

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

<b>Department File Number :</b>	M199800605
<b>Claim Number :</b>	A95-16540-94
<b>Date Submitted :</b>	3/10/1998

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
FIRST PROFESSIONALS INSURANCE COMPANY, INC		Excess	
<b>Insurer FEIN</b>		<b>Professional License Number</b>	
59-6614702			
<b>Insurer Contact Information</b>			
<b>Type</b>		<b>Entity Name</b>	
Entity			
<b>Street Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
		FL	
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	DIMITRU-DAN		TEODORESCU
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	*NR		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
*NR	FL	33821	Desoto
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
*NR	\$500,000	*NR	
<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>	
0027145	Surgery - Obstetrics - Gynecology		

## 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>		F	*NR
<b>Location where injury occurred</b>		<b>State</b>	<b>Zip Code</b>
Hospital Inpatient Facility		<b>Other location where injury occurred</b>	
<b>Name of Institution</b>		<b>Code</b>	
*NR		<b>Other Location of Institutional Injury</b>	
<b>Location of Institutional Injury</b>		<b>Date Reported to Insurer</b>	
Labor and Delivery Room		5/31/1995	
<b>Date of Occurrence</b>			
5/9/1994			

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
*NR
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
*NR
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
*NR
<b>Principal Injury Giving Rise To The Claim</b>
*NR
<b>Severity Of Injury</b>
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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

### Legal Information

<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
10/9/1995	00000095-0412CA
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
	2/25/1998

**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

<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Ye
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$500,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$25,811
<b>All Other Loss Adjustment Expense Paid</b>	\$21,666
<b>Injured Person's Total Non-Economic Loss</b>	\$500,000
<b>Deductible</b>	\$0

Injured Person's Total Economic Loss

	<u>Incurred to Date</u>	<u>Anticipated</u>
<b>Medical Expense</b>	\$0	\$1,000,000
<b>Wage Loss</b>	\$0	\$0
<b>Other Expenses</b>	\$0	\$0

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

\*NR

### Updates

No updates found.