

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200745971
Claim Number :	31045-01
Date Submitted :	6/19/2007

Insurer Information					
Insurer Name	FIRST PROFESSIONALS INSURANCE COMPANY, INC			Coverage Type	
				Primary	
Insurer FEIN	Professional License Number				
59-6614702					
<u>Insurer Contact Information</u>					
Type	First Name	MI	Last Name		
Individual	Odessa		Choice		
Street Address	1000 Riverside Avenue, Suite 800				
City	State	Zip			
Jacksonville	FL	32204			
Phone	Ext	Fax	E-Mail Address		
(800) 741 - 3742	3045	(904) 358 - 6728	odessa.choice@fpic.com		

Insured Information					
Type	First Name	MI	Last Name		
Individual	Debra	A	Jones		
Insurer Type	Street Address of Practice				
Licensed	1515 N Flagler Dr, Ste 700				
City	State	Zip Code	County		
West Palm Beach	FL	33401	Palm Beach		
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits		
98268	\$250,000		\$750,000		
Profession or Business		Other Profession or Business			
Medical Doctor					
License Number	Specialty Code & Classification			Certification Number	
ME64730	Surgery - Obstetrics - Gynecology			80153	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender F	County where Injury Occurred Palm Beach
City		State	Zip Code
Location where injury occurred Physician's Office		Other location where injury occurred	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence 7/14/2002		Date Reported to Insurer 7/8/2004	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Ultrasound and AFP done during pregnancy and both negative. Infant born with Spina bifida.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Ultrasound failed to reveal spina bifida.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition Alleged failure to diagnose spina bifida.
Principal Injury Giving Rise To The Claim Spina Bifida.
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
3/21/2005	50 2005 CA 002299XXX
County Suit Filed in	Date of Final Disposition
Palm Beach	6/1/2007
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	
6/1/2007	

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	\$26,124
All Other Loss Adjustment Expense Paid	\$8,959
Injured Person's Total Non-Economic Loss	\$250,000
Deductible	\$25,000
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
<u>Anticipated</u>	
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.