

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8201 - 34128

85 00147

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 85 FCC MM1 IAC 3

INSURED MEHTA, MD/JITENDRA UTTAMCHAND
ADDRESS 2127 EDGEWATER DRIVE, SOUTH EAST
WINTER HAVEN, FL 33880T

COUNTY CODE 05

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

(2) DATE OF INCIDENT: 12/06/82

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 12/06/82

(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 \$31,036 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) X YES (2) NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT:
08/08/85

Dismissed by Plaintiff

SUIT HAS BEEN FILED ALLEGING DOCTORS FAILED TO APPROPRIATELY & PROPERLY DIAGNOSE THE CONDITION OF THE PATIENT WHICH INCLUDED CERVICAL CORD COMPRESSION BUT INSTEAD MISDIAGNOSED THE CONDITION OF THE PATIENT AS BEING A MALINGERER AND/OR SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER.

Wafer