## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200117671						
Claim Number :	98-27352-034	ļ					
Date Submitted :	9/27/2001	9/27/2001					
		Insurer Information					
Insurer Name			Coverage Type				
PROASSURANCE CASUALTY COMPANY			Primary				
Insurer FEIN	Professiona	l License Number					
38-2317569							
	]	insurer Contact Information					
Туре	First Name	MI	Last Name				
Individual	BE	TH	ROMINGER				
Street Address							
	13919	Carrollwood Village Run, Sui	te A				
City			State	Zip			
	Tampa		FL	33624			
Phone	Ext Fax	E-Mail	E-Mail Address				
(813) 969 - 2010	0 (813) 969 - 2120 BRominger@F		BRominger@Pro	National.com			
		Insured Information					
Туре	First Name	MI	Last Name				
Individual	RALPH	L	BUNDY, M.D.				
Insurer Type	Street Address of Prac			,			
Licensed	1030 HERMAN AVENUE						
City	State	Zip Code	County				
ORLANDO	FL	32803		Orange			
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits				
1003049	\$1,000,000		\$1,000,000				
Profession or Business		Other Profession or	Business				
Medi	cal Doctor						
License Number	Specialty Code & Classification		Certification Number				
0044414	Pediatrics - Minor Surgery		00000				

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Injured Person Information						
First Name	MI	Last Name	Date of Birth			
Street Address		Gender	County where Injury Occurred			
City		F State	*NR Zip Code			
Location where injury occured		Other location	where injury occured			
Prison		Physician's Office				
Name of Institution		Code				
Location of Institutional Injury		Other Location of Institutional Injury				
Date of Occurrence		Date Reported	to Insurer			
2/1/1997		7/31/1998				
		Diagnostic Inform	nation			
Final Diagnosis For Which Treatment	Was Sought 1	Including Patient's	Actual Condition			
Elective vaginal abortion at 5-1/2 weeks.	-	including I attent s				
Operation, Diagnostic, Or Treatment I		ndered Causing Th	e Injury			
Elective vaginal abortion performed with inflamation requiring surgery.	out complicati	ions. Post procedure	patient developed urinary complaints which revealed ureter			
Diagnostic Code :						
Misdiagnosis Made, If Any, Of Patient	's Actual Con	dition				
		N/A				
Principal Injury Giving Rise To The C	laim					
Second surgery	/ for laparosco	pic repair of ureter a	nd cauterization of peritoneal defects.			
Severity Of Injury						

Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

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	Legal	Information			
Date of Suit	Circui	t Court Case Number			
12/23/1998			CI98-10283		
County Suit Filed in	Date o	f Final Disposition			
Orange		Ĩ	8/31/2001		
Other Defendants Involved in this Claim	ı				
Stage of Legal System at which Settleme	nt was Reached or Awa	ard Made			
More than 90 days, after	suit filed and prior to or	during the course of mar	ndatory settlement c	onference.	
Final Method of Claim Disposition					
	Settle	d by parties			
Court Decision	Other				
No Court Proceedings.					
Arbitration					
	Claim not sub	pject to Arbitration.			
Date of Payment					
	Financia	l Information			
Was there a settlement Resulting in pays	nent to the Plaintiff?				Ye
Indemnity Paid by Insurer on behalf of I					\$100,00
Loss Adjust Expense Paid to Defense Co	unsel				\$56,09
All Other Loss Adjustment Expense Pai	d				\$10,37
Injured Person's Total Non-Economic L	088				\$100,00
Deductible					\$
	Injured Person's	Total Economic Loss			
		Incurred to Date		Anticipated	
Medical Expense		\$65,000	\$0	<u></u>	
Wage Loss	\$20,000	+ ,0 0 0	\$0 \$0		
Other Expenses	\$0		\$0		
Safety Management Steps Taken by Inst		)courrence Less Libely	÷ •		
Sarcey management steps raken by mst		-	1		
Insured has discussed case with insurance of	company nerconnel mar	head evnerte and detence			

Updates No updates found.