

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200012180
Claim Number :	MM 206943
Date Submitted :	8/21/2007

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, 817 S. UNIVERSITY DR., SUITE 101		
City	State	Zip Code	County
PLANTATION	FL	33324	Broward
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
MM800828	\$250,000		\$750,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME41607	Surgery - Obstetrics - Gynecology		NA

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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		
1/31/1998			1/25/1999

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Improper performance of surgery.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
A 47-year-old female weighing approximately 184 pounds visited the Insured for a liposuction procedure. The total fat removed was 6075cc. Following the porcedure she indicates that she did have swelling of lower abdomen, upper abdomen, areas of hip as well as pressure-like feel of pain. Alleges improper performance of surgery, removal of an excess amount of fat, negligently causing scar tissue and inappropriate documentation of procedure.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Removed excessive amount of fat.
Severity Of Injury
Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

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Legal Information	
Date of Suit	Circuit Court Case Number
1/13/1999	99-8868
County Suit Filed in	Date of Final Disposition
Broward	5/25/2000
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
After court verdict and prior to filing of notice of appeal.	
Final Method of Claim Disposition	
Disposed of by Court	
Court Decision	Other
Directed verdict for plaintiff.	
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	\$1,000,000
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	
NA	

Updates	
-	
Date of Change:	8/21/2007 11:33:57 AM
Reason for Change:	OIR updating Historical Closed Claim data.
Field Changed	Former Value
Location Where Injured	Other Outpatient Facility
Diagnostic Code	NA
Final Diagnosis	NA
Injured Person Address County	Improper performance of surgery.
Insured First Name	Dade
	CE;OMA
	CELINA

Misdiagnosis	NA	
County Injury Occurred In		Dade
Portal User Name	plcr_migration_dccs plcr_migration_dccs	Christine Sampson
Insured License Number	ME0041607	ME41607
Principal Injury	NA	Removed excessive amount of fat.