

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

<b>Department File Number :</b>	<b>M201783480</b>
<b>Claim Number :</b>	<b>F12-0283-10</b>
<b>Date Submitted :</b>	<b>10/24/2017</b>

### Insurer Information

<b>Insurer Name</b>	FD INSURANCE COMPANY	<b>Coverage Type</b>	Primary
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
20-3704679			
<u>Insurer Contact Information</u>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Steven	R	Carey
<b>Street Address</b>	4651 Salisbury Rd. Suite 410		
<b>City</b>	<b>State</b>	<b>Zip</b>	
Jacksonville	FL	32256	
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(904) 309 - 8127		(904) 309 - 8127	scarey@norcal-group.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Carlito		Arrogante
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	225 SW 1st Street		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Belle Glade	FL	33430	Palm Beach
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
10286	\$250,000		\$750,000
<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>
ME24940	Surgery - Obstetrics - Gynecology		

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

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	Palm Beach
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Physician's Office			
<b>Name of Institution</b>		<b>Code</b>	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Patients' Room			
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
6/28/2010		2/19/2013	

Diagnostic Information
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Patient was being treated for failed pregnancy related issues.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
No procedure performed.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
Alleging a failure to properly monitor the patients HCG levels which led to a failure to timely diagnose choriocarcinoma.
<b>Principal Injury Giving Rise To The Claim</b>
Patient expired.
<b>Severity Of Injury</b>
Permanent: Death.

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

Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
6/14/2013	50-2013-CA-4520MB
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Palm Beach	10/3/2017
<b>Other Defendants Involved in this Claim</b>	
Barhoush, MD, Ahmed	
<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>	
8/14/2017	

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>	\$225,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$29,426
<b>All Other Loss Adjustment Expense Paid</b>	\$0
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<b>Deductible</b>	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
	<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>	
Circumstances of the case have been discussed with the Insured and Risk Management.	

Updates
No updates found.