

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200222230
Claim Number :	9410086181
Date Submitted :	10/30/2002

Insurer Information

Insurer Name		Coverage Type	
ZURICH AMERICAN INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
36-4233459			
<u>Insurer Contact Information</u>			
Type	Entity Name		
Entity	ZURICH AMERICAN INSURANCE CO		
Street Address			
Attn Mary P Miller, 1400 American LN T1-13			
City		State	Zip
Schaumburg		IL	60196-1056
Phone	Ext	Fax	E-Mail Address
(847) 413 - 5287		(847) 706 - 2905	mary.1.miller@zurichna.com

Insured Information

Type	First Name	MI	Last Name
Individual	MICHAEL	J	BENJAMIN
Insurer Type	Street Address of Practice		
Licensed	7707 N UNIVERSITY DR, SUITE 205		
City	State	Zip Code	County
TAMARAC	FL	33321	Broward
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
GPC 3620243 02	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME14909	Gynecology - Minor Surgery		01

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	*NR
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
4/6/2001		7/27/2001	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Pregnancy with history of pre-eclampsia
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Alleged failure to monitor and assess complications of pregnancy resulting in death of fetus.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
N/A
Principal Injury Giving Rise To The Claim
Fetal demise.
Severity Of Injury
Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

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Legal Information

Date of Suit	Circuit Court Case Number
	*NR
County Suit Filed in	Date of Final Disposition
*NR	6/12/2002
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	

Financial Information

Was there a settlement Resulting in payment to the Plaintiff?	Ye												
Indemnity Paid by Insurer on behalf of Insured	\$240,000												
Loss Adjust Expense Paid to Defense Counsel	\$6,170												
All Other Loss Adjustment Expense Paid	\$4,730												
Injured Person's Total Non-Economic Loss	\$240,000												
Deductible	\$0												
<u>Injured Person's Total Economic Loss</u>													
	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;"><u>Incurred to Date</u></td> <td style="width: 35%; text-align: center;"><u>Anticipated</u></td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Wage Loss</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Other Expenses</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> </table>		<u>Incurred to Date</u>	<u>Anticipated</u>	Medical Expense	\$0	\$0	Wage Loss	\$0	\$0	Other Expenses	\$0	\$0
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Medical Expense	\$0	\$0											
Wage Loss	\$0	\$0											
Other Expenses	\$0	\$0											
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely													
Unknown													

Updates

No updates found.