

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL  
POLICY NUMBER 7512 - 22203

85  
60011

EXCESS CARRIER  
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME  
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 85 FCC MM1 IAC 3

INSURED WALKER, M.D./A. RONALD  
ADDRESS 11300 HIGHWAY 19  
CLEARWATER, FL 33617 COUNTY CODE 04

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

(2) DATE OF INCIDENT: 09/19/77

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 04/07/80

(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: 02/15/85

A. PRIMARY INDEMNITY \$3,000 C. EXCESS INDEMNITY N / A  
B. PRIMARY DEFENSE \$21,391 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) NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :  
N / A

10 DESC

FORM NO. DI4-303  
PAGE 1 - AMENDED (2-84)

PREPARED BY



Patient has brought claim against insured for failure to diagnose and properly treat patient's condition and for doing wrongful acts towards her contrary to accepted psychiatric standards.