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| **Department File Number :** | **M200849937** |
| **Claim Number :** | **551 01 833665** |
| **Date Submitted :** | **6/23/2008** |

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| **Insurer Information** | | | | | |
|  | | | | | |
| **Insurer Name** | | | | **Coverage Type** | |
| CHICAGO INSURANCE COMPANY | | | | Primary | |
| **Insurer FEIN** | | **Professional License Number** | | | |
| 36-6042949 | |  | | | |
| Insurer Contact Information | | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** | |
| Individual | Ruby | |  | Thompson | |
| **Street Address** | | | | | |
| 33 West Monroe | | | | | |
| **City** | | | | **State** | **Zip** |
| Chicago | | | | IL | 60603 |
| **Phone** | **Ext** | **Fax** | **E-Mail Address** | | |
| [(312) 456 - 5227](tel:%28312%29%20456%20-%205227) |  | [(312) 577 - 9507](tel:%28312%29%20577%20-%209507) | [rthomps2@ffic.com](mailto:rthomps2@ffic.com) | | |

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| **Insured Information** | | | | |
|  | | | | |
| **Type** | **First Name** | | **MI** | **Last Name** |
| Individual | Frank | |  | Rodriguez |
| **Insurer Type** | | **Street Address of Practice** | | |
| Licensed | | 560 Village Blvd | | |
| **City** | | **State** | **Zip Code** | **County** |
| West Palm Beach | | FL | 33409 | Palm Beach |
| **Policy Number** | | **Per Claim Policy Limits** | | **Aggregate Policy Limits** |
| PSP 3000522 | | $250,000 | | $750,000 |
| **Profession or Business** | | | **Other Profession or Business** | |
| Medical Doctor | | |  | |
| **License Number** | | **Specialty Code & Classification** | | **Certification Number** |
| ME55556 | | Surgery - Obstetrics - Gynecology | |  |
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| **Injured Person Information** | | | | |
|  | | | | |
| **First Name** | **MI** | **Last Name** | | **Date of Birth** |
|  |  |  | |  |
| **Street Address** | | | **Gender** | **County where Injury Occurred** |
|  | | | F | Palm Beach |
| **City** | | | **State** | **Zip Code** |
|  | | |  |  |
| **Location where injury occured** | | **Other location where injury occured** | | |
| Other Location | | Clinic | | |
| **Name of Institution** | | **Code** | | |
|  | |  | | |
| **Location of Institutional Injury** | | **Other Location of Institutional Injury** | | |
| Patients' Room | |  | | |
| **Date of Occurrence** | | **Date Reported to Insurer** | | |
| 1/1/2001 | | 12/17/2001 | | |
|  |  |  |  |  |

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| **Diagnostic Information** | |
|  | |
| **Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition** | |
| Patient sought treatment post bilateral oophorectomy. | |
| **Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury** | |
| Patient treated by Nurse Practitioner, never actually seen by insured. | |
| **Diagnostic Code :** | 010 |
| **Misdiagnosis Made, If Any, Of Patient's Actual Condition** | |
| \*NR | |
| **Principal Injury Giving Rise To The Claim** | |
| **Patient alleges insured failed to interact with her and allowed non-physician personnel to do so.** | |
| **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** |
| 7/30/2002 | CA 02009227 |
| **County Suit Filed in** | **Date of Final Disposition** |
| Palm Beach | 6/10/2008 |
| **Other Defendants Involved in this Claim** | |
| Nelson, Mary A Woman to Woman, Inc All About Women's Health | |
| **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** | |
| No Payment Made | |
| **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?** | No |
| **Indemnity Paid by Insurer on behalf of Insured** | $0 |
| **Loss Adjust Expense Paid to Defense Counsel** | $99,591 |
| **All Other Loss Adjustment Expense Paid** | $19,522 |
| **Injured Person's Total Non-Economic Loss** | $0 |
| **Deductible** | $0 |
| 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** | |
| None | |

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

https://mail.google.com/mail/images/cleardot.gif