

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200117280
Claim Number :	MM 202515
Date Submitted :	8/20/2007

Insurer Information

Insurer Name		Coverage Type	
EVANSTON INSURANCE COMPANY		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		
City	State	Zip Code	County
PLANTATION	FL	33324	Broward
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
MM 801707	\$250,000		\$750,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME41607	Surgery - Obstetrics - Gynecology		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	Dade
City		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Physician's Office			
Name of Institution	Code		
Location of Institutional Injury	Other Location of Institutional Injury		
Date of Occurrence	Date Reported to Insurer		
7/15/1999	1/28/2000		

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</p> <p>Insured saw patient for termination of pregnancy. This was accomplished without problems. Patient came back because of spotting and cramping. She was examined and everything was normal. She returned again and was diagnosed with an incomplete abortion. A sonogram revealed nothing. A while later she returned again and an ectopic pregnancy was found. She wanted to go to Univ. of Miami for surgery and Insured did not see her again.</p>
<p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</p> <p>Plaintiff visited the insured for a terminaiton of pregnancy. An ultrasound was done to confirm pregnancy and informed consent was obtained. The D&C was performed without complication. The products of conception appeared normal and the fetal age documented at six weeks. Claimant returned for a follow-up visit complaining of cramps and was given the "morning after pill" and told to return in three months. Claimant returned again complaing of spotting for three days. Alleges misdiagnosis of ectopic pregnancy.</p>
<p>Diagnostic Code :</p> <p style="text-align: center;">*NR</p>
<p>Misdiagnosis Made, If Any, Of Patient's Actual Condition</p> <p style="text-align: center;">*NR</p>
<p>Principal Injury Giving Rise To The Claim</p> <p>Insured saw patient for termination of pregnancy. This was accomplished without problems. Patient came back because of spotting and cramping. She was examined and everything was normal. She returned again and was diagnosed with an incomplete abortion. A sonogram revealed nothing. A while later she returned again and an ectopic pregnancy was found. She wanted to go to Univ. of Miami for surgery and Insured did not see her again.</p>
<p>Severity Of Injury</p> <p style="text-align: center;">Emotional Only - Fright, no physical damage</p>

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 6/27/2000
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
Final Method of Claim Disposition Settled by parties	
Court Decision No Court Proceedings.	Other
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	\$35,000
Loss Adjust Expense Paid to Defense Counsel	\$10,000
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$3,336
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u> <u>Anticipated</u>
Medical Expense	\$0 \$0
Wage Loss	\$0 \$0
Other Expenses	\$0 \$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely N/A	

Updates	
-	
Date of Change:	8/20/2007 2:00:19 PM
Reason for Change:	OIR updating Historical Closed Claim data.
Field Changed	Former Value New Value
Location Where Injured	Other Outpatient Facility Physician's Office
County Suit Filed In	Leon
Final Diagnosis	N/A Insured saw patient for termination of pregnancy. This was accomplished without problems. Patient came back because of

		spotting and cramping. She was examined and everything was normal. She returned again and was diagnosed with an incomplete abortion. A sonogram revealed nothing. A while later she returned again and an ectopic pregnancy was found. She wanted to go to Univ. of Miami for surgery and Insured did not see her again.
Injured Person Address Zip Code	33330	33179
Injured Person Address County		Dade
Injured Person Address City	N/A	Miami
Injured Person Address Street	N/A	1031 Ives Dairy Road, Suite 125
Amount of Deductible Paid by Defendant	10000	3336
Principal Injury	N/A	Insured saw patient for termination of pregnancy. This was accomplished without problems. Patient came back because of spotting and cramping. She was examined and everything was normal. She returned again and was diagnosed with an incomplete abortion. A sonogram revealed nothing. A while later she returned again and an ectopic pregnancy was found. She wanted to go to Univ. of Miami for surgery and Insured did not see her again.
Misdiagnosis County Injury Occurred In	N/A	Dade
Amount of Loss Adjustment Expense Paid to Defense Counsel	0	10000
Portal User Name	plcr_migration_dccs plcr_migration_dccs	Christine Sampson
Insured License Number	ME0041607	ME41607
Court Case Number	N/A	
Diagnostic Code	N/A	