

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

<b>Department File Number :</b>	M200534440
<b>Claim Number :</b>	A04-30849-01
<b>Date Submitted :</b>	2/23/2005

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
FIRST PROFESSIONALS INSURANCE COMPANY, INC		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
59-6614702			
<u>Insurer Contact Information</u>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Cheri	M	Montague
<b>Street Address</b>			
1000 Riverside Drive, Suite 800			
<b>City</b>		<b>State</b>	<b>Zip</b>
Jacksonville		FL	32204
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(800) 741 - 3742	3043	(904) 358 - 6728	montague@fpic.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	KIMBERLY	P	VAN SCRIVER
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	4311 SALISBURY RD		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
JACKSONVILLE	FL	32216-6123	Duval
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
26879	\$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>
ME73993	Surgery - Obstetrics - Gynecology		80153

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

**Injured Person Information**

<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>
<b>City</b>		F	Duval
		<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>	
12/14/2001		6/1/2004	

**Diagnostic Information**

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

Annual exam - GYN.

**Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury**

Alleged lack of communication with patient involving findings of bilateral mammography.

**Diagnostic Code :**

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

None.

**Principal Injury Giving Rise To The Claim**

Breast cancer in right breast.

**Severity Of Injury**

Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

# Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b> *NR
<b>County Suit Filed in</b> *NR	<b>Date of Final Disposition</b> 1/25/2005
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> Claim or suit abandoned.	
<b>Final Method of Claim Disposition</b> Dropped before Action Filed	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b>	

<b>Financial Information</b>													
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	No												
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$0												
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$2,500												
<b>All Other Loss Adjustment Expense Paid</b>	\$520												
<b>Injured Person's Total Non-Economic Loss</b>	\$0												
<b>Deductible</b>	\$0												
<b><u>Injured Person's Total Economic Loss</u></b>													
	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Incurred to Date</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Anticipated</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Medical Expense</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>Wage Loss</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>Other Expenses</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> </tbody> </table>		<u>Incurred to Date</u>	<u>Anticipated</u>	<b>Medical Expense</b>	\$0	\$0	<b>Wage Loss</b>	\$0	\$0	<b>Other Expenses</b>	\$0	\$0
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<b>Medical Expense</b>	\$0	\$0											
<b>Wage Loss</b>	\$0	\$0											
<b>Other Expenses</b>	\$0	\$0											
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.													

<b>Updates</b>
No updates found.