

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200640754
Claim Number :	A04-30728-03
Date Submitted :	5/23/2006

Insurer Information

Insurer Name	FIRST PROFESSIONALS INSURANCE COMPANY, INC	Coverage Type	Primary
Insurer FEIN	59-6614702	Professional License Number	
<u>Insurer Contact Information</u>			
Type	Individual	First Name	Cheri
		MI	M
		Last Name	Montague
Street Address	1000 Riverside Avenue, Suite 800		
City	Jacksonville	State	FL
		Zip	32204
Phone	(800) 741 - 3742	Ext	3043
		Fax	(904) 358 - 6728
		E-Mail Address	montague@fpic.com

Insured Information

Type	Individual	First Name	Jose	MI	Last Name	Quintana	
Insurer Type	Licensed	Street Address of Practice	1717 SW NewLand Way				
City	Lake City	State	FL	Zip Code	32025	County	Columbia
Policy Number	46929	Per Claim Policy Limits	\$250,000	Aggregate Policy Limits	\$750,000		
Profession or Business	Medical Doctor	Other Profession or Business					
License Number	ME64594	Specialty Code & Classification	Surgery - Gynecology		Certification Number	80167	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Columbia
City		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Hospital Inpatient Facility			
Name of Institution	Code		
LAKE CITY MEDICAL CENTER			100156
Location of Institutional Injury	Other Location of Institutional Injury		
Operating Suite			
Date of Occurrence	Date Reported to Insurer		
12/1/2003			5/14/2004

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Uterine prolapse.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Vaginal hysterectomy with A & P repair.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
None.
Principal Injury Giving Rise To The Claim
Ureter was injured during 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
11/22/2004	04-CA-410
County Suit Filed in	Date of Final Disposition
Columbia	4/27/2006
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	
4/27/2006	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$65,000
Loss Adjust Expense Paid to Defense Counsel	\$11,327
All Other Loss Adjustment Expense Paid	\$9,143
Injured Person's Total Non-Economic Loss	\$65,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$28,000
Wage Loss	\$0
Other Expenses	\$0
<u>Anticipated</u>	
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

Updates
No updates found.