

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8401 - 26758

84 01596

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 84

INSURED PADEH, M.D./ASHER S. A.
ADDRESS 832 LINCOLN ROAD

COUNTY CODE 01

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

(2) DATE OF INCIDENT: 05/15/84

(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 \$.00 C. EXCESS INDEMNITY N / A
B. PRIMARY DEFENSE \$.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 :
08/17/84

nkc

ON 3-26-84 INSD SAW PT IN OFFICE FOR A COLD & TRID WITH ERYTHOMYCIN & BACTRIM DS. THE NEXT DAY CALLED INSD WITH COMPLAINTS OF SLUFFING OF THE SKIN ON END OF PENIS. INSD WENT TO SEE PT AT HIS HOME & RECOMMENDED HE SEE A DERMATOLOGIST. INSD HAS NOW BEEN INFORMED BY HIS NEIGHBOR, A PLAINTIFF'S ATTY, THAT ACTION MAY BE BROUGHT AGAINST HIM BY PT.

[Signature]