

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200643316
Claim Number :	B03-29415-02
Date Submitted :	11/30/2006

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

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

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Palm Beach
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
1/30/2002		9/15/2003	

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
Patient sought treatment for pregnancy and child birth.	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
None.	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
It is alleged that the insured failed to recommend delivery at 38-39 weeks of gestation.	
Principal Injury Giving Rise To The Claim	
	Death of newborn infant.
Severity Of Injury	Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 11/8/2006
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition Settled by parties	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u> <u>Anticipated</u>
Medical Expense	\$0 \$0
Wage Loss	\$0 \$0
Other Expenses	\$0 \$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

Updates
No updates found.