

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M201160344
Claim Number :	31319-01
Date Submitted :	4/1/2011

Insurer Information					
Insurer Name	FIRST PROFESSIONALS INSURANCE COMPANY, INC			Coverage Type	
				Primary	
Insurer FEIN	Professional License Number				
59-6614702					
<u>Insurer Contact Information</u>					
Type	First Name	MI	Last Name		
Individual	Odessa		Choice		
Street Address	1000 Riverside Avenue, Suite 800				
City	State	Zip			
Jacksonville	FL	32204			
Phone	Ext	Fax	E-Mail Address		
(800) 741 - 3742	3045	(904) 358 - 6728	odessa.choice@fpic.com		

Insured Information					
Type	First Name	MI	Last Name		
Individual	Jose		Quintana		
Insurer Type	Street Address of Practice				
Licensed	1717 SW Newland Way				
City	State	Zip Code	County		
Lake City	FL	32025	Columbia		
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits		
46929	\$250,000		\$750,000		
Profession or Business		Other Profession or Business			
Medical Doctor					
License Number	Specialty Code & Classification		Certification Number		
ME64594	Surgery - Gynecology		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		
2/20/2004			8/24/2004

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Right adnexal mass, pelvic pain.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Diagnostic laparoscopy converted to exploratory laparotomy with lysis of adhesions and right salpingo-oophorectomy.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Post operatively, the patient developed a bowel perforation.
Principal Injury Giving Rise To The Claim
Bowel injury requiring surgical repair and temporary colostomy.
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
12/28/2006	06-487-CA
County Suit Filed in	Date of Final Disposition
Columbia	3/14/2011
Other Defendants Involved in this Claim	
Lake City Hospital	
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	
3/14/2011	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$175,000
Loss Adjust Expense Paid to Defense Counsel	\$19,519
All Other Loss Adjustment Expense Paid	\$14,986
Injured Person's Total Non-Economic Loss	\$175,000
Deductible	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
Medical Expense	\$105,000
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.