

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M199801613
Claim Number :	95L038
Date Submitted :	7/6/1998

Insurer Information				
Insurer Name	SURGEONS' PROFESSIONAL LIABILITY SELF-IN.TRUST,INC	Coverage Type	Excess	
Insurer FEIN	65-6019915	Professional License Number		
<u>Insurer Contact Information</u>				
Type	Entity	Entity Name		
Street Address				
City		State	Zip	
		FL		
Phone	Ext	Fax	E-Mail Address	

Insured Information				
Type	Individual	First Name	MI	Last Name
		RAYMOND		HUDANICH, M.D.
Insurer Type	Licensed	Street Address of Practice		
		*NR		
City	*NR	State	Zip Code	County
		FL	33317	Broward
Policy Number	*NR	Per Claim Policy Limits		Aggregate Policy Limits
		\$250,000		*NR
Profession or Business	Medical Doctor	Other Profession or Business		
License Number	0013658	Specialty Code & Classification		Certification Number
		Surgery - Obstetrics - Gynecology		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	*NR
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
*NR			
Location of Institutional Injury		Other Location of Institutional Injury	
Operating Suite			
Date of Occurrence		Date Reported to Insurer	
4/12/1994		4/12/1995	

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
*NR	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
*NR	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
	*NR
Principal Injury Giving Rise To The Claim	
	*NR
Severity Of Injury	
Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.	

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Legal Information	
Date of Suit	Circuit Court Case Number
11/6/1995	000000095-14068
County Suit Filed in	Date of Final Disposition
	7/15/1997
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	\$225,000
Loss Adjust Expense Paid to Defense Counsel	\$23,682
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$225,000
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	
*NR	

Updates
No updates found.