

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8101 - 24010 0024010

8500172

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 85 FCC MM1 IAC 3

INSURED MACK, M.D./PATRICE C.
ADDRESS 850 CENTRAL AVENUE
SUITE 205
NAPLES, FL 33940 COUNTY CODE 64

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

(2) DATE OF INCIDENT: 10/19/81

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 06/04/82

(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 \$15,881 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 :
07/09/85

Summary Judgment for defense

INSD EVALUATED PLAINTIFF'S CHILD FOR SEVERE BEHAVIORIAL PROBLEMS AT REQUEST OF PLAINTIFF'S WIFE. INSD RECOMMENDED COUNSELLING AND THAT WIFE DEAL WITH MARITIAL PROBLEMS. DURING COURSE OF TREATMENT OF CHILD INSD TESTIFIED AT CUSTODY HEARING IN RHODE ISLAND & WIFE SUBSEQUESNTLY WAS GRANTED CUSTODY OF ONE CHILD. NOW SUIT FILED ALLEGING BREACH OF MEDICAL CONFIDENCE.