

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8501 - 22895

85
00096

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 85 FCC MMI IAC 3

INSURED NORAN, M.D./WILLIAM HAROLD
ADDRESS 3599 UNIVERSITY BOULEVARD, SOUTH
SUITE 601
JACKSONVILLE, FL 32216

COUNTY CODE 02

(1) SURGERY CODE: 0 SPECIALITY: INK ON CLSS

CODE: 19

(2) DATE OF INCIDENT: 03/19/85

(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 \$373 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 :
09/10/85

Closed due to lack of activity

PT WAS IN ST. JOHNS HOSP UNDER PSYCH CARE.
FAMILY TOLD INSD PT WAS ABUSING DRUGS. INSD
REQUESTED BLOOD AND URINE TESTS FOR SCREEN-
ING, PT REFUSED. INSD WROTE PT LETTER ASKING
HER TO FIND ANOTHER DOCTOR. ATTY REQUESTS
RECORDS.

[Signature]