

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A82-5900-82

Company Code 041610 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS" INSURANCE RECIPROCAL

*WD*

Policy Number 8201-06804

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

*82 (1419)*

Company Name N/A

Policy Number     

Calendar Year Claim Closed 82 FCC M|M|L IAC 3

Insured C. Brooks Henderson, M.D.

Address 2 S.W. 12th St., Ocala, Fl. 32671

County Code 14

(1) Specialty Psychiatry Code 191

(2) Date of Incident (Month, Day, Year) 032282

(3) Date submitted for mediation (Month, Day, Year)      *N/A*

(4) Disposition of mediation (check one): *N/A*

(1)  Plaintiff (2)  Defendant (3)  No final conclusion *N/A*

(5) Date of suit, if filed (Month, Day, Year)      *N/A*

(6) Disposition of incident (check one):

(1)  Final Judgment (2)  Settlement  
(3)  Final Disposition Not Resulting in Payment on Behalf of the Insured

(7) 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 \$     

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

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

(10) Trial (1)  YES (2)  NO

(11) Date and reason for final disposition, if no settlement or judgment:  
(Month, Day, Year) 092083 No action

(12) Include brief summary of occurrence which created claim on back.

OCCURRENCE WHICH RESULTED IN CLAIM:

Insured saw patient in hospital on consultation. Patient has seen "paranoid" written on her insurance report and wants explanation. She feels nurses were talking about her and that everyone is against her.