

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200953008
Claim Number :	25005-01
Date Submitted :	3/20/2009

Insurer Information

Insurer Name		Coverage Type	
FIRST PROFESSIONALS INSURANCE COMPANY, INC		Primary	
Insurer FEIN	Professional License Number		
59-6614702			
<u>Insurer Contact Information</u>			
Type	First Name	MI	Last Name
Individual	Odessa		Choice
Street Address			
1000 Riverside Avenue, Suite 800			
City		State	Zip
Jacksonville		FL	32204
Phone	Ext	Fax	E-Mail Address
(800) 741 - 3742	3045	(904) 358 - 6728	odessa.choice@fpic.com

Insured Information

Type	First Name	MI	Last Name
Individual	Kimberly		Van Sriver
Insurer Type	Street Address of Practice		
Licensed	4311 Salisbury Road, North		
City	State	Zip Code	County
Jacksonville	FL	32216	Duval
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
26879	\$500,000		\$1,500,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME73993	Surgery - Obstetrics - Gynecology		80153

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Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	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	
8/14/1999		11/16/2001	

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Ruptured appendix, pregnancy.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Repair of ruptured appendix, medication and monitoring in attempt to prolong or stop labor and contractions.

Diagnostic Code :

Misdiagnosis Made, If Any, Of Patient's Actual Condition
None.

Principal Injury Giving Rise To The Claim
Premature birth with neurological damage.

Severity Of Injury
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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Legal Information	
Date of Suit	Circuit Court Case Number
3/25/2002	02-02381 CA DIVCV-G
County Suit Filed in	Date of Final Disposition
Duval	2/25/2009
Other Defendants Involved in this Claim	
McClanahan, M.D., Cheryl Maksey, M.D., Joan St. Lukes Hospital	
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	
2/25/2009	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$495,000
Loss Adjust Expense Paid to Defense Counsel	\$148,499
All Other Loss Adjustment Expense Paid	\$133,197
Injured Person's Total Non-Economic Loss	\$495,000
Deductible	\$0
Injured Person's Total Economic Loss	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

Updates
No updates found.