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| **Department File Number :** | **M200117280** |
| **Claim Number :** | **MM 202515** |
| **Date Submitted :** | **8/20/2007** |

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| **Insurer Information** | | | | | |
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| **Insurer Name** | | | | **Coverage Type** | |
| EVANSTON INSURANCE COMPANY | | | | Primary | |
| **Insurer FEIN** | | **Professional License Number** | | | |
| 36-2950161 | |  | | | |
| Insurer Contact Information | | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** | |
| Individual | Christine | |  | Sampson | |
| **Street Address** | | | | | |
| 200 East Gaines Street | | | | | |
| **City** | | | | **State** | **Zip** |
| Tallahassee | | | | FL | 32399 |
| **Phone** | **Ext** | **Fax** | **E-Mail Address** | | |
| [(850) 413 - 5358](tel:%28850%29%20413%20-%205358) |  | [(850) 921 - 8243](tel:%28850%29%20921%20-%208243) | [Christine.Sampson@fldfs.com](mailto:Christine.Sampson@fldfs.com) | | |

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| **Insured Information** | | | | |
|  | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** |
| Individual | CELINA | |  | POY-WING |
| **Insurer Type** | | **Street Address of Practice** | | |
| Licensed | | ALL WOMEN'S OB/GYN GROUP | | |
| **City** | | **State** | **Zip Code** | **County** |
| PLANTATION | | FL | 33324 | Broward |
| **Policy Number** | | **Per Claim Policy Limits** | | **Aggregate Policy Limits** |
| MM 801707 | | $250,000 | | $750,000 |
| **Profession or Business** | | | **Other Profession or Business** | |
| Medical Doctor | | |  | |
| **License Number** | | **Specialty Code & Classification** | | **Certification Number** |
| ME41607 | | Surgery - Obstetrics - Gynecology | | N/A |
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| **Injured Person Information** | | | | |
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| **First Name** | **MI** | **Last Name** | | **Date of Birth** |
|  |  |  | |  |
| **Street Address** | | | **Gender** | **County where Injury Occurred** |
|  | | | F | Dade |
| **City** | | | **State** | **Zip Code** |
|  | | |  |  |
| **Location where injury occured** | | **Other location where injury occured** | | |
| Physician's Office | |  | | |
| **Name of Institution** | | **Code** | | |
|  | |  | | |
| **Location of Institutional Injury** | | **Other Location of Institutional Injury** | | |
|  | |  | | |
| **Date of Occurrence** | | **Date Reported to Insurer** | | |
| 7/15/1999 | | 1/28/2000 | | |
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| **Diagnostic Information** | |
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| **Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition** | |
| Insured saw patient for termination of pregnancy. This was accomplished without problems. Patient came back because of spotting and cramping. She was examined and everything was normal. She returned again and was diagnosed with an incomplete abortion. A sonogram revealed nothing. A while later she returned again and an ectopic pregnancy was found. She wanted to go to Univ. of Miami for surgery and Insured did not see her again. | |
| **Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury** | |
| Plaintiff visited the insured for a terminaiton of pregnancy. An ultrasound was done to confirm pregnancy and informed consent was obtained. The D&C was performed without complication. The products of conception appeared normal and the fetal age documented at six weeks. Claimant returned for a follow-up visit complaining of cramps and was given the "morning after pill" and told to return in three months. Claimant returned again complaing of spotting for three days. Alleges misdiagnosis of ecoptic pregnancy. | |
| **Diagnostic Code :** |  |
| **Misdiagnosis Made, If Any, Of Patient's Actual Condition** | |
| \*NR | |
| **Principal Injury Giving Rise To The Claim** | |
| Insured saw patient for termination of pregnancy. This was accomplished without problems. Patient came back because of spotting and cramping. She was examined and everything was normal. She returned again and was diagnosed with an incomplete abortion. A sonogram revealed nothing. A while later she returned again and an ectopic pregnancy was found. She wanted to go to Univ. of Miami for surgery and Insured did not see her again. | |
| **Severity Of Injury** | |
| Emotional Only - Fright, no physical damage | |

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| **Legal Information** | |
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| **Date of Suit** | **Circuit Court Case Number** |
|  | \*NR |
| **County Suit Filed in** | **Date of Final Disposition** |
| \*NR | 6/27/2000 |
| **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** | |
|  | |

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| **Financial Information** | |
|  | |
| **Was there a settlement Resulting in payment to the Plaintiff?** | Yes |
| **Indemnity Paid by Insurer on behalf of Insured** | $35,000 |
| **Loss Adjust Expense Paid to Defense Counsel** | $10,000 |
| **All Other Loss Adjustment Expense Paid** | $0 |
| **Injured Person's Total Non-Economic Loss** | $0 |
| **Deductible** | $3,336 |
| Injured Person's Total Economic Loss | |
| |  |  |  | | --- | --- | --- | |  | Incurred to Date | Anticipated | | **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 | |

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| **Updates** | |
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| **Date of Change:** | 8/20/2007 2:00:19 PM |
| **Reason for Change:** | OIR updating Historical Closed Claim data. |
|  | |  |  |  | | --- | --- | --- | | **Field Changed** | **Former Value** | **New Value** | | Location Where Injured | Other Outpatient Facility | Physician's Office | | County Suit Filed In | Leon |  | | Final Diagnosis | N/A | Insured saw patient for termination of pregnancy. This was accomplished without problems. Patient came back because of spotting and cramping. She was examined and everything was normal. She returned again and was diagnosed with an incomplete abortion. A sonogram revealed nothing. A while later she returned again and an ectopic pregnancy was found. She wanted to go to Univ. of Miami for surgery and Insured did not see her again. | | Injured Person Address Zip Code | 33330 | 33179 | | Injured Person Address County |  | Dade | | Injured Person Address City | N/A | Miami | | Injured Person Address Street | N/A | 1031 Ives Dairy Road, Suite 125 | | Amount of Deductible Paid by Defendant | 10000 | 3336 | | Principal Injury | N/A | Insured saw patient for termination of pregnancy. This was accomplished without problems. Patient came back because of spotting and cramping. She was examined and everything was normal. She returned again and was diagnosed with an incomplete abortion. A sonogram revealed nothing. A while later she returned again and an ectopic pregnancy was found. She wanted to go to Univ. of Miami for surgery and Insured did not see her again. | | Misdiagnosis | N/A |  | | County Injury Occurred In |  | Dade | | Amount of Loss Adjustment Expense Paid to Defense Counsel | 0 | 10000 | | Portal User Name | plcr\_migration\_dccs plcr\_migration\_dccs | Christine Sampson | | Insured License Number | ME0041607 | ME41607 | | Court Case Number | N/A |  | | Diagnostic Code | N/A |  | |

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| **Department File Number :** | **M200012600** |
| **Claim Number :** | **MM 204810** |
| **Date Submitted :** | **8/1/2007** |

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| **Insurer Information** | | | | | |
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| **Insurer Name** | | | | **Coverage Type** | |
| EVANSTON INSURANCE COMPANY | | | | Primary | |
| **Insurer FEIN** | | **Professional License Number** | | | |
| 36-2950161 | |  | | | |
| Insurer Contact Information | | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** | |
| Individual | Christine | |  | Sampson | |
| **Street Address** | | | | | |
| 200 East Gaines Street | | | | | |
| **City** | | | | **State** | **Zip** |
| Tallahassee | | | | FL | 32399 |
| **Phone** | **Ext** | **Fax** | **E-Mail Address** | | |
| [(850) 413 - 5358](tel:%28850%29%20413%20-%205358) |  | [(850) 921 - 8243](tel:%28850%29%20921%20-%208243) | [Christine.Sampson@fldfs.com](mailto:Christine.Sampson@fldfs.com) | | |

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| **Insured Information** | | | | |
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| **Type** | **First Name** | | **MI** | **Last Name** |
| Individual | CELINA | |  | POY-WING |
| **Insurer Type** | | **Street Address of Practice** | | |
| Licensed | | ALL WOMEN'S OB/GYN GROUP, 817 S. UNIVERSITY DR., SUITE 101 | | |
| **City** | | **State** | **Zip Code** | **County** |
| PLANTATION | | FL | 33324 | Broward |
| **Policy Number** | | **Per Claim Policy Limits** | | **Aggregate Policy Limits** |
| MM 703510 | | $250,000 | | $750,000 |
| **Profession or Business** | | | **Other Profession or Business** | |
| Medical Doctor | | |  | |
| **License Number** | | **Specialty Code & Classification** | | **Certification Number** |
| ME41607 | | Surgery - Neurology - Including Child | | N/A |
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| **Injured Person Information** | | | | |
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| **First Name** | **MI** | **Last Name** | | **Date of Birth** |
|  |  |  | |  |
| **Street Address** | | | **Gender** | **County where Injury Occurred** |
|  | | | F | Broward |
| **City** | | | **State** | **Zip Code** |
|  | | |  |  |
| **Location where injury occured** | | **Other location where injury occured** | | |
| Hospital Inpatient Facility | |  | | |
| **Name of Institution** | | **Code** | | |
| PLANTATION GENERAL HOSPITAL | | 100167 | | |
| **Location of Institutional Injury** | | **Other Location of Institutional Injury** | | |
| Labor and Delivery Room | |  | | |
| **Date of Occurrence** | | **Date Reported to Insurer** | | |
| 2/26/1998 | | 9/1/1998 | | |
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| **Diagnostic Information** | |
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| **Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition** | |
| Fetal weight decreased | |
| **Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury** | |
| The plaintiff was first seen by our Insured on September 16, 1997, for her first pregnancy visit. A routine sonogram measured her pregnancy at 14 weeks and 6 days. Her estimated due date was March 11, 1998. During her February 17, 1998 visit, the sonorgram showed little growth but the BPD and femur length were appropriate for 34-35 weeks. She was referred to a neonatologist on February 26, 1998, wherein labor was induced. A stillborn fetus was delivery with the cord around its neck. | |
| **Diagnostic Code :** |  |
| **Misdiagnosis Made, If Any, Of Patient's Actual Condition** | |
| \*NR | |
| **Principal Injury Giving Rise To The Claim** | |
| Death to fetus | |
| **Severity Of Injury** | |
| Permanent: Death. | |

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| **Legal Information** | |
|  | |
| **Date of Suit** | **Circuit Court Case Number** |
| 8/11/1998 | 99021322 |
| **County Suit Filed in** | **Date of Final Disposition** |
| Broward | 6/21/2000 |
| **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** |
| No Court Proceedings. |  |
| **Arbitration** | |
| Claim not subject to Arbitration. | |
| **Date of Payment** | |
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| **Financial Information** | |
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| **Was there a settlement Resulting in payment to the Plaintiff?** | Yes |
| **Indemnity Paid by Insurer on behalf of Insured** | $235,000 |
| **Loss Adjust Expense Paid to Defense Counsel** | $0 |
| **All Other Loss Adjustment Expense Paid** | $0 |
| **Injured Person's Total Non-Economic Loss** | $0 |
| **Deductible** | $10,000 |
| Injured Person's Total Economic Loss | |
| |  |  |  | | --- | --- | --- | |  | Incurred to Date | Anticipated | | **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 | |

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| **Updates** | |
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| **Date of Change:** | 8/1/2007 8:15:20 AM |
| **Reason for Change:** | OIR updating Historical Closed Claim data. |
|  | |  |  |  | | --- | --- | --- | | **Field Changed** | **Former Value** | **New Value** | | Diagnostic Code | N/A |  | | Final Diagnosis | N/A | Fetal weight decreased | | Injured Person Address County |  | Broward | | Insured License Number | ME0041607 | ME41607 | | Misdiagnosis | N/A |  | | County Injury Occurred In |  | Broward | | Portal User Name | plcr\_migration\_dccs plcr\_migration\_dccs | Christine Sampson | | Principal Injury | N/A |  | |

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| **Department File Number :** | **M200012180** |
| **Claim Number :** | **MM 206943** |
| **Date Submitted :** | **8/21/2007** |

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| **Insurer Information** | | | | | |
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| **Insurer Name** | | | | **Coverage Type** | |
| EVANSTON INSURANCE COMPANY | | | | Primary | |
| **Insurer FEIN** | | **Professional License Number** | | | |
| 36-2950161 | |  | | | |
| Insurer Contact Information | | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** | |
| Individual | Christine | |  | Sampson | |
| **Street Address** | | | | | |
| 200 East Gaines Street | | | | | |
| **City** | | | | **State** | **Zip** |
| Tallahassee | | | | FL | 32399 |
| **Phone** | **Ext** | **Fax** | **E-Mail Address** | | |
| [(850) 413 - 5358](tel:%28850%29%20413%20-%205358) |  | [(850) 921 - 8243](tel:%28850%29%20921%20-%208243) | [Christine.Sampson@fldfs.com](mailto:Christine.Sampson@fldfs.com) | | |

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| **Insured Information** | | | | |
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| **Type** | **First Name** | | **MI** | **Last Name** |
| Individual | CELINA | |  | POY-WING |
| **Insurer Type** | | **Street Address of Practice** | | |
| Licensed | | ALL WOMEN'S OB/GYN GROUP, 817 S. UNIVERSITY DR., SUITE 101 | | |
| **City** | | **State** | **Zip Code** | **County** |
| PLANTATION | | FL | 33324 | Broward |
| **Policy Number** | | **Per Claim Policy Limits** | | **Aggregate Policy Limits** |
| MM800828 | | $250,000 | | $750,000 |
| **Profession or Business** | | | **Other Profession or Business** | |
| Medical Doctor | | |  | |
| **License Number** | | **Specialty Code & Classification** | | **Certification Number** |
| ME41607 | | Surgery - Obstetrics - Gynecology | | NA |
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| **Injured Person Information** | | | | |
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| **First Name** | **MI** | **Last Name** | | **Date of Birth** |
|  |  |  | |  |
| **Street Address** | | | **Gender** | **County where Injury Occurred** |
|  | | | F | Dade |
| **City** | | | **State** | **Zip Code** |
|  | | |  |  |
| **Location where injury occured** | | **Other location where injury occured** | | |
| Physician's Office | |  | | |
| **Name of Institution** | | **Code** | | |
|  | |  | | |
| **Location of Institutional Injury** | | **Other Location of Institutional Injury** | | |
|  | |  | | |
| **Date of Occurrence** | | **Date Reported to Insurer** | | |
| 1/31/1998 | | 1/25/1999 | | |
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| **Diagnostic Information** | |
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| **Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition** | |
| Improper performance of surgery. | |
| **Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury** | |
| A 47-year-old female weighing approximately 184 pounds visited the Insured for a liposuction procedure. The total fat removed was 6075cc. Following the porcedure she indicates that she did have swelling of lower abdomen, upper abdomen, areas of hip as well as pressure-like feel of pain. Alleges improper performance of surgery, removal of an excess amount of fat, negligently causing scar tissue and inappropriate documentation of procedure. | |
| **Diagnostic Code :** |  |
| **Misdiagnosis Made, If Any, Of Patient's Actual Condition** | |
| \*NR | |
| **Principal Injury Giving Rise To The Claim** | |
| Removed excessive amount of fat. | |
| **Severity Of Injury** | |
| Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed. | |

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| **Legal Information** | |
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| **Date of Suit** | **Circuit Court Case Number** |
| 1/13/1999 | 99-8868 |
| **County Suit Filed in** | **Date of Final Disposition** |
| Broward | 5/25/2000 |
| **Other Defendants Involved in this Claim** | |
|  | |
| **Stage of Legal System at which Settlement was Reached or Award Made** | |
| After court verdict and prior to filing of notice of appeal. | |
| **Final Method of Claim Disposition** | |
| Disposed of by Court | |
| **Court Decision** | **Other** |
| Directed verdict for plaintiff. |  |
| **Arbitration** | |
| Claim not subject to Arbitration. | |
| **Date of Payment** | |
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| **Financial Information** | |
|  | |
| **Was there a settlement Resulting in payment to the Plaintiff?** | Yes |
| **Indemnity Paid by Insurer on behalf of Insured** | $1,000,000 |
| **Loss Adjust Expense Paid to Defense Counsel** | $0 |
| **All Other Loss Adjustment Expense Paid** | $0 |
| **Injured Person's Total Non-Economic Loss** | $0 |
| **Deductible** | $10,000 |
| Injured Person's Total Economic Loss | |
| |  |  |  | | --- | --- | --- | |  | Incurred to Date | Anticipated | | **Medical Expense** | $0 | $0 | | **Wage Loss** | $0 | $0 | | **Other Expenses** | $0 | $0 | | |
| **Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely** | |
| NA | |

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| **Updates** | |
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| **Date of Change:** | 8/21/2007 11:33:57 AM |
| **Reason for Change:** | OIR updating Historical Closed Claim data. |
|  | |  |  |  | | --- | --- | --- | | **Field Changed** | **Former Value** | **New Value** | | Location Where Injured | Other Outpatient Facility | Physician's Office | | Diagnostic Code | NA |  | | Final Diagnosis | NA | Improper performance of surgery. | | Injured Person Address County |  | Dade | | Insured First Name | CE;OMA | CELINA | | Misdiagnosis | NA |  | | County Injury Occurred In |  | Dade | | Portal User Name | plcr\_migration\_dccs plcr\_migration\_dccs | Christine Sampson | | Insured License Number | ME0041607 | ME41607 | | Principal Injury | NA | Removed excessive amount of fat. | |

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| **Department File Number :** | **M200012160** |
| **Claim Number :** | **MM 207703** |
| **Date Submitted :** | **7/28/2000** |

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| **Insurer Information** | | | | | |
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| **Insurer Name** | | | | **Coverage Type** | |
| EVANSTON INSURANCE COMPANY | | | | Primary | |
| **Insurer FEIN** | | **Professional License Number** | | | |
| 36-2950161 | |  | | | |
| Insurer Contact Information | | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** | |
| Individual | NANCY | | R | OTTENFELD | |
| **Street Address** | | | | | |
| TEN PARKWAY NORTH, SUITE 100 | | | | | |
| **City** | | | | **State** | **Zip** |
| DEERFIELD | | | | IL | 60015 |
| **Phone** | **Ext** | **Fax** | **E-Mail Address** | | |
| [(847) 572 - 6088](tel:%28847%29%20572%20-%206088) |  | [(847) 572 - 6339](tel:%28847%29%20572%20-%206339) | Ottenfeld@Shand.SMCo2 | | |

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| **Insured Information** | | | | |
|  | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** |
| Individual | CELINA | |  | POY-WING |
| **Insurer Type** | | **Street Address of Practice** | | |
| Licensed | | 817 S. UNIVERIITY DR., SUITE 101 | | |
| **City** | | **State** | **Zip Code** | **County** |
| PLANTATION | | FL | 33324 | Broward |
| **Policy Number** | | **Per Claim Policy Limits** | | **Aggregate Policy Limits** |
| MM 800838 | | $250,000 | | $750,000 |
| **Profession or Business** | | | **Other Profession or Business** | |
| Medical Doctor | | |  | |
| **License Number** | | **Specialty Code & Classification** | | **Certification Number** |
| ME0041607 | | Surgery - Obstetrics - Gynecology | | NA |
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| **Injured Person Information** | | | | |
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| **First Name** | **MI** | **Last Name** | | **Date of Birth** |
|  |  |  | |  |
| **Street Address** | | | **Gender** | **County where Injury Occurred** |
|  | | | F | \*NR |
| **City** | | | **State** | **Zip Code** |
|  | | |  |  |
| **Location where injury occured** | | **Other location where injury occured** | | |
| Other Outpatient Facility | |  | | |
| **Name of Institution** | | **Code** | | |
|  | |  | | |
| **Location of Institutional Injury** | | **Other Location of Institutional Injury** | | |
|  | |  | | |
| **Date of Occurrence** | | **Date Reported to Insurer** | | |
| 12/10/1997 | | 3/12/1999 | | |
|  |  |  |  |  |

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| **Diagnostic Information** | |
|  | |
| **Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition** | |
| NA | |
| **Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury** | |
| The female plaintiff visited the Insured for an annual check-up and to discuss a labia rim. She was complaining about excess skin in the vaginal area that bothered her and interfered with sexual arousal. She complained skin gets in the way. A labia trim was performed. Alleges improper performance of surgery causing depression and lack of desssire to have sex. | |
| **Diagnostic Code :** |  |
| **Misdiagnosis Made, If Any, Of Patient's Actual Condition** | |
| NA | |
| **Principal Injury Giving Rise To The Claim** | |
| NA | |
| **Severity Of Injury** | |
| Temporary: Slight - Lacerations, contusions, minor scars, rash. No delay. | |

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| **Legal Information** | |
|  | |
| **Date of Suit** | **Circuit Court Case Number** |
| 3/3/1999 | 99-10451 |
| **County Suit Filed in** | **Date of Final Disposition** |
| Broward | 5/6/2000 |
| **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** |
| Directed verdict for plaintiff. |  |
| **Arbitration** | |
| Award for plaintiff. | |
| **Date of Payment** | |
|  | |

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| **Financial Information** | |
|  | |
| **Was there a settlement Resulting in payment to the Plaintiff?** | Yes |
| **Indemnity Paid by Insurer on behalf of Insured** | $75,000 |
| **Loss Adjust Expense Paid to Defense Counsel** | $0 |
| **All Other Loss Adjustment Expense Paid** | $0 |
| **Injured Person's Total Non-Economic Loss** | $0 |
| **Deductible** | $10,000 |
| Injured Person's Total Economic Loss | |
| |  |  |  | | --- | --- | --- | |  | Incurred to Date | Anticipated | | **Medical Expense** | $0 | $0 | | **Wage Loss** | $0 | $0 | | **Other Expenses** | $0 | $0 | | |
| **Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely** | |
| NA | |

|  |
| --- |
| **Updates** |
|  |
| No updates found. |

|  |  |
| --- | --- |
| **Department File Number :** | **M200012725** |
| **Claim Number :** | **MM 208303** |
| **Date Submitted :** | **8/21/2007** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Insurer Information** | | | | | |
|  | | | | | |
| **Insurer Name** | | | | **Coverage Type** | |
| EVANSTON INSURANCE COMPANY | | | | Primary | |
| **Insurer FEIN** | | **Professional License Number** | | | |
| 36-2950161 | |  | | | |
| Insurer Contact Information | | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** | |
| Individual | Christine | |  | Sampson | |
| **Street Address** | | | | | |
| 200 East Gaines Street | | | | | |
| **City** | | | | **State** | **Zip** |
| Tallahassee | | | | FL | 32399 |
| **Phone** | **Ext** | **Fax** | **E-Mail Address** | | |
| [(850) 413 - 5358](tel:%28850%29%20413%20-%205358) |  | [(850) 921 - 8243](tel:%28850%29%20921%20-%208243) | [Christine.Sampson@fldfs.com](mailto:Christine.Sampson@fldfs.com) | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insured Information** | | | | |
|  | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** |
| Individual | CELINA | |  | POY-WING |
| **Insurer Type** | | **Street Address of Practice** | | |
| Licensed | | ALL WOMEN'S OB/GYN GROUP, 817 S. UNIVERSITY DR., SUITE 101 | | |
| **City** | | **State** | **Zip Code** | **County** |
| PLANTATION | | FL | 33324 | Broward |
| **Policy Number** | | **Per Claim Policy Limits** | | **Aggregate Policy Limits** |
| MM 800282 | | $250,000 | | $750,000 |
| **Profession or Business** | | | **Other Profession or Business** | |
| Medical Doctor | | |  | |
| **License Number** | | **Specialty Code & Classification** | | **Certification Number** |
| ME41607 | | Surgery - Obstetrics - Gynecology | | N/A |
|  |  |  |  |  |

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| **Injured Person Information** | | | | |
|  | | | | |
| **First Name** | **MI** | **Last Name** | | **Date of Birth** |
|  |  |  | |  |
| **Street Address** | | | **Gender** | **County where Injury Occurred** |
|  | | | F | Broward |
| **City** | | | **State** | **Zip Code** |
|  | | |  |  |
| **Location where injury occured** | | **Other location where injury occured** | | |
| Physician's Office | |  | | |
| **Name of Institution** | | **Code** | | |
|  | |  | | |
| **Location of Institutional Injury** | | **Other Location of Institutional Injury** | | |
|  | |  | | |
| **Date of Occurrence** | | **Date Reported to Insurer** | | |
| 5/21/1998 | | 4/21/1999 | | |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Diagnostic Information** | |
|  | |
| **Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition** | |
| Liposuction caused cellulites | |
| **Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury** | |
| Plaintiff had liposuction performed by our Insured resulting in cellulitis which resulted in scarring. Alleges improper performance of surgery, improper management following surgery, and failure to properly warn of the risks. | |
| **Diagnostic Code :** |  |
| **Misdiagnosis Made, If Any, Of Patient's Actual Condition** | |
| \*NR | |
| **Principal Injury Giving Rise To The Claim** | |
| Improperly performed liposuction. | |
| **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** |
|  | \*NR |
| **County Suit Filed in** | **Date of Final Disposition** |
| \*NR | 7/6/2000 |
| **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?** | Yes |
| **Indemnity Paid by Insurer on behalf of Insured** | $200,000 |
| **Loss Adjust Expense Paid to Defense Counsel** | $3,500 |
| **All Other Loss Adjustment Expense Paid** | $0 |
| **Injured Person's Total Non-Economic Loss** | $0 |
| **Deductible** | $10,000 |
| Injured Person's Total Economic Loss | |
| |  |  |  | | --- | --- | --- | |  | Incurred to Date | Anticipated | | **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** | |
|  | |
|  | |
| **Date of Change:** | 8/21/2007 11:51:50 AM |
| **Reason for Change:** | OIR updating Historical Closed Claim data. |
|  | |  |  |  | | --- | --- | --- | | **Field Changed** | **Former Value** | **New Value** | | Location Where Injured | Other Outpatient Facility | Physician's Office | | County Suit Filed In | Broward |  | | Final Diagnosis | N/A | Liposuction caused cellulites | | Injured Person Address County |  | Broward | | Injured Person Address City | N/A |  | | Injured Person Address Street | N/A |  | | Principal Injury | N/A | Improperly performed liposuction. | | Misdiagnosis | N/A |  | | County Injury Occurred In |  | Broward | | Amount of Loss Adjustment Expense Paid to Defense Counsel | 0 | 3500 | | Portal User Name | plcr\_migration\_dccs plcr\_migration\_dccs | Christine Sampson | | Insured Address City | PLANTATATION | PLANTATION | | Insured License Number | ME 0041607 | ME41607 | | Court Case Number | N/A |  | | Diagnostic Code | N/A |  | |