

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8501 - 10637

85
00587

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 85 FCC MM1 IAC 3

INSURED COLLINS, M.D./JAMES EVANS
ADDRESS 150 TAMiami TRAIL
SUITE ONE
NAPLES, FL 33940

COUNTY CODE 64

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

(2) DATE OF INCIDENT: 02/14/85

(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 C. EXCESS INDEMNITY N / A
B. PRIMARY DEFENSE \$0 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:
08/28/85 No claim

INSD SAW PT IN 11-83 FOR SEVERE DEPRESSION.
PT HAD BEEN SEEING PSYCHIATRIST IN CALIFORNIA
FOR SAME PROBLEM. PT WAS ALREADY ON MEDICA-
TION AND INSD RENEWED PRESCRIPTION. NOW
ATTY REQUESTS RECORDS.