Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number	: M20	0117667			
Claim Number :	9410	078157			
Date Submitted :	9/27	/2001			
Insurer Information					
Insurer Name			Coverage T	Гуре	
ZURICH AMERICAN INSURANCE COMPANY			Primary		
Insurer FEIN	Professional License Number		er		
36-4233459					
Insurer Contact Information	<u>.</u>				
Туре		Entity Name			
Entity		ZURICH US			
Street Address					
Attn Mary Miller, 1400 Am	erican LN T1-14				
City			State	Zip	
Schaumburg			IL	60196-1056	
Phone	Ext	Fax	E-Mail Add	lress	
(847) 413 - 5287		(847) 416 - 5049		mary.p.miller@zurichus.com	
Insured Information					
Туре	First Name	MI	Last Na	ame	
Individual	HARVEY	С	ROTH		
Insurer Type	Street Addres	s of Practice			
Licensed	20423 STATE ROAD 7, F6-199				
City	State	Zip Code	County	County	
BOCA RATON	FL	33498	Palm Be	each	
Policy Number	Per Claim Policy Limits		Aggreg	Aggregate Policy Limits	
GPC 2192871 03	\$250,000		\$750,00	\$750,000	
Profession or Business		Other Profes	ssion or Business		
Medical Doctor					
License Number	Specialty Code & Classification		Certific	cation Number	
ME64837	Gynecology - Minor Surgery		01		

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Injured Person Information					
First Name	MI	Last Name	Date of Birth		
Street Address		Gender	County where Injury Occurred		
Street Audress		F	*NR		
City		State	Zip Code		
.					
Location where injury occured		Other location where injury occured			
Hospital Inpatient Facility					
Name of Institution		Code			
WEST BOCA MEDICAL CENTER		110008			
Location of Institutional Injury		Other Location of Institutional Injury			
Labor and Delivery Room					
Date of Occurrence		Date Reported to Insurer			
2/20/1997 11/7/20		11/7/2000	2000		
<u></u>					

Diagnostic Information

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

Preterm labor at 35 weeks of twin pregnancy. Second twin later diagnosed with cerebral palsy.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

First twin delivered vaginally. Second twin was in a breech position and doctor attempted to delivery vaginally. Cesarean section was done after the vaginal attempt.

Diagnostic Code :

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

*NR

Principal Injury Giving Rise To The Claim

Alleged failure to perform a timely cesarean section resulted in the second twin's brain damage.

Severity Of Injury

Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

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Legal Information						
D						
Date of Suit	Circuit Court Case Number					
3/26/1999	CL 99-3059 AF	CL 99-3059 AF				
County Suit Filed in	Date of Final Disposition					
Palm Beach	1/5/2001					
Other Defendants Involved in this Cla	im					
TENET HEALTH SYSTEMS C.M. D/B BRIGGS, JOHN D JOHN D. BRIGGS, M.D., PA	3/A WEST BOCA MEDICAL CENTER					
Stage of Legal System at which Settler	nent was Reached or Award Made					
More than 90 days, after suit filed and pu	rior 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 pa	ayment to the Plaintiff?	Ye				
Indemnity Paid by Insurer on behalf of	\$250,000					
Loss Adjust Expense Paid to Defense	\$35,87					
All Other Loss Adjustment Expense P	\$5,648					
Injured Person's Total Non-Economic	\$200,000					
Deductible						

Injured Person's Total Economic Loss

	Incurred to Date	Anticipated			
Medical Expense	\$2,485	\$0			
Wage Loss	\$51,000	\$0			
Other Expenses	\$8,821	\$0			
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely					

Earlier consideration will be given to performing a cesarean section on a patient with a twin pregancy with a breech presentation.

Updates

No updates found.