

PRIMARY CARRIER  
COMPANY CODE 04150 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL  
POLICY NUMBER 8401 - 32288

8500322

EXCESS CARRIER  
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME  
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 85 FCC MMI IAR3

INSURED VALDEZ, M. D./BRICCIDO D.  
ADDRESS 1661 RIVERSIDE AVENUE, SUITE D COUNTY CODE 02

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

(2) DATE OF INCIDENT: 06/19/84

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 11/15/84

(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: 12/21/84

A. PRIMARY INDEMNITY \$65,000.00 C. EXCESS INDEMNITY N / A  
B. PRIMARY DEFENSE \$3,001.00 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 :  
N / A

INSURED HAS TREATED PATIENT FOR ABOUT 2 YEARS  
PATIENT CAME TO INSURED UNDER A LOT OF STRESS  
OVER THE COURSE OF TREATMENT, PATIENT  
BECAME ADDICTED TO DRUGS. PRESCRIBED BY  
INSURED. NOW ATTORNEY INVOLVED.

