

Florida State Medical Malpractice Closed Claim Report **781257**

File # 77-0758-76

Primary Carrier Florida Physicians Insurance Reciprocal

Policy Number 7601-22203

Excess Carrier _____

Policy Number _____

Insured A. Roland Walker, M.D.

Address 11300 Highway 19
Clearwater, Florida 33617

Specialty Psychiatrist

Date of incident 9-15-76

Date of Suit _____

Disposition of incident:

Date 12-20-78

Settlement \$ —

Defense Cost \$ 652.00

Summary Judgement —

Directed Verdict —

Let out by the jury _____

PINELLAS COUNTY

Reason for final disposition, if no settlement.

Claim not pursued

Summary of occurrence which created claim.

Husband of patient has filed a complaint to the Hillsborough County Board of Censors. It is alleged that the patient is pregnant after sexual relations with insured. Code 20