

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M201161450
Claim Number :	10-0154-B-09
Date Submitted :	1/24/2012

Insurer Information

Insurer Name		Coverage Type	
FD INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
20-3704679			
<u>Insurer Contact Information</u>			
Type	First Name	MI	Last Name
Individual	Melodee		Dixon
Street Address			
4655 Salisbury Road			
City		State	Zip
Jacksonville		FL	32256
Phone	Ext	Fax	E-Mail Address
(904) 296 - 2887	209	(904) 296 - 1013	mdixon@fldic.com

Insured Information

Type	First Name	MI	Last Name
Individual	Kimberly		Van Sriver
Insurer Type	Street Address of Practice		
Licensed	6817 Southpoint Parkway, Suite 2204		
City	State	Zip Code	County
Jacksonville	FL	32216	Duval
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
11190	\$250,000		\$750,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME73993	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
City		F	Duval
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
SAINT LUKES' HOSPITAL		100151	
Location of Institutional Injury		Other Location of Institutional Injury	
Labor and Delivery Room			
Date of Occurrence		Date Reported to Insurer	
1/19/2009		5/3/2011	

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Prenatal care and delivery of infant.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Emergency c-section.

Diagnostic Code :

Misdiagnosis Made, If Any, Of Patient's Actual Condition

No misdiagnosis made.

Principal Injury Giving Rise To The Claim

Alleging failure to timely deliver infant via c-section, resulted in infant's demise.

Severity Of Injury

Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
4/18/2011	2011-CA-003070
County Suit Filed in	Date of Final Disposition
Duval	7/28/2011
Other Defendants Involved in this Claim	
Slade, M.D., Rushia A Place for Women OB/GYN SteMat, LLC	
Stage of Legal System at which Settlement was Reached or Award Made	
Within 90 days of suit being filed.	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
7/22/2011	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$49,500
Loss Adjust Expense Paid to Defense Counsel	\$13,399
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$75,000
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Circumstances of this case have been discussed with the Insured and Risk Management was notified. Risk Management has discussed the case with the Insured.	

Updates			
Date of Change:	1/24/2012 9:12:45 AM		
Reason for Change:	Additional defense attorney expenses received.		
	Field Changed	Former Value	New Value
	Amount of Loss Adjustment Expense Paid to Defense Counsel	0	13399