

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200118045
Claim Number :	A97-18412-96
Date Submitted :	10/31/2001

Insurer Information

Insurer Name		Coverage Type	
FIRST PROFESSIONALS INSURANCE COMPANY, INC		Primary	
Insurer FEIN	Professional License Number		
59-6614702			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	DEBORA	M	DAY
Street Address			
1000 Riverside Avenue, Suite 800			
City		State	Zip
Jacksonville		FL	32204
Phone	Ext	Fax	E-Mail Address
(904) 354 - 5910	3274	(904) 358 - 6728	day@fpic.com

Insured Information

Type	First Name	MI	Last Name
Individual	DIMITRU-DAN		TEODORESCU, MD
Insurer Type	Street Address of Practice		
Licensed	P.O. BOX 2161		
City	State	Zip Code	County
ARCADIA	FL	34265	Desoto
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
7608	\$500,000	\$1,500,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
27145	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		F	*NR
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
DESOTO MEMORIAL HOSPITAL		100175	
Location of Institutional Injury		Other Location of Institutional Injury	
Labor and Delivery Room			
Date of Occurrence		Date Reported to Insurer	
11/5/1996		6/19/1997	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
CHILDBIRTH
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
CHILDBIRTH, INCLUDING UTILIZATION OF VACUUM EXTRACTOR.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
NONE
Principal Injury Giving Rise To The Claim
NEUROLOGICAL DAMAGE CAUSING MILD HEMIPARESIS.
Severity Of Injury
Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

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Legal Information

Date of Suit	Circuit Court Case Number
9/30/1997	97-0583-CA
County Suit Filed in	Date of Final Disposition
Desoto	10/9/2001

Other Defendants Involved in this Claim

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

Financial Information

Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$250,000
Loss Adjust Expense Paid to Defense Counsel	\$32,770
All Other Loss Adjustment Expense Paid	\$30,630
Injured Person's Total Non-Economic Loss	\$250,000
Deductible	\$0

Injured Person's Total Economic Loss

	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$12,398	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

OUR MATERNAL-FETAL MEDICINE SPECIALIST REFUTED THE ALLEGATIONS OF NEGLIGENCE BEING MADE BY THE PLAINTIFFS.

Updates

No updates found.