

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8301 - 05492

85

00143

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 85 FCC MM1 IAC 3

INSURED MOTT, JR., M. D./RICHARD H.
ADDRESS 1119 NORTH LAKESHORE BOULEVARD
LAKE WALES, FL 33853 COUNTY CODE 05

- (1) SURGERY CODE: 1 SPECIALITY: FAMILY PRACTICE-NO SURGERY CODE: 06
- (2) DATE OF INCIDENT: 06/02/83
- (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: 03/12/85

A. PRIMARY INDEMNITY	\$101	C. EXCESS INDEMNITY	N / A
B. PRIMARY DEFENSE	\$11,941	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 :

N / A
Verdict not for malpractice (\$5000) costs only paid Plaintiff

PATIENT SEEN IN THE ER FOR CHEST PAIN, BACK PAIN, VOMITING WITH A MAIN COMPLAINT OF A VAGINAL SORE. A PHYSICAL EXAM WAS DONE W/O SIGNIFICANT PROB. WHEN INSURED FINISHED HIS EXAM, HE ADVISED PATIENT THAT SHE COULD GET DRESSED & LEAVE. PATIENT CON'T TO LIE ON THE STRETCHER & INSISTED SHE HADNT BEEN EXAMINED INSURED THEN BEGAN TO PUSH THE STRETCHER INTO THE HALL WITH PATIENT ON IT. PATIENT THEN JUMPED OFF GRABBED HIS STETHOSCOPE & HIT INSD NOW PT IS ALLEG THAT INSD ASSAULTED HER.

