

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200429276
Claim Number :	18038-01
Date Submitted :	4/18/2007

Insurer Information					
Insurer Name	AMERICAN PHYSICIANS ASSURANCE CORPORATION			Coverage Type	Primary
Insurer FEIN	38-2102867		Professional License Number		
<u>Insurer Contact Information</u>					
Type	Individual	First Name	Christine	MI	Last Name Sampson
Street Address	200 East Gaines Street				
City	Tallahassee	State	FL	Zip	32399
Phone	(850) 413 - 5358	Ext		Fax	(850) 921 - 8243
				E-Mail Address	Christine.Sampson@fldfs.com

Insured Information					
Type	Individual	First Name	RICHARD	MI	Last Name FRIEFELD
Insurer Type	Licensed	Street Address of Practice 16601 NE 19TH AVE.			
City	NORTH MIAMI BEACH	State	FL	Zip Code	33162
				County	Dade
Policy Number	125768	Per Claim Policy Limits		Aggregate Policy Limits	
			\$250,000		\$750,000
Profession or Business	Medical Doctor	Other Profession or Business			
License Number	ME36632	Specialty Code & Classification			Certification Number
			Surgery - Obstetrics		80168

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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	
1/27/2000			8/27/2001

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
PREGNANCY. ADMITTED TO HOSPITAL FOR ELEVATED BLOOD PRESSURE AND EXTREME WEIGHT GAIN. C-SECTION DISCUSSED.	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
IT IS ALLEGED INSURED FAILED TO PROPERLY TREAT HIGH RISK PATIENT WHO DELIVERED A STILL BORN FETUS.	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
	N/A
Principal Injury Giving Rise To The Claim	
	DEATH OF BABY.
Severity Of Injury	
	Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
2/8/2002	0202771CA
County Suit Filed in	Date of Final Disposition
Dade	1/22/2004
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	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$50,000
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	
INSURED CONSULTED WITH DEFENSE COUNSEL AND CLAIMS PERSONNEL REGARDING THIS MATTER.	

Updates			
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Date of Change:	4/18/2007 2:52:45 PM		
Reason for Change:	OIR updating Historical Closed Claim data.		
	Field Changed	Former Value	New Value
	Injured Person Address Country		United States
	Name of Institution		PALMETTO GENERAL HOSPITAL
	Location Where Injured	Other Location	Hospital Inpatient Facility
	Location of Institutional Injury		Labor and Delivery Room

Insured Last Name	FRIEFELD, MD	FRIEFELD
Portal User Name	plcr_migration_dces plcr_migration_dces	Christine Sampson
Insured Address City	N. MIAMI BEACH	NORTH MIAMI BEACH
Insured License Number	ME0036632	ME36632
County Injury Occurred In		
