

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# A80-3124-8

PRIMARY CARRIER

MICROFICHE  
MICROFICHE  
90 01004

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8001-06804

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name \_\_\_\_\_

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

Calendar Year Claim Closed  FCC MM1 IAC 3

Insured C. Brooks Henderson, M.D.

County Code

Address 2 S.W. 12th Street, Ocala, FL 32670

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Speciality Psychiatry Code 19

Date of Incident (Month, Day, Year) 032780

Date submitted for mediation (Month, Day, Year)     

Disposition of mediation (check one):

(1)  Plaintiff (2)  Defendant (3)  No final conclusion

Date of suit, if filed (Month, Day, Year)     

Disposition of incident (check one):

(1)  Final Judgment (2)  Settlement

(3)  Final Disposition Not Resulting in Payment on Behalf of the Insured

Date and amount of Judgment or Settlement (Month, Day, Year)     

A. Primary Indemnity \$ 0 C. Excess Indemnity \$ \_\_\_\_\_

B. Primary Defense \$ 0 D. Excess Defense Costs \$ \_\_\_\_\_

Summary Judgment (1)  For Plaintiff (2)  For Defendant

Directed Verdict (1)  For Plaintiff (2)  For Defendant

Trial (1)  YES (2)  NO

Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 072580 no claim presented

Include brief summary of occurrence which created claim on back.

DESCRIPTION:

01001

This pt was admitted to the hospital on 3/27/80. She was been treated for schizophrenia, however, she became unresponsive and died about eight hrs. later after her admittance. Our insured physician had not seen the pt. The pt's relatives were notified by the hosp. of the pt's death, but they have not been in touch with the insured, as of yet.