

PRIMARY CARRIER
COMPANY CODE 04160 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8201 - 25088

84 01123

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 84

INSURED GOMEZ, M.D./RAFAEL
ADDRESS 523 EAST CENTRAL AVENUE

COUNTY CODE 05

(1) SURGERY CODE: 19 SPECIALITY: PSYCHIATRY - INCLUDING CHILD - CODE: 1

(2) DATE OF INCIDENT: 01/06/82

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 01/06/82

(6) DISPOSITION OF INCIDENT (CHECK ONE):

(1) FINAL JUDGEMENT (2) SETTLEMENT

(3) FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED

(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT:

A. PRIMARY INDEMNITY	\$0.00	C. EXCESS INDEMNITY	N / A
B. PRIMARY DEFENSE	\$13,105	D. EXCESS DEFENSE	N / A

(8) SUMMARY JUDGEMENT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(9) DIRECTED VERDICT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(10) TRIAL (1) X YES (2) NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :
02/21/84

Dismissed

INSD SAW PT ON 3-28-81 AND ADMITTED HIM TO THE PSYCHIATRIC WARD AT WINTER HAVEN FOR BEING PSYCHOTIC. FOUR DAYS AFT ADMISSION ON 4-1-81 PT WAS IN THE CAFETERIA ON THE FIFTH FLOOR, PT THREW A CHAIR OUT THE WINDOW AND THEN FOLLOWED BEHIND IT. PT WAS IMMEDIATELY TAKEN TO THE ER, BUT EXPIRED. NOW SUIT HAS BEEN RECEIVED ALLEGING NEGLIGENCE.

[Signature]