

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200327981
Claim Number :	13645
Date Submitted :	12/16/2003

Insurer Information

Insurer Name		Coverage Type	
MAG MUTUAL INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
58-1449198			
<u>Insurer Contact Information</u>			
Type	First Name	MI	Last Name
Individual	MICHAEL		MEYER
Street Address			
8427 South Park Circle Suite 130			
City		State	Zip
Orlando		FL	32819
Phone	Ext	Fax	E-Mail Address
(407) 370 - 3813		(407) 370 - 2247	

Insured Information

Type	First Name	MI	Last Name
Individual	JOSE	R	QUINTANA
Insurer Type	Street Address of Practice		
Licensed	6400 NEWBERRY ROAD, SUITE 207		
City	State	Zip Code	County
GAINESVILLE	FL	32605	Alachua
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
PSL 1600014 01	\$1,000,000		\$3,000,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
FL 64594	Surgery - Obstetrics - Gynecology		593056614

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	*NR
City		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Hospital Inpatient Facility			
Name of Institution	Code		
ALACHUA GENERAL HOSPITAL			100082
Location of Institutional Injury	Other Location of Institutional Injury		
Operating Suite			
Date of Occurrence	Date Reported to Insurer		
2/14/2000			12/4/2000

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
ectopic pregnancy	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
exploratory laparoscopy	
Diagnostic Code :	633.1
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
alleged failure to remove correct fallopian tube	
Principal Injury Giving Rise To The Claim	
removal of wrong fallopian tube requiring subsequent surgery	
Severity Of Injury	
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.	

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Legal Information	
Date of Suit	Circuit Court Case Number
8/27/2002	01-02-CA-3224
County Suit Filed in	Date of Final Disposition
Alachua	11/13/2003
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	\$245,000
Loss Adjust Expense Paid to Defense Counsel	\$10,000
All Other Loss Adjustment Expense Paid	\$2,500
Injured Person's Total Non-Economic Loss	\$200,000
Deductible	\$5,000
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$15,000
Wage Loss	\$5,000
Other Expenses	\$5,000
	<u>Anticipated</u>
Medical Expense	\$45,000
Wage Loss	\$10,000
Other Expenses	\$5,000
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Risk Management has counseled insured.	

Updates
No updates found.