

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

<b>Department File Number :</b>	<b>M200117667</b>
<b>Claim Number :</b>	<b>9410078157</b>
<b>Date Submitted :</b>	<b>9/27/2001</b>

### Insurer Information

<b>Insurer Name</b>	ZURICH AMERICAN INSURANCE COMPANY	<b>Coverage Type</b>	Primary
<b>Insurer FEIN</b>	36-4233459	<b>Professional License Number</b>	
<u>Insurer Contact Information</u>			
<b>Type</b>	Entity	<b>Entity Name</b>	ZURICH US
<b>Street Address</b>	Attn Mary Miller, 1400 American LN T1-14		
<b>City</b>	Schaumburg	<b>State</b>	IL
<b>Phone</b>		<b>Zip</b>	60196-1056
	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(847) 413 - 5287		(847) 416 - 5049	mary.p.miller@zurichus.com

### Insured Information

<b>Type</b>	Individual	<b>First Name</b>	HARVEY	<b>MI</b>	C	<b>Last Name</b>	ROTH	
<b>Insurer Type</b>	Licensed	<b>Street Address of Practice</b>	20423 STATE ROAD 7, F6-199					
<b>City</b>	BOCA RATON	<b>State</b>	FL	<b>Zip Code</b>	33498	<b>County</b>	Palm Beach	
<b>Policy Number</b>	GPC 2192871 03	<b>Per Claim Policy Limits</b>	\$250,000	<b>Aggregate Policy Limits</b>	\$750,000			
<b>Profession or Business</b>	Medical Doctor							
<b>License Number</b>	ME64837	<b>Specialty Code &amp; Classification</b>	Gynecology - Minor Surgery				<b>Certification Number</b>	01

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Injured Person Information			
<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>
		F	*NR
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>		
Hospital Inpatient Facility			
<b>Name of Institution</b>	<b>Code</b>		
WEST BOCA MEDICAL CENTER			110008
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>		
Labor and Delivery Room			
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>		
2/20/1997			11/7/2000

Diagnostic Information
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Preterm labor at 35 weeks of twin pregnancy. Second twin later diagnosed with cerebral palsy.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
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.
<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>
Alleged failure to perform a timely cesarean section resulted in the second twin's brain damage.
<b>Severity Of Injury</b>
Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

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

Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
3/26/1999	CL 99-3059 AF
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Palm Beach	1/5/2001
<b>Other Defendants Involved in this Claim</b>	
TENET HEALTH SYSTEMS C.M. D/B/A WEST BOCA MEDICAL CENTER BRIGGS, JOHN D JOHN D. BRIGGS, M.D., PA	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	Claim not subject to Arbitration.
<b>Date of Payment</b>	

Financial Information	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$250,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$35,877
<b>All Other Loss Adjustment Expense Paid</b>	\$5,648
<b>Injured Person's Total Non-Economic Loss</b>	\$200,000
<b>Deductible</b>	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$2,485
<b>Wage Loss</b>	\$51,000
<b>Other Expenses</b>	\$8,821
	<u>Anticipated</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
Earlier consideration will be given to performing a cesarean section on a patient with a twin pregnancy with a breech presentation.	

Updates
No updates found.