

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M199801031
Claim Number :	B96-16429-94
Date Submitted :	4/24/1998

Insurer Information

Insurer Name	FIRST PROFESSIONALS INSURANCE COMPANY, INC	Coverage Type	Excess
Insurer FEIN	59-6614702	Professional License Number	
<u>Insurer Contact Information</u>			
Type	Entity	Entity Name	
Street Address			
City		State	Zip
		FL	
Phone	Ext	Fax	E-Mail Address

Insured Information

Type	Individual	First Name	FERNANDO RICARDO	MI	Last Name	BETANCOURT
Insurer Type	Licensed	Street Address of Practice				
City	*NR	State	FL	Zip Code	County	Lee
				34625		
Policy Number	*NR	Per Claim Policy Limits	\$250,000		Aggregate Policy Limits	*NR
Profession or Business	Medical Doctor				Other Profession or Business	
License Number	0038573	Specialty Code & Classification	Surgery - 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
		F	*NR
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
No Response			
Date of Occurrence		Date Reported to Insurer	
4/1/1994		1/24/1996	

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
*NR	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
*NR	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
	*NR
Principal Injury Giving Rise To The Claim	
	*NR
Severity Of Injury	
Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.	

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 4/20/1998
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition No Response	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
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	\$85,000 \$0
Wage Loss	\$0 \$0
Other Expenses	\$0 \$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely *NR	

Updates
No updates found.