

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

HC1480

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8401 - 32288

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 84

INSURED VALDEZ, M. D./BRICCIDO D.
ADDRESS 709 LOMAX STREET

COUNTY CODE 02

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

(2) DATE OF INCIDENT: 05/29/84

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: NONE

(6) DISPOSITION OF INCIDENT (CHECK ONE):

(1) FINAL JUDGEMENT (2) SETTLEMENT

FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED

(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT:

A. PRIMARY INDEMNITY	\$.00	C. EXCESS INDEMNITY	N / A
B. PRIMARY DEFENSE	\$.00	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) YES (2) X NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :
09/05/84

n/c

ON 2-25-84, PT. ADMITTED TO HOSPITAL FOR DEPRESSION AND SUICIDAL BEHAVIOR. INSD TREATED WITH E.C.T. AND PT. SEEMED TO IMPROVE PT UNDER PRESSURE AS WIFE WANTED HIM DISCHARGED SO HE COULD RETURN TO WORK. ON 3-7, PT DISCHARGED. HE WENT HOME AND SHOT HIMSELF NOW PTS WIFE HAS FILED COMPLANT WITH DEPT OF PROFESSIONAL REGULATIONS.

AL