

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-5528-81

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

File #

KB

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8201-06804

8200652

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 89 FCC MM1 IAC 3

Insured C. Brooks Henderson, M.D.

Address 2 Southwest Twelfth Street

Address Ocala, Florida 32670

County Code

14

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 10/2/87

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

(4) Disposition of mediation (check one):

(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 N/A

(9) Directed Verdict (1) For Plaintiff (2) For Defendant N/A

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

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

(Month, Day, Year) 10/2/87 No cl.

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

Pt was seen by Insd on 2 occasions. 1st-on 10/26/81, suggested by Mr. Cleveland, Clinical Social Worker. Impression on first visit- Pt dealing w/unresolved transference of feelings toward Dr. Natal, (1st Dr. seen). Not dealing well-Schizophreniform Psychosis or a atypical dissociative disorder, (hysteria). 2nd visit no improvement apparent. Prescribed: Mellaril. Precautionary Measure