

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

83 (1964)

File # A77-0992-75

PRIMARY CARRIER  
Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 7512-22203

EXCESS CARRIER  
Company Code      (Florida Certificate of Authority Number)

Company Name N/A

Policy Number                     

DD

Calendar Year Claim Closed 83 FCC MM1 IAC 3

Insured A. Ronald Walker, M.D.

Address 11300 Highway 19  
Clearwater, Fl 33617 Pinellas

County Code 04

(1) Specialty Psychology Code 19

(2) Date of Incident (Month, Day, Year) 12/07/5

(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) 1/25/77

(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)      N/A

A. Primary Indemnity \$ 0 C. Excess Indemnity \$                       
B. Primary Defense \$ 11,062.00 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) 04/27/83 Dismissed

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

BRIEF SUMMARY OF OCCURRENCE WHICH CREATED CLAIM:

Pt has brought medical malpractice against insd for failure to diagnose and properly treat pt's condition and for doing wrongful acts towards her contrary to accepted psychiatric standards.

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