

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

<b>Department File Number :</b>	M200643336
<b>Claim Number :</b>	002 03 195277
<b>Date Submitted :</b>	12/1/2006

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
FIREMAN'S FUND INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
94-1610280			
<u>Insurer Contact Information</u>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Ruby		Thompson
<b>Street Address</b>			
33 West Monroe			
<b>City</b>	<b>State</b>	<b>Zip</b>	
Chicago	IL	60603	
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(312) 456 - 5227		(312) 577 - 9507	rthomps2@ffic.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Daniel	N	Sacks
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	6438 Garden Court		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
West Palm Beach	FL	33411	Palm Beach
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
HPC 02936340	\$250,000		\$750,000
<b>Profession or Business</b>	<b>Other Profession or Business</b>		
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME80828	Surgery - Gynecology		

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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>	<b>County where Injury Occurred</b>
		F	Hillsborough
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Hospital Inpatient Facility			
<b>Name of Institution</b>		<b>Code</b>	
SAINT JOSEPH'S HOSPITAL			100075
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Operating Suite			
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
5/22/2001			9/30/2003

Diagnostic Information	
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>	
Latex retained after hysterectomy.	
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>	
Patient presented for total abdominal hysterectomy, after surgery patient complained of pain and bladder discomfort. Alleges retained latex was entrapped in the adhesions.	
<b>Diagnostic Code :</b>	230
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>	
	*NR
<b>Principal Injury Giving Rise To The Claim</b>	
	Retained latex caused discomfort and pain
<b>Severity Of Injury</b>	
Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.	

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

Legal Information		
<b>Date of Suit</b>	2/23/2004	<b>Circuit Court Case Number</b> 04-1743
<b>County Suit Filed in</b>	Hillsborough	<b>Date of Final Disposition</b> 11/28/2006
<b>Other Defendants Involved in this Claim</b>		
<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>		
<b>Court Decision</b>	Other	No Payment Made <b>Other</b> Dismissal
<b>Arbitration</b>	Claim not subject to Arbitration.	
<b>Date of Payment</b>		

Financial Information		
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>		No
<b>Indemnity Paid by Insurer on behalf of Insured</b>		\$0
<b>Loss Adjust Expense Paid to Defense Counsel</b>		\$6,277
<b>All Other Loss Adjustment Expense Paid</b>		\$356
<b>Injured Person's Total Non-Economic Loss</b>		\$0
<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>		
None		

Updates
No updates found.