

DCN: 5500000084431709 Process Date: 09/10/2013

Page: 2 of 3 STONE, JOANNE L

http://www.npdb.hrsa.gov

Date of This Payment: 08/06/2013

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 1,000,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 06/03/2013

Adjudicative Body Case Number: 800304/11

Adjudicative Body Name: NYS SUPREME COURT COUNTY OF NEW YORK

Court File Number:

Description of Judgment or Settlement and Any

Conditions, including Terms of Payment: CASE SETTLED FOR \$1,000,000 ON BEHALF OF THIS INSURED.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 1,000,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

## **PAYMENTS BY OTHERS FOR THIS PRACTITIONER**

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 29 YEARS

Patient's Gender: FEMALE

Patient Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

29 YEAR OLD FEMALE UNDERWENT FERTILITY TREATMENTS AND Presented for Treatment:

BECAME PREGNANT WITH A MULTIFETAL PREGNANCY.

Description of the Procedure Performed: ON 5/9/11, PATIENT UNDERWENT A SELECTIVE TERMINATION OF

ONE FETUS DUE TO A LIMB ABNORMALITY FOUND ON ULTRASOUND. AT THE CONCLUSION OF THE PROCEDURE, IT WAS DISCOVERED THAT THE WRONG FETUS WAS TERMINATED AND THE PARENTS DECIDED TO TERMINATE THE REMAINING FETUS WITH THE LIMB

ABNORMALITY.

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 05/09/2011

Outcome: EMOTIONAL INJURY ONLY (01) Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: PLAINTIFF ALLEGED TERMINATION OF INCORRECT FETUS RESULTED IN EMOTIONAL DISTRESS AND POST-TRAUMATIC STRESS



If the subject identified in Section B of this report has submitted a statement, it appears in this section.