

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200115066
<b>Claim Number :</b>	9410073276
<b>Date Submitted :</b>	2/9/2001

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
ZURICH AMERICAN INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
36-4233459			
<u>Insurer Contact Information</u>			
<b>Type</b>	<b>Entity Name</b>		
Entity	ZURICH US		
<b>Street Address</b>			
Attn Mary Miller, 1400 American LN T1-14			
<b>City</b>	<b>State</b>	<b>Zip</b>	
Schaumburg	IL	60196-1056	
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(847) 413 - 5287		(847) 416 - 5049	mary.p.miller@zurichus.com

### Insured Information

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

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<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
		F	*NR
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Physician's Office			
<b>Name of Institution</b>		<b>Code</b>	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
5/27/1998		5/16/2000	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Elective termination of a second trimester pregnancy.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Alleged incomplete abortion.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
*NR
<b>Principal Injury Giving Rise To The Claim</b>
Excessive cramping and passing of a large piece of tissue.
<b>Severity Of Injury</b>
Emotional Only - Fright, no physical damage

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### Legal Information

<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
9/20/2000	00-015613 07
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Broward	1/17/2001
<b>Other Defendants Involved in this Claim</b>	

#### 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

No Court Proceedings.

#### Arbitration

Claim not subject to Arbitration.

#### Date of Payment

### Financial Information

<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Ye								
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$40,000								
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$6,357								
<b>All Other Loss Adjustment Expense Paid</b>	\$2,472								
<b>Injured Person's Total Non-Economic Loss</b>	\$40,000								
<b>Deductible</b>	\$0								
<u>Injured Person's Total Economic Loss</u>									
	<table border="0"> <tr> <td style="text-align: center;"><u>Incurred to Date</u></td> <td style="text-align: center;"><u>Anticipated</u></td> </tr> <tr> <td><b>Medical Expense</b></td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>Wage Loss</b></td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>Other Expenses</b></td> <td style="text-align: right;">\$0</td> </tr> </table>	<u>Incurred to Date</u>	<u>Anticipated</u>	<b>Medical Expense</b>	\$0	<b>Wage Loss</b>	\$0	<b>Other Expenses</b>	\$0
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<b>Medical Expense</b>	\$0								
<b>Wage Loss</b>	\$0								
<b>Other Expenses</b>	\$0								

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

Unknown

### Updates

No updates found.