overdose of some type of Med.