

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-6245-82

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name FLORIDA PHYSICIANS' INSURANCE RECIPROCAL

820890

Policy Number 8201-06804

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name N/A

WD

Policy Number     

Calendar Year Claim Closed 82 FCC MM1 IAC 3

Insured C. Brooks Henderson, M.D.

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

County Code 14

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 081882

(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) 121482 No Activity

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

OCCURRENCE WHICH RESULTED IN CLAIM:

Insured admitted mentally retarded patient to hospital for dizziness. Patient had been in a foster home as her parents were unable to cope. Patient was raped by her foster father and is now back at home. Her mother may be prostituting her so Insured contacted HRS. The mother found out and is mad, stating the patient is no better after his treatment. Mother wants to sue State. Insured has resigned himself from the case.