

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER

File # A82-5385-81

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

8200855

Policy Number 8201-06804

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 82 FCC MM1 IAC 3

Insured C. Brooks Henderson, M.D.

Address 2 Southwest Twelfth Street
Ocala, Florida 32670

County Code 14

(1) Specialty Psych Code 19

(2) Date of Incident (Month, Day, Year) 090181

(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) 063082 No Claim ACTIVITY

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

Pt came to insd 9-1-81 stating she didn't like the Mental Health Ctr in Bronson. She was using beer as a relaxer. Mellaril prescrib which pt didn't take like suppose to. 9-16-81 hosp-pt extrapyramidal symptoms consist of akasthisia & loss of associated movement. 9-25-81 pt disch foll-up as out-pt in insd's office. Pt is unhappy.