

Florida State Medical Malpractice Closed Claim Report

File # A79-2088-78

Primary Carrier Florida Physicians Insurance Reciprocal

Policy Number 7901-10139

Excess Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Insured Robert L. Sherman, M. D.

Address 3003 Cardinal Drive, Vero Beach, Florida 32960

Specialty One - Psychiatry

Date of Incident 10/2/78

Date of Suit \_\_\_\_\_

Disposition of Incident:

Date 7/23/79

Settlement \$ 00

Defense Cost \$ 00

Summary Judgement -----

Directed Verdict -----

Let Out by the Jury -----

Reason for final disposition, if no settlement.

No claim activity

*Indian River County*

Summary of occurrence which created claim.

Insd saw pt in hosp for consultation & psychotherapy. Pt's husband is refusing to pay bill stating that insd's treatment contributed to his wife's condition and that insd could not possibly have treated pt 1/25/79 through 1/31/79 as his wife was in Intensive Care and unconscious.