

8401800

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8201 - 20180

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 84

INSURED LOSE, M.D./GEORGE WILLIAM
ADDRESS 1843 FLOYD STREET

COUNTY CODE 16

- (1) SURGERY CODE: 19 SPECIALITY: PSYCHIATRY - INCLUDING CHILD - CODE: 1
- (2) DATE OF INCIDENT: 09/08/82
- (3) DATE SUBMITTED FOR MEDIATION: N / A
- (4) DISPOSITION OF MEDIATION: N / A
- (5) DATE OF SUIT: 09/08/82
- (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 \$.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 :
05/29/84

PT WAS AN EMPLOYEE AT THE HOSP UNTIL HE WAS TERMINATED ON 8-26-81 AT WHICH TIME HE WAS ADM TO ITU. PT WAS EXAMINED IN ORDER TO DETERMINE IF HE WAS DANGEROUS TO HIMSELF & OR OTHERS. NOW SEC ALLEG PT WAS ADM AGAINST HIS WILL & WITHOUT CONSENT & THAT HE WAS RESTRICTED FROM ALL COMMUNICATIONS.

