

PRIMARY CARRIER
COMPANY CODE 04160 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8301 - 29894

84 1044

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 84

INSURED AND, M.D. / NELITA R.
ADDRESS 2040 SOUTH RIDGEWOOD

COUNTY CODE 08

(1) SURGERY CODE: 19 SPECIALITY: PSYCHIATRY - INCLUDING CHILD - CODE: 1

(2) DATE OF INCIDENT: 11/18/83

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: NONE

(6) DISPOSITION OF INCIDENT (CHECK ONE):

(1) FINAL JUDGEMENT (2) SETTLEMENT

(3) FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED

(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT:

A. PRIMARY INDEMNITY	\$.00	C. EXCESS INDEMNITY	N / A
B. PRIMARY DEFENSE	\$471.00	D. EXCESS DEFENSE	N / A

(8) SUMMARY JUDGEMENT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(9) DIRECTED VERDICT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(10) TRIAL (1) YES (2) X NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :
03/19/84 n/c

INSD SAW PT FOR EMOTIONAL PROBLEMS. PT WAS DIFFICULT AND HER HUSBAND WAS VERY HARD TO GET ALONG W/. PT WAS REFERRED TO SHANDS FOR ADDITIONAL TREATMENT. PT'S INSURANCE HAD AGREED TO PAY A CERTAIN PORTION OF BILLS BUT WHEN BILLS WERE CLAIMED, THEY RENIGGED ON THIS. PT NOW PLANNING TO SUE INSURANCE COMPANY. INSD SCHEDULED FOR DEPO.

[Handwritten Signature]