

STONE, JOANNE L

FFH INSURANCE CORP.	
MEDICAL MALPRACTICE PAYMENT REPORT	Date of Action: 09/30/2002
Initial Action	Basis for Initial Action
- SETTLEMENT	- UNKNOWN

REPORTING ENTITY

Entity Name: FFH INSURANCE CORP. *
Address: CGM BUILDING
COLLYMORE ROCK
City, State, Zip: BRIDGETOWN,
Country: BARBADOS
Name or Office: GRAINNE RICHMOND
Title or Department: COMPLIANCE OFFICER
Telephone: (441) 294-3961
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 01/06/2016:

Entity Name: FFH INSURANCE CORP.
Address: C/O USA RISK GROUP BARBADOS LTD
FIRST FLOOR, GOLDEN ANCHORAGE,
City, State, Zip: SUNSET CREST, ST. JAMES,
Country: BARBADOS BB 24014

SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: STONE, JOANNE L
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name: MOUNT SINAI MEDICAL CENTER
Work Address: 5 EAST 98TH ST.,
BOX 1171
City, State, ZIP: NEW YORK, NY 10128
Home Address:
City, State, ZIP:
Deceased: UNKNOWN
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: COLUMBIA UNIVERSITY (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 178146, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

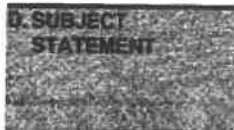


DCN: 550000027998750
Process Date: 12/03/2002
Page: 2 of 3
STONE, JOANNE L



Date of Report: 12/03/2002
Act/Omission Code: OBSTETRICS: NOT OTHERWISE CLASSIFIED (590)
Date of Act/Omission: 08/11/1997
Payment Date: 09/30/2002
Multiple or Single Payment: MULTIPLE
Amount of This Payment: \$ 93,589.80
Total Amount of Judgment or Settlement: \$ 3,800,000.00
Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement: 07/31/2002
Adjudicative Case Number: 16726/98
Adjudicative Body Name: N.Y.S. SUPREME COURT COUNTY OF SUFFOLK
Court File Number:

Reporter's Description of Act or Omission: FEMALE NEWBORN DELIVERED VIA C-SECTION AT 29 WKS GESTATION DUE TO FETAL DISTRESS. DURING PREGNANCY, FETUS TREATED 3 SEPARATE TIMES WITH CORDOCENTESIS & INTRAUTERINE TRANSFUSIONS VIA UMBILICAL CORD DUE TO ANTI-E INCOMPATIBILITY. DURING THE THIRD TRANSFUSION, FETUS DECOMPENSATED ULTIMATELY REQUIRING DELIVERY. INFANT BORN WITH APGARS 3/6 AND EVIDENCED MULTIPLE COMPLICATIONS INCLUDING GRADE III IVH. PLAINTIFF ALLEGED IMPROPERLY PERFORMED TRANSFUSION, FAILURE TO PROPERLY MONITOR AND DELAY IN PERFORMING C-SECTION RESULTED IN SEVERE BRAIN DAMAGE.
Reporter's Description of the Judgment or Settlement: FILE #V97-0379-4110. CASE SETTLED FOR \$3,800,000 ON BEHALF OF THE HOSPITAL AND THIS INSURED WITH NO ALLOCATION MADE TO THIS PRACTITIONER.



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



Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

APR 12 2016