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

Department File Number :	M200850673					
Claim Number :	20143-01					
Date Submitted :	8/29/2008					
		Insurer Information				
		Insurer Information				
Insurer Name			Coverage Type			
FIRST	F PROFESSIONALS INSUR		Primary			
Insurer FEIN	Prof	fessional License Number				
59-6614	702					
	<u>In</u>	surer Contact Information				
Гуре	First Name		MI	MI Last Name		
Individual			C	Thoice		
Street Address						
	1000	Riverside Avenue, Suite 800	)			
City				State	Zip	
	Jacksonvill	e		FL	32204	
Phone	Ext Fax		E-Mail	E-Mail Address		
(800) 741 - 3742	3045	(904) 358 - 6728	odessa.choice@fpic.com		fpic.com	
		Insured Information				
Туре	First Name	MI	Last N	Last Name		
Individual	Debra			Jones		
Insurer Type	Street Address of Practi	ce				
Licensed		1515 N. Flagler Drive, Ste 700				
City	State	Zip Code	County	County		
West Palm Beach	FL	33401		Palm Beach		
Policy Number	Per Claim Policy Limits	Aggreg	Aggregate Policy Limits			
98268	\$250,000			\$750,000		
Profession or Business		<b>Other Profession or</b>	Business			
Med	lical Doctor					
License Number	Specialty Code & Classi	Certifi	<b>Certification Number</b>			
ME64730	Surgery - Obstetrics - Gynecology			80153		

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

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 occured		Other location	where injury occured				
Hospital Inpatient Facil	ity						
Name of Institution		Code					
GOOD SAMARITAN HOSPITAL		110403					
Location of Institutional Injury		Other Location of Institutional Injury					
Operating Suite							
Date of Occurrence		<b>Date Reported</b>	to Insurer				
8/22/1997			4/27/1999				
		Diagnostic Informa	ition				
Final Diamonia Fau Which Transformer	Wee Couch4	La ala dia a Dationatia A	ete el Com l'itier				
Final Diagnosis For Which Treatment Insured was consulted for complications	-	-					
	1 0	•	T				
Operation, Diagnostic, Or Treatment	Procedure Re	ndered Causing The	injury				
Reading fetal monitor strips.							
Diagnostic Code :							
Misdiagnosis Made, If Any, Of Patient	t's Actual Cor						
		None.					
Principal Injury Giving Rise To The C	laim						
		Child born with C	P.				
Severity Of Injury							
Permanent: Gra	ave - Quadrap	egia, severe brain dam	age, lifelong care or fatal prognosis.				

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	Lega	l Information			
Date of Suit	Circ	uit Court Case Number			
10/13/1999		CL 99-7754 A1			
County Suit Filed in	Date	e of Final Disposition			
Palm Beach		8/13/2008			
Other Defendants Involved in this Clair	n				
Good Samaritan Hospital					
Stage of Legal System at which Settlem	ent was Reached or A	ward Made			
		or during the course of mand	atory settlement c	onference.	
Final Method of Claim Disposition		C C	-		
-	Sett	led by parties			
Court Decision	Oth				
No Court Proceedings.					
Arbitration					
	Claim not s	subject to Arbitration.			
Date of Payment		·			
		8/13/2008			
	Financ	cial Information			
Was there a settlement Resulting in pay	mont to the Plaintiff				Ye
Indemnity Paid by Insurer on behalf of					\$250,00
Loss Adjust Expense Paid to Defense Co			\$449,77		
All Other Loss Adjustment Expense Pa				\$191,82	
Injured Person's Total Non-Economic I					\$191,82
Deductible	1035				\$250,00
Deduction	Injured Person	n's Total Economic Loss			Ű,
	<u>injuidu i disci</u>			Anticipated	
Madical Francisco		Incurred to Date	¢0,	Anticipated	
Medical Expense Wage Loss	\$0	\$0	\$0 \$0		
Wage Loss Other Expenses	\$0 \$0		\$0 \$0		
-	÷ •	o	\$0		
Safety Management Steps Taken by Ins				1.0	
Insurance company staff consulted with in	sured to discuss preven	ntative measures. Risk manag	gement referral is	made if appropria	ite.
· · · · · · · · · · · · · · · · · · ·		Updates			

No updates found.