

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

MICROFICHE

Policy Number 8001-06804

80 00223

EXCESS CARRIER

Company Code - - - - - (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 77 FCC M M 1 IAC 3

Insured C. Brooks Henderson, M.D.

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

County Code 14

Specialty Psychiatry Code 19

Date of Incident (Month, Day, Year) 09 13 80

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 \$ C. Excess Indemnity \$

B. Primary Defense \$ 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) 12 31 80 no claim sent

Include brief summary of occurrence which created claim on back.

1-01/80

Prepared by [Signature]

12. Pt was admitted to hosp on 9/13/80, by Dr. Wilkinson. Insd was called in for consult as pt was depressed. Insd was to see the pt on 9/14/80 but she discharged herself from the hosp that morning. Insd never saw pt. Now an atty is requesting records.

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