

8401972

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8401 - 12873

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 84

INSURED DAVIS, M.D./ROBERT H.
ADDRESS 444 SEABREEZE BOULEVARD, SUITE 920 COUNTY CODE 08

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

(2) DATE OF INCIDENT: 03/06/84

(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

(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 DISPOSITON, IF NO SETTLEMENT OR JUDGEMENT :
06/27/84

w/c

INSD SAW PT WHO WAS 7-1/2 MOS. PREGNANT, LOS-
ING WEIGHT AND DEPRESSED. ELAVIL PREVIOUSLY
PRESCRIBED BUT WORSENERD CONDITION. INSD
PRESCRIBED LITHIUM AFTER EXPLAINING POTENTIAL
RISKS AND PT'S ELECTION TO TAKE IT. IT HAS
HELPED PT'S PROBLEMS AND INSD CALLED ON
3/12/84 TO SAY HE DOES NOT THINK CASE WILL
AMOUNT TO ANYTHING.

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