

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M201783779
Claim Number :	105765
Date Submitted :	12/5/2017

Insurer Information

Insurer Name	FD INSURANCE COMPANY	Coverage Type	Primary
Insurer FEIN	20-3704679	Professional License Number	
<u>Insurer Contact Information</u>			
Type	Individual	First Name	Diane
		MI	M
		Last Name	McNab
Street Address	9372 Lake Serena Dr		
City	Boca Raton	State	FL
		Zip	33496
Phone	(954) 439 - 0580	Ext	
		Fax	
		E-Mail Address	dmcnab@norcal-group.com

Insured Information

Type	Individual	First Name	Carlito	MI		Last Name	Arrogante
Insurer Type	Licensed	Street Address of Practice	114 West Underwood Str4eet, Suite 206				
City	Orlando	State	FL	Zip Code	33410	County	Palm Beach
Policy Number	10286	Per Claim Policy Limits	\$250,000	Aggregate Policy Limits	\$750,000		
Profession or Business	Medical Doctor		Other Profession or Business				
License Number	ME24940	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 M	County where Injury Occurred Palm Beach
City		State	Zip Code
Location where injury occurred Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution LAKESIDE SURGERY CENTER		Code	14960335
Location of Institutional Injury Labor and Delivery Room		Other Location of Institutional Injury	
Date of Occurrence 5/16/2014		Date Reported to Insurer	6/27/2016

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Mother underwent induction of labor due to low amniotic fluid.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Mother had normal vaginal delivery of male infant with no complications. Mother diagnosed and treated with medications for urinary tract infection upon discharge. It is alleged the physicians failed to properly diagnose and treat Group B strep infection in mom and newborn.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition Disputed allegation of the failure to timely diagnose and treat Group B strep infection in mom and newborn.
Principal Injury Giving Rise To The Claim death of infant
Severity Of Injury Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
1/18/2017	502017CA000653
County Suit Filed in	Date of Final Disposition
Palm Beach	11/3/2017
Other Defendants Involved in this Claim	
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
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
11/9/2017	

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	\$35,000
All Other Loss Adjustment Expense Paid	\$35,000
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Insured conferenced with adjuster and attorney	

Updates
No updates found.