

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-6088-80

PRIMARY CARRIER  
Company Code 24160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8201-06804

*WD*

*8200996*

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 S. W. Twelfth Street  
Ocala, Florida 32671 Marion

County Code 14

(1) Specialty Psych Code 19

(2) Date of Incident (Month, Day, Year) 073180

(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) 11/22/82 No Controversy

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

BRIEF SUMMARY OF OCCURRENCE WHICH CREATED THE CLAIM:

Pt first seen on 7-31-80 with a chief c/o "on the bum" & stated that she was in a previous acc'd in 1978 & has been depressed ever since. It was noted sense of humor preserved & no psychomotor retardation & mental status exam essentially negative. Several medic px, was helping pt somewhat. Last time pt was seen was on 7-28-82 still c/o nausea & headache.