

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	<b>M200535734</b>
<b>Claim Number :</b>	<b>D02-26781-00</b>
<b>Date Submitted :</b>	<b>7/6/2005</b>

Insurer Information					
Insurer Name		FIRST PROFESSIONALS INSURANCE COMPANY, INC		Coverage Type	
				Primary	
Insurer FEIN		Professional License Number			
59-6614702					
Insurer Contact Information					
Type	First Name		MI	Last Name	
Individual	Cheri		M	Montague	
Street Address					
1000 Riverside Drive, Suite 800					
City			State	Zip	
Jacksonville			FL	32204	
Phone	Ext	Fax	E-Mail Address		
(800) 741 - 3742	3043	(904) 358 - 6728	montague@fpic.com		

Insured Information					
<b>Type</b>	Individual	<b>First Name</b>	Debra	<b>MI</b>	<b>Last Name</b>
				A	Jones
<b>Insurer Type</b>	Licensed	<b>Street Address of Practice</b>			
		1515 N Flagler Drive Suite 700			
<b>City</b>	West Palm Beach	<b>State</b>	FL	<b>Zip Code</b>	<b>County</b>
				33401	Palm Beach
<b>Policy Number</b>	28068	<b>Per Claim Policy Limits</b>	\$250,000	<b>Aggregate Policy Limits</b>	\$750,000
<b>Profession or Business</b>	Medical Doctor	<b>Other Profession or Business</b>			
<b>License Number</b>	ME64730	<b>Specialty Code &amp; Classification</b>	Surgery - Obstetrics - Gynecology	<b>Certification Number</b>	80153

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Injured Person Information			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b> F	<b>County where Injury Occurred</b> St. Lucie
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b> Hospital Inpatient Facility		<b>Other location where injury occurred</b>	
<b>Name of Institution</b> SAINT MARY'S HOSPITAL		<b>Code</b> 100010	
<b>Location of Institutional Injury</b> Labor and Delivery Room		<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b> 5/13/2000		<b>Date Reported to Insurer</b> 12/10/2002	

Diagnostic Information
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> Pre-eclampsia
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> Alleged failure to recognize severe signs of pre-eclampsia which required emergent intervention resulting in stroke and death.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> No misdiagnosis.
<b>Principal Injury Giving Rise To The Claim</b> Death
<b>Severity Of Injury</b> Permanent: Death.

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Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
4/2/2003	CA 02 13827 AF
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Palm Beach	6/7/2005
<b>Other Defendants Involved in this Claim</b>	
St. Mary Medical Center	
Gordon, M.D., Robert	
Ross, M.D., Sharon	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	Claim not subject to Arbitration.
<b>Date of Payment</b>	6/7/2005

Financial Information	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$250,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$0
<b>All Other Loss Adjustment Expense Paid</b>	\$2,174
<b>Injured Person's Total Non-Economic Loss</b>	\$250,000
<b>Deductible</b>	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u> <u>Anticipated</u>
<b>Medical Expense</b>	\$0                      \$0
<b>Wage Loss</b>	\$0                      \$0
<b>Other Expenses</b>	\$0                      \$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

Updates
No updates found.