

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200433178
Claim Number :	50177
Date Submitted :	10/18/2004

Insurer Information

Insurer Name		Coverage Type	
FIREMAN'S FUND INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
94-1610280			
<u>Insurer Contact Information</u>			
Type	First Name	MI	Last Name
Individual	Angie	K	Beam
Street Address			
720 N.W. 50th Street			
City	State		Zip
Oklahoma City	OK		73126
Phone	Ext	Fax	E-Mail Address
(405) 290 - 5634	643	(405) 879 - 9660	akbeam@clfrates.com

Insured Information

Type	First Name	MI	Last Name
Individual	Daniel	N	Sacks
Insurer Type	Street Address of Practice		
Licensed	888 South Parsons Avenue		
City	State	Zip Code	County
Brandon	FL	33511	Hillsborough
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
HPC 02936340	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME80828	Surgery - Obstetrics - Gynecology		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Hillsborough
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
BRANDON REGIONAL HOSPITAL			100243
Location of Institutional Injury		Other Location of Institutional Injury	
Operating Suite			
Date of Occurrence		Date Reported to Insurer	
2/21/2001			2/4/2002

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
right ovarian torsion and cyst
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
IV port for administering anesthesia during surgery.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
n/a
Principal Injury Giving Rise To The Claim
IV infiltration injury to arm.
Severity Of Injury
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

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Legal Information	
Date of Suit	Circuit Court Case Number
5/7/2002	02 04163, Division J
County Suit Filed in	Date of Final Disposition
Hillsborough	10/14/2004
Other Defendants Involved in this Claim	
Galencare, Inc., dba Columbia Brandon Regional Medical Cente	
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	
10/15/2004	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$125,000
Loss Adjust Expense Paid to Defense Counsel	\$51,277
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>
Medical Expense	\$60,975
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	<u>Anticipated</u>
unknown	

Updates
No updates found.