

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200432987
Claim Number :	5359
Date Submitted :	11/7/2005

Insurer Information

Insurer Name		Coverage Type	
ACCESS INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
75-0708507			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Nancy	A	Warner
Street Address			
1002 Deming Way			
City		State	Zip
Madison		WI	53717
Phone	Ext	Fax	E-Mail Address
(608) 831 - 6476	1618	(608) 828 - 1168	nwarner@picwisconsin.com

Insured Information

Type	First Name	MI	Last Name
Individual	HARVEY		ROTH
Insurer Type	Street Address of Practice		
Licensed	9593 Parkview Avenue		
City	State	Zip Code	County
Boca Raton	FL	33428	Broward
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
122022-2	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME64837	Gynecology - Minor Surgery	80277	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Broward
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
NORTH BROWARD MEDICAL CENTER		100086	
Location of Institutional Injury		Other Location of Institutional Injury	
Operating Suite			
Date of Occurrence		Date Reported to Insurer	
12/14/1998		12/30/1998	

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
Circumcision	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
Mogen clamp was used during the procedure.	
Diagnostic Code :	64.0
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
Circumcision resulted in an amputation of a portion of the glans penis.	
Principal Injury Giving Rise To The Claim	
Partial amputation on the glans penis.	
Severity Of Injury	
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.	

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Legal Information

Date of Suit	Circuit Court Case Number
5/30/2000	00008811
County Suit Filed in	Date of Final Disposition
Broward	8/30/2004

Other Defendants Involved in this Claim

Stage of Legal System at which Settlement was Reached or Award Made

More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.

Final Method of Claim Disposition

Settled by parties

Court Decision	Other
Other	Settled

Arbitration

Claim not subject to Arbitration.

Date of Payment

8/30/2004

Financial Information

Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$270,000
Loss Adjust Expense Paid to Defense Counsel	\$40,617
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	

	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

N/A

Updates

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Date of Change: 11/7/2005 10:25:05 AM
Reason for Change: Claim was submitted under wrong carrier.

Field Changed	Former Value	New Value
Insurer Name	CENTURY AMERICAN INSURANCE COMPANY	CENTURY AMERICAN CASUALTY COMPANY
Indemnity Paid	250000	270000