

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200218706
Claim Number :	501074
Date Submitted :	1/7/2002

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	PHILIP	MI	F
				Last Name	WATERMAN
Insurer Type	Licensed	Street Address of Practice			650 DEL PRADO BLVD, SUITE 100
City	CAPE CORAL	State	FL	Zip Code	33990
				County	Lee
Policy Number	0000069613	Per Claim Policy Limits		Aggregate Policy Limits	\$750,000
			\$250,000		
Profession or Business	Medical Doctor	Other Profession or Business			
License Number	ME0033129	Specialty Code & Classification		Certification Number	N/A
			Gynecology - Minor Surgery		

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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	
Prison		PHYSICIANS OFFICE	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
3/8/2000		4/5/2001	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
INCONTINENCE - LEAKING URINE
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
ALLEGED IMPROPER TVT PROCEDURE
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
NONE
Principal Injury Giving Rise To The Claim
ALLEGES RISKS OF SURGERY NOT EXPLAINED, IMPROPER SURGERY PERFORMED AND POOR PERFORMANCE OF TVT PROCEDURE, RESULTING IN INTERSTIM IMPLANT ADDITIONAL SURGERY.
Severity Of Injury
Temporary: Slight - Lacerations, contusions, minor scars, rash. No delay.

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Legal Information	
Date of Suit	Circuit Court Case Number
7/13/2001	01-6551-CA
County Suit Filed in	Date of Final Disposition
Lee	12/18/2001
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	\$175,000
Loss Adjust Expense Paid to Defense Counsel	\$18,391
All Other Loss Adjustment Expense Paid	\$12,694
Injured Person's Total Non-Economic Loss	\$100,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$45,000
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	<u>Anticipated</u>
N/A	

Updates
No updates found.