

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

<b>Department File Number :</b>	M200012160
<b>Claim Number :</b>	MM 207703
<b>Date Submitted :</b>	7/28/2000

Insurer Information					
<b>Insurer Name</b>	EVANSTON INSURANCE COMPANY			<b>Coverage Type</b>	Primary
<b>Insurer FEIN</b>	36-2950161	<b>Professional License Number</b>			
<u>Insurer Contact Information</u>					
<b>Type</b>	Individual	<b>First Name</b>	NANCY	<b>MI</b>	R
				<b>Last Name</b>	OTTENFELD
<b>Street Address</b>	TEN PARKWAY NORTH, SUITE 100				
<b>City</b>	DEERFIELD			<b>State</b>	IL
				<b>Zip</b>	60015
<b>Phone</b>	(847) 572 - 6088	<b>Ext</b>		<b>Fax</b>	(847) 572 - 6339
				<b>E-Mail Address</b>	Ottendorf@Shand.SMCo2

Insured Information					
<b>Type</b>	Individual	<b>First Name</b>	CELINA	<b>MI</b>	
				<b>Last Name</b>	POY-WING
<b>Insurer Type</b>	Licensed	<b>Street Address of Practice</b>			
		817 S. UNIVERIITY DR., SUITE 101			
<b>City</b>	PLANTATION	<b>State</b>	FL	<b>Zip Code</b>	33324
				<b>County</b>	Broward
<b>Policy Number</b>	MM 800838	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>	
		\$250,000		\$750,000	
<b>Profession or Business</b>	Medical Doctor	<b>Other Profession or Business</b>			
<b>License Number</b>	ME0041607	<b>Specialty Code &amp; Classification</b>			<b>Certification Number</b>
		Surgery - Obstetrics - Gynecology			NA

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Injured Person Information			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
		F	*NR
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Other Outpatient Facility			
<b>Name of Institution</b>		<b>Code</b>	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
	12/10/1997		3/12/1999

Diagnostic Information	
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>	
NA	
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>	
The female plaintiff visited the Insured for an annual check-up and to discuss a labia rim. She was complaining about excess skin in the vaginal area that bothered her and interfered with sexual arousal. She complained skin gets in the way. A labia trim was performed. Alleges improper performance of surgery causing depression and lack of desire to have sex.	
<b>Diagnostic Code :</b>	
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>	
	NA
<b>Principal Injury Giving Rise To The Claim</b>	
	NA
<b>Severity Of Injury</b>	
	Temporary: Slight - Lacerations, contusions, minor scars, rash. No delay.

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

Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
3/3/1999	99-10451
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Broward	5/6/2000
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
	Settled by parties
<b>Court Decision</b>	<b>Other</b>
Directed verdict for plaintiff.	
<b>Arbitration</b>	Award for plaintiff.
<b>Date of Payment</b>	

Financial Information	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$75,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$0
<b>All Other Loss Adjustment Expense Paid</b>	\$0
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<b>Deductible</b>	\$10,000
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
	<u>Anticipated</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
NA	

Updates
No updates found.