

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M201886287
Claim Number :	GC108432A2014313178
Date Submitted :	8/28/2018

Insurer Information					
Insurer Name	CARE RISK RETENTION GROUP, INC.	Coverage Type	Primary		
Insurer FEIN	52-2395338	Professional License Number			
<u>Insurer Contact Information</u>					
Type	Individual	First Name	Sarah	MI	Last Name
					McIntosh
Street Address	PO Box 22989				
City	Louisville	State	KY	Zip	40252
Phone	(502) 708 - 3103	Ext	Fax	E-Mail Address	smcintosh@rmsc.com

Insured Information					
Type	Individual	First Name	LAWRENCE	MI	S
		Last Name	AMESSE		
Insurer Type	Licensed	Street Address of Practice	10301 Hagen Ranch Road, #6		
City	Boynton Beach	State	FL	Zip Code	33437
		County	Palm Beach		
Policy Number	PPL0900265	Per Claim Policy Limits	\$250,000	Aggregate Policy Limits	\$750,000
Profession or Business	Medical Doctor	Other Profession or Business			
License Number	ME116927	Specialty Code & Classification	Endocrinology - No Surgery		
		Certification Number			

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		M	Palm Beach
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
PALM BEACH GARDENS MEDICAL CENTER			100176
Location of Institutional Injury		Other Location of Institutional Injury	
Special Procedure Room			
Date of Occurrence		Date Reported to Insurer	
4/8/2014			1/26/2016

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Patient sought treatment for erectile dysfunction.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
An injection of trimix was performed.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
An alleged improper performance of a trimix injection resulting in irreversible and permanent impotence. Subsequently, the patient had a blood clot removed from his penis. In addition, the patient required a penile implant.
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
8/10/2016	502016CA008952
County Suit Filed in	Date of Final Disposition
Palm Beach	7/13/2018
Other Defendants Involved in this Claim	
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	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$50,000
Loss Adjust Expense Paid to Defense Counsel	\$165,213
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$50,500
Deductible	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Policy in place.	

Updates
No updates found.