

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M199702216
Claim Number :	0349696019OBG
Date Submitted :	9/29/1997

Insurer Information			
Insurer Name	UNISOURCE INSURANCE COMPANY	Coverage Type	Excess
Insurer FEIN	65-0158251	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	DEBRA
		MI	A
		Last Name	JONES
Insurer Type	Licensed	Street Address of Practice	*NR
City	*NR	State	FL
		Zip Code	33414
		County	Palm Beach
Policy Number	*NR	Per Claim Policy Limits	\$250,000
		Aggregate Policy Limits	*NR
Profession or Business	Medical Doctor	Other Profession or Business	
License Number	0064730	Specialty Code & Classification	Surgery - Obstetrics
		Certification Number	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender F	County where Injury Occurred *NR
City		State	Zip Code
Location where injury occurred Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution *NR		Code	
Location of Institutional Injury Labor and Delivery Room		Other Location of Institutional Injury	
Date of Occurrence 1/16/1996		Date Reported to Insurer 12/4/1996	

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: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

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Legal Information	
Date of Suit	Circuit Court Case Number
2/27/1997	0CL97-1866 (AF)
County Suit Filed in	Date of Final Disposition
	9/16/1997
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	\$150,000
Loss Adjust Expense Paid to Defense Counsel	\$9,651
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$150,000
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	
*NR	

Updates
No updates found.