

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200640151
Claim Number :	551 01 833664
Date Submitted :	4/5/2006

Insurer Information

Insurer Name		Coverage Type	
CHICAGO INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
36-6042949			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Ruby		Thompson
Street Address			
33 West Monroe			
City		State	Zip
Chicago		IL	60603
Phone	Ext	Fax	E-Mail Address
(312) 456 - 5227		(312) 577 - 9507	rthomps2@ffic.com

Insured Information

Type	First Name	MI	Last Name
Individual	Frank		Rodriguez
Insurer Type	Street Address of Practice		
Licensed	560 VILLAGE BLVD		
City	State	Zip Code	County
WEST PALM BEACH	FL	33409-1945	Palm Beach
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
PSP 3000552	\$250,000		\$750,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME55556	Surgery - Gynecology		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Palm Beach
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
SAINT MARY'S HOSPITAL		100010	
Location of Institutional Injury		Other Location of Institutional Injury	
Labor and Delivery Room			
Date of Occurrence		Date Reported to Insurer	
5/15/2001		9/24/2001	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Mother treated with insured for pre-natal care.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Patient alleges insured used excessive force during delivery and also did not appreciate the size of the infant (baby weighted 9lbs 3 oz) prior to performing a vaginal delivery. Minor suffered a bilateral brachial plexus injury and has had two surgeries to date.
Diagnostic Code :
520
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Child suffers from right arm weakness and imbalance
Severity Of Injury
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

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Legal Information

Date of Suit	Circuit Court Case Number
7/29/2002	ca02009182 ab
County Suit Filed in	Date of Final Disposition
Palm Beach	4/5/2005
Other Defendants Involved in this Claim	
Rodriguez Obstetrics and Gynecology St. Mary's Medical Center	
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
Other	settled -dismissed
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
4/5/2005	

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	\$102,192
All Other Loss Adjustment Expense Paid	\$74,461
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$100,000
Wage Loss	\$0
Other Expenses	\$150,000
	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
none	

Updates

No updates found.