

76
75 0837

TRI-STATE INSURANCE COMPANY

Annual report of Malpractice claims during the calendar year
January 1, 1976 to December 31, 1976, pursuant to
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED: BENITO HERNANDEZ
1900 Coral Way
Miami, Florida

2. SPECIALTY: PSYCHIATRY

3. POLICY NO.: PPL/T 4305

4. DATE OF CLAIM: June, 1975

5. DATE OF SUIT: May, 1976

6. DATE AND AMOUNT PAID:

Date: Aug. 1976 Amount: \$ NIL Expense \$ 1,547.06

Judgment Settlement Closed-No Payment Reason:

7. DESCRIPTION OF OCCURRENCE:

COUNTERCLAIM IN MALPRACTICE TO DR. HERNANDEZ'S LAWSUIT FOR
NON-PAYMENT OF MEDICAL FEES