

A80-3284-75

PRIMARY CARRIER

any Code **04160** (Florida Certificate of Authority Number)

MICROFICHE
MICROFICHE

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8001-10876

8/0 00058

EXCESS CARRIER

any Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed **80** FCC **MMI** IAC **3**

Insured Ronald M. Backus, M.D.
Address 515 South Orange Ave.
Orlando, Florida 32801

County Code **07**

Speciality Psyc Code **19**

Date of Incident (Month, Day, Year) **120175**

Date submitted for mediation (Month, Day, Year) **NIA**

Disposition of mediation (check one):

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

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

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)

Primary Indemnity \$ G C.Excess Indemnity \$ _____

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) **081980** closed no activity

Include brief summary of occurrence which created claim on back.

Prepared by W. Oliff

Insd has been treating pt for several years for depression. Pt was taken Elavil Triavil off & on since 1971. During office visit pt brought up subject of adverse reaction of medication, which insd was just informed of, pt also brought up the subject that she might be pregnant & the child might be born with some type of birth defects caused by the medication of Bendectin. Insd says that she might bring suit against the manufacturer of the medication

85000