

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200534019
Claim Number :	18373
Date Submitted :	11/9/2005

Insurer Information				
Insurer Name	MAG MUTUAL INSURANCE COMPANY	Coverage Type	Primary	
Insurer FEIN	58-1449198	Professional License Number		
<u>Insurer Contact Information</u>				
Type	Entity	Entity Name	MAG Mutual Insurance Company	
Street Address	8427 South Park Circle Suite 130			
City	Orlando	State	FL	Zip 32819
Phone	(407) 370 - 3813	Ext	Fax	E-Mail Address
			(407) 370 - 2247	cwehner@magmutual.com

Insured Information				
Type	Individual	First Name	Candace	MI S Last Name Cooley
Insurer Type	Licensed	Street Address of Practice	924 MAR WALT DR	
City	FORT WALTON BEACH	State	FL	Zip Code 32547-6706 County Okaloosa
Policy Number	PSL 1600045 05	Per Claim Policy Limits	\$1,000,000	Aggregate Policy Limits \$3,000,000
Profession or Business	Medical Doctor	Other Profession or Business		
License Number	ME77965	Specialty Code & Classification	Surgery - Obstetrics - Gynecology	
				Certification Number 3503

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender F	County where Injury Occurred Okaloosa
City		State	Zip Code
Location where injury occurred Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution FORT WALTON BEACH MEDICAL CENTER		Code	100223
Location of Institutional Injury Radiology, Emergency Room		Other Location of Institutional Injury	
Date of Occurrence 5/14/2001		Date Reported to Insurer	9/5/2003

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Pregnancy	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Ultrasound	
Diagnostic Code :	DC343.9
Misdiagnosis Made, If Any, Of Patient's Actual Condition Alleged delay in diagnosis of ascites in twin	
Principal Injury Giving Rise To The Claim Cerebral palsy in one twin; death of one twin	
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
2/23/2004	CA-03-2994
County Suit Filed in	Date of Final Disposition
Leon	3/1/2005
Other Defendants Involved in this Claim	
Brickler, III, M.D., Aldexander	
King, M.D., Andrea	
Clements & Ashmore, P.A.	
Tallahassee Memorial Healthcare, Inc.	
Lawless, M.D., Michael	
Radiology Associates of Ft. Walton Beach	
OB/GYN Specialists of the Emerald Coast, P.A.	
Ft. Walton Beach Medical Center, Inc.	
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
Summary judgment for the defendant.	
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	\$10,863
All Other Loss Adjustment Expense Paid	\$9,949
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
<u>Anticipated</u>	
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Risk Management has counseled insured	

Updates			
-			
Date of Change:	11/8/2005 12:24:20 PM		
Reason for Change:	Corrected final disposition date		
Field Changed	Former Value	New Value	

