

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M201574094
Claim Number :	SM271473
Date Submitted :	4/2/2015

Insurer Information

Insurer Name	Coverage Type
EVANSTON INSURANCE COMPANY	Primary

Insurer FEIN	Professional License Number
36-2950161	

Insurer Contact Information

Type	First Name	MI	Last Name
Individual	kimberly	C	Stokes

Street Address

4600 Cox Rd.

City

Glen Allen

State

VA

Zip

23060

Phone

(804) 287 - 6965

Ext

Fax

E-Mail Address

kimberly.stokes@markelcorp.com

Insured Information

Type	First Name	MI	Last Name
Individual	FRANK		RODRIGUEZ

Insurer Type

Licensed

Street Address of Practice

7777 North University Dr. Suite 102

City

Tamarac

State

FL

Zip Code

33321

County

Broward

Policy Number

SM888027

Per Claim Policy Limits

\$100,000

Aggregate Policy Limits

\$300,000

Profession or Business

Medical Doctor

Other Profession or Business

License Number

ME55556

Specialty Code & Classification

Surgery - Obstetrics - Gynecology

Certification Number

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Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Palm Beach
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Outpatient Facility			
Name of Institution		Code	
PRESIDENTIAL WOMEN'S CENTER		13960065	
Location of Institutional Injury		Other Location of Institutional Injury	
Operating Suite			
Date of Occurrence		Date Reported to Insurer	
9/22/2012		9/27/2012	

Diagnostic Information

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

An elective abortion was performed on patient.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

It is alleged that there were complications due to a retained surgical instrument.

Diagnostic Code :

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

No misdiagnosis were made.

Principal Injury Giving Rise To The Claim

The patient passed away five days after the elective abortion.

Severity Of Injury

Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 9/19/2014
Other Defendants Involved in this Claim Sacks, Daniel N Presidential Women's Center	
Stage of Legal System at which Settlement was Reached or Award Made Settlement Reached Prior to Pre-Suit Period	
Final Method of Claim Disposition Settled by parties	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment 11/30/2012	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$100,000
Loss Adjust Expense Paid to Defense Counsel	\$14,284
All Other Loss Adjustment Expense Paid	\$5,455
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	\$0
Wage Loss	\$0
Other Expenses	\$0
<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			
-			
Date of Change:	4/2/2015 3:56:24 PM		
Reason for Change:	I made a correction on the payment date.		
	Field Changed	Former Value	New Value
	Payment Date	09-DEC-14	30-NOV-12