

PRIMARY CARRIER  
COMPANY CODE 84100 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL  
POLICY NUMBER 8401 - 04004

**C1581**

EXCESS CARRIER  
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME  
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 84

INSURED DWREY, M.D./ROBERT H.  
ADDRESS 4600 NORTH HABANA AVENUE COUNTY CODE 03

(1) SURGERY CODE: 00 SPECIALITY: GENERAL PRACTICE - NO SURGERY CODE: 1

(2) DATE OF INCIDENT: 06/18/84

(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 \$0.00 B. EXCESS INDEMNITY N / A  
C. PRIMARY DEFENSE \$0.00 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 :  
- 9/24/84

*mk*

PT ADMITTED FOR CHEST PAIN ON 5/27/84. TESTS DONE TO DETERMINE CAUSE OF PAIN. PT TAKEN TO HEART WARD AND THEN DEVELOPED SEVERE PAIN AND SWEATING. MORPHINE GIVEN AND CARDIAC CONSULTATION OBTAINED. PT TREATED FOR HEART ATTACK. SHORTLY AFTERWARDS, PT EXPIRED. ATTY HAS REVIEWED CHART.

*AK*