

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200535218
Claim Number :	17693-01
Date Submitted :	10/20/2005

Insurer Information

Insurer Name		Coverage Type	
AMERICAN PHYSICIANS ASSURANCE CORPORATION		Primary	
Insurer FEIN	Professional License Number		
38-2102867			
<u>Insurer Contact Information</u>			
Type	First Name	MI	Last Name
Individual	Nancy		Kirsch
Street Address			
327 Plaza Real, Suite 319			
City	State	Zip	
Boca Raton	FL	33432	
Phone	Ext	Fax	E-Mail Address
(561) 362 - 3332		(561) 417 - 6125	nkirsch@acaponline.com

Insured Information

Type	First Name	MI	Last Name
Individual	Richard		Friefeld
Insurer Type	Street Address of Practice		
Licensed	16601 NE 19 Avenue		
City	State	Zip Code	County
North Miami Beach	FL	33162	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
125768	\$250,000		\$750,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME36632	Surgery - Obstetrics		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Dade
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
PALMETTO GENERAL HOSPITAL			100187
Location of Institutional Injury		Other Location of Institutional Injury	
Labor and Delivery Room			
Date of Occurrence		Date Reported to Insurer	
2/4/2001			4/30/2001

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
Claimant was scheduled for induction of labor.	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
The claimant was induced. During induction there were some non-reassuring decelerations.	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
	*NR
Principal Injury Giving Rise To The Claim	
	The mother ultimately had a debilitating stroke and the child was brain damaged as well.
Severity Of Injury	
	Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

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Legal Information	
Date of Suit	Circuit Court Case Number
8/22/2002	02-20932 CA 01
County Suit Filed in	Date of Final Disposition
Dade	3/3/2005
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	
2/3/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$175,000
Loss Adjust Expense Paid to Defense Counsel	\$29,648
All Other Loss Adjustment Expense Paid	\$26,424
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	\$0
Wage Loss	\$0
Other Expenses	\$0
<u>Anticipated</u>	
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Insured consulted with Claims Personnel and Defense Counsel. \$175,000.00 was paid in full and final settlement of all claims on behalf of the insured.	

Updates			
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Date of Change:	10/20/2005 9:07:54 AM		
Reason for Change:	made minor changes.		
	Field Changed	Former Value	New Value
	Amount of Loss Adjustment Expense Paid to Defense Counsel	0	29648
	All Other Loss Adjustment Expense Paid	0	26424