

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

<b>Department File Number :</b>	<b>M200012725</b>
<b>Claim Number :</b>	<b>MM 208303</b>
<b>Date Submitted :</b>	<b>8/21/2007</b>

### Insurer Information

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

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	CELINA		POY-WING
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	ALL WOMEN'S OB/GYN GROUP, 817 S. UNIVERSITY DR., SUITE 101		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
PLANTATION	FL	33324	Broward
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
MM 800282	\$250,000		\$750,000
<b>Profession or Business</b>	<b>Other Profession or Business</b>		
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME41607	Surgery - Obstetrics - Gynecology		N/A

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

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> F	<b>County where Injury Occurred</b> Broward
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b> Physician's Office		<b>Other location where injury occurred</b>	
<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> 5/21/1998		<b>Date Reported to Insurer</b> 4/21/1999	

Diagnostic Information
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> Liposuction caused cellulites
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> Plaintiff had liposuction performed by our Insured resulting in cellulitis which resulted in scarring. Alleges improper performance of surgery, improper management following surgery, and failure to properly warn of the risks.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> *NR
<b>Principal Injury Giving Rise To The Claim</b> Improperly performed liposuction.
<b>Severity Of Injury</b> Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

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

Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b> *NR
<b>County Suit Filed in</b> *NR	<b>Date of Final Disposition</b> 7/6/2000
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
<b>Final Method of Claim Disposition</b> Settled by parties	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<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>	\$200,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$3,500
<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                      \$0
<b>Wage Loss</b>	\$0                      \$0
<b>Other Expenses</b>	\$0                      \$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> N/A	

Updates			
-			
<b>Date of Change:</b>	8/21/2007 11:51:50 AM		
<b>Reason for Change:</b>	OIR updating Historical Closed Claim data.		
	<b>Field Changed</b>	<b>Former Value</b>	<b>New Value</b>
	Location Where Injured	Other Outpatient Facility	Physician's Office
	County Suit Filed In	Broward	
	Final Diagnosis	N/A	Liposuction caused cellulites
	Injured Person Address County		Broward
	Injured Person Address City	N/A	

Injured Person Address Street	N/A	
Principal Injury	N/A	Improperly performed liposuction.
Misdiagnosis	N/A	
County Injury Occurred In		Broward
Amount of Loss Adjustment Expense Paid to Defense Counsel	0	3500
Portal User Name	plcr_migration_dccs plcr_migration_dccs	Christine Sampson
Insured Address City	PLANTATATION	PLANTATION
Insured License Number	ME 0041607	ME41607
Court Case Number	N/A	
Diagnostic Code	N/A	