

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200219397
Claim Number :	500600
Date Submitted :	3/6/2002

Insurer Information					
Insurer Name	AMERICAN HEALTHCARE INDEMNITY COMPANY			Coverage Type	Primary
Insurer FEIN	59-2048400	Professional License Number			
<u>Insurer Contact Information</u>					
Type	Individual	First Name	PATRICIA	MI	A
				Last Name	EDWARDS
Street Address	401 E. Jackson Street, Suite 1700				
City	Tampa			State	FL
				Zip	33602
Phone	(813) 222 - 4297	Ext		Fax	(813) 222 - 4274
				E-Mail Address	pedwards@sepie-ahi.com

Insured Information					
Type	Individual	First Name	MARK	MI	R
				Last Name	SPENCE
Insurer Type	Licensed	Street Address of Practice			8955 SW 87 CT , STE 104
City	MIAMI	State	FL	Zip Code	33176
				County	Dade
Policy Number	PSCAHI8252033	Per Claim Policy Limits		Aggregate Policy Limits	
			\$250,000		\$750,000
Profession or Business	Medical Doctor		Other Profession or Business		
License Number	ME74724	Specialty Code & Classification		Certification Number	
			Gynecology - Minor Surgery		N/A

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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		
Hospital Inpatient Facility			
Name of Institution	Code		
BAPTIST HOSPITAL OF MIAMI			100008
Location of Institutional Injury	Other Location of Institutional Injury		
Operating Suite			
Date of Occurrence	Date Reported to Insurer		
11/21/1996			3/29/2000

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
FIBROIDS - UTERUS APPROX 16 WKS SIZE DUE TO FIBROIDS
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
HYSTERECTOMY
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
ALLEGES IMPROPER BOWEL PREP, ALLEGES SURGICAL NEGLIGENCE BY CAUSING LACERATION OF BOWEL AND ALLEGES FAILURE TO OBTAIN PROPER INFORMED CONSENT.
Principal Injury Giving Rise To The Claim
LACERATED COLON, RESULTING IN EXPLORATORY LAPAROTOMY, COLOSTOMY, SUBSEQUENT INFECTION AND SURGERY TO REVERSE COLOSTOMY, SCARRING TO ABDOMEN.
Severity Of Injury
Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

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Legal Information	
Date of Suit	Circuit Court Case Number
1/16/2001	01-958-CA23
County Suit Filed in	Date of Final Disposition
Dade	2/25/2002
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	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$200,000
Loss Adjust Expense Paid to Defense Counsel	\$62,610
All Other Loss Adjustment Expense Paid	\$2,635
Injured Person's Total Non-Economic Loss	\$73,700
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$62,000
Wage Loss	\$25,000
Other Expenses	\$0
	<u>Anticipated</u>
Medical Expense	\$60,000
Wage Loss	\$4,300
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
N/A	

Updates
No updates found.