

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200012600
Claim Number :	MM 204810
Date Submitted :	8/1/2007

Insurer Information					
Insurer Name	EVANSTON INSURANCE COMPANY			Coverage Type	
				Primary	
Insurer FEIN	Professional License Number				
36-2950161					
<u>Insurer Contact Information</u>					
Type	First Name	MI	Last Name		
Individual	Christine		Sampson		
Street Address	200 East Gaines Street				
City	State	Zip			
Tallahassee	FL	32399			
Phone	Ext	Fax	E-Mail Address		
(850) 413 - 5358		(850) 921 - 8243	Christine.Sampson@fldfs.com		

Insured Information					
Type	First Name	MI	Last Name		
Individual	CELINA		POY-WING		
Insurer Type	Street Address of Practice				
Licensed	ALL WOMEN'S OB/GYN GROUP, 817 S. UNIVERSITY DR., SUITE 101				
City	State	Zip Code	County		
PLANTATION	FL	33324	Broward		
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits		
MM 703510	\$250,000		\$750,000		
Profession or Business		Other Profession or Business			
Medical Doctor					
License Number	Specialty Code & Classification			Certification Number	
ME41607	Surgery - Neurology - Including Child			N/A	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Broward
City		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Hospital Inpatient Facility			
Name of Institution	Code		
PLANTATION GENERAL HOSPITAL			100167
Location of Institutional Injury	Other Location of Institutional Injury		
Labor and Delivery Room			
Date of Occurrence	Date Reported to Insurer		
2/26/1998			9/1/1998

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Fetal weight decreased
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
The plaintiff was first seen by our Insured on September 16, 1997, for her first pregnancy visit. A routine sonogram measured her pregnancy at 14 weeks and 6 days. Her estimated due date was March 11, 1998. During her February 17, 1998 visit, the sonogram showed little growth but the BPD and femur length were appropriate for 34-35 weeks. She was referred to a neonatologist on February 26, 1998, wherein labor was induced. A stillborn fetus was delivery with the cord around its neck.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Death to fetus
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
8/11/1998	99021322
County Suit Filed in	Date of Final Disposition
Broward	6/21/2000
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	\$235,000
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$10,000
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
N/A	

Updates			
-			
Date of Change:	8/1/2007 8:15:20 AM		
Reason for Change:	OIR updating Historical Closed Claim data.		
	Field Changed	Former Value	New Value
	Diagnostic Code	N/A	
	Final Diagnosis	N/A	Fetal weight decreased
	Injured Person Address County		Broward
	Insured License Number	ME0041607	ME41607
	Misdiagnosis	N/A	

County Injury Occurred In		Broward
Portal User Name	plcr_migration_dces plcr_migration_dces	Christine Sampson
Principal Injury	N/A	Death to fetus