

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

<b>Department File Number :</b>	M200013622
<b>Claim Number :</b>	14748-01
<b>Date Submitted :</b>	1/24/2007

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
AMERICAN PHYSICIANS ASSURANCE CORPORATION		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
38-2102867			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Christine		McClain
<b>Street Address</b>			
200 East Gaines Street			
<b>City</b>		<b>State</b>	<b>Zip</b>
Tallahassee		FL	32399
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(850) 413 - 5358		(850) 921 - 8243	Christine.McClain@fldfs.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	EMIL		FELSKI
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	1120 SEMORAN BLVD		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
CASSELBERRY	FL	32707-6100	Seminole
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
125002	\$500,000		\$1,500,000
<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>
OS3318	Surgery - Obstetrics - Gynecology		84153

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

<b>Injured Person Information</b>			
<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>		M	Orange
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Hospital Inpatient Facility			
<b>Name of Institution</b>		<b>Code</b>	
FLORIDA HOSPITAL (ORLANDO)		100007	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Labor and Delivery Room			
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
1/12/1997		10/9/1998	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
UMBILICAL CORD COLLAPSE IN INFANT
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
CLAIMANT ATTORNEY ALLEGES THAT OUR INSURED ORDERED THE ARTIFICIAL RUPTURE OF MEMBRANES RESULTING IN UMBILICAL CORD PROLAPSE. A SEVERLY BRAIN DAMAGED INFANT WAS BORN, ALLEGEDLY DUE TO ANOXIC INJURY BY THE CORD PROLAPSE.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
N/A
<b>Principal Injury Giving Rise To The Claim</b>
BRAIN DAMAGED
<b>Severity Of Injury</b>
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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### Legal Information

<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
3/23/1999	CI0991981
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Orange	6/21/2000
<b>Other Defendants Involved in this Claim</b>	
FLORIDA HOSPITAL ORLANDO	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	
Claim not subject to Arbitration.	
<b>Date of Payment</b>	

### Financial Information

<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$500,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$0
<b>All Other Loss Adjustment Expense Paid</b>	\$0
<b>Injured Person's Total Non-Economic Loss</b>	\$500,000
<b>Deductible</b>	\$0
<b><u>Injured Person's Total Economic Loss</u></b>	
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
	<u>Anticipated</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
THE INSURED CONSULTED WITH DEFENSE COUNSEL AND INSURANCE PERSONNEL REGARDING THIS MATTER.	

### Updates

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**Date of Change:** 1/24/2007 10:14:47 AM

**Reason for Change:** OIR updating historical Closed claims data.

Field Changed	Former Value	New Value
Injured Person Address County		Orange
County Injury Occurred In		Orange
Insured Last Name	FELSKI, DO	FELSKI
Insured License Number	OS0003318	OS3318
Portal User Name	plcr_migration_dccs plcr_migration_dccs	Christine McClain

