

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M201574093
Claim Number :	SM270968
Date Submitted :	4/2/2015

Insurer Information

Insurer Name	EVANSTON INSURANCE COMPANY		Coverage Type	Primary			
Insurer FEIN	36-2950161	Professional License Number					
<u>Insurer Contact Information</u>							
Type	Individual	First Name	Kimberly	MI	C	Last Name	Stokes
Street Address	4600 Cox Road						
City	Glen Allen	State	VA	Zip	23060		
Phone	(804) 287 - 6965	Ext		Fax		E-Mail Address	kimberly.stokes@markelcorp.com

Insured Information

Type	Individual	First Name	DANIEL	MI	N	Last Name	SACKS
Insurer Type	Licensed	Street Address of Practice	8132 Okeechobee Blvd. Suite B				
City	West Palm Beach	State	FL	Zip Code	33411	County	Palm Beach
Policy Number	SM888027	Per Claim Policy Limits	\$100,000	Aggregate Policy Limits	\$300,000		
Profession or Business	Medical Doctor	Other Profession or Business					
License Number	ME80828	Specialty Code & Classification	Surgery - Obstetrics				
Certification Number							

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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		
Hospital Outpatient Facility			
Name of Institution	Code		
PRESIDENTIAL WOMEN'S CENTER			13960065
Location of Institutional Injury	Other Location of Institutional Injury		
Operating Suite			
Date of Occurrence	Date Reported to Insurer		
9/22/2012			9/27/2012

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
An elective abortion was performed on patient.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
It is alleged that there were complications due to a retained surgical instrument.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
No misdiagnosis were made.
Principal Injury Giving Rise To The Claim
The patient passed away five days after the elective abortion.
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 9/19/2014
Other Defendants Involved in this Claim Presidential Womens Center RODRIGUEZ, FRANK	
Stage of Legal System at which Settlement was Reached or Award Made Settlement Reached Prior to Pre-Suit Period	
Final Method of Claim Disposition No Payment Made	
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	\$35,766
All Other Loss Adjustment Expense Paid	\$4,520
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely None	

Updates
No updates found.