

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

8401049

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8301 - 11152

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 84

INSURED GODBEY, JR., M.D./ASA L.
ADDRESS THORNEBROOK III, SUITE B

COUNTY CODE 11

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

(2) DATE OF INCIDENT: 09/12/83

(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	\$633.44	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 :
04/24/84

No Activity

INSD SAW PT FOR DEPRESSION & MUSCLE TENSION.
PT ALSO HAD A SUICIDE ATTEMPT FOR WHICH INSD
TRTD W/PHYSICAL THERAPY & MEDICATION. INSD
BECAME INVOLVED W/PT & ALSO HAD TO HAVE
PHYCHIATRIC HELP. NOW ATTY HAS REQUESTED
RECORDS & TAPES WHICH WERE MADE BY INSD & PT
DURING THERAPY.

