

83 (1682)

File # A80-3505-77

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

MICROFICHE

Q/AF

Policy Number 8001-09109

EXCESS CARRIER

Company Code [ ] [ ] [ ] [ ] (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 83 FCC M M L IAC 3

Insured Stuart P. Bernstein, M.D.

Address 85 West Miller, Orlando, FL

County Code 07

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 050177

(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) 081480

(6) Disposition of incident (check one):

(1) [ ] Final Judgment (2) [ ] Settlement  
(3) [X] 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 \$ 2187.00 D. Excess Defense Costs \$

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

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

10) Trial (1) [ ] YES (2) [X] NO

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

(Month, Day, Year) 010783 Dismissed with Prejudice

ptz did not file amended Complaint

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

12. Pt suing insd for malpractice alleging misdiagnosis of psychiatry care & treatment.