

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M199900331
Claim Number :	039-96-97-019-U
Date Submitted :	3/12/1999

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	First Name	MI	Last Name
Individual	DEBRA ANNE		JONES
Insurer Type	Street Address of Practice		
Licensed	*NR		
City	State	Zip Code	County
*NR	FL	33414	Palm Beach
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
*NR	\$250,000	*NR	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
0064730	Surgery - Obstetrics - Gynecology		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender M	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 1/24/1996		Date Reported to Insurer 1/7/1997	

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
5/13/1997	00CL 97 3926 AN
County Suit Filed in	Date of Final Disposition
	3/2/1999
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
During trial, but before court verdict.	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
Summary judgment for the plaintiff.	
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	\$250,000
Loss Adjust Expense Paid to Defense Counsel	\$57,596
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$250,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$500,000
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
*NR	

Updates
No updates found.