

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M201365681
Claim Number :	1007733-01
Date Submitted :	1/7/2013

Insurer Information

Insurer Name		Coverage Type	
NATIONAL FIRE & MARINE INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
47-6021331			
<u>Insurer Contact Information</u>			
Type	First Name	MI	Last Name
Individual	Pamela	A	Prudlow
Street Address			
5814 Reed Road			
City	State		Zip
Ft. Wayne	IN		46835
Phone	Ext	Fax	E-Mail Address
(260) 486 - 0370		(260) 486 - 0785	pamela.prudlow@medpro.com

Insured Information

Type	First Name	MI	Last Name
Individual	Jose	R	Quintana
Insurer Type	Street Address of Practice		
Licensed	2106 Drew St., Ste. 103		
City	State	Zip Code	County
Clearwater	FL	33765	Pinellas
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
92RKB102067	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME64594	Gynecology - Minor Surgery		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender F	County where Injury Occurred Alachua
City		State	Zip Code
Location where injury occurred Other Location		Other location where injury occurred All Women's Health Center of Gainesville	
Name of Institution		Code	
Location of Institutional Injury Special Procedure Room		Other Location of Institutional Injury	
Date of Occurrence 1/31/2011		Date Reported to Insurer 7/12/2011	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Elective abortion.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Abortion.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition Alleged failure to recognize complication of procedure and failure to admit patient to hospital for evaluation post abortion.
Principal Injury Giving Rise To The Claim Additional surgery. Possibility of infertility.
Severity Of Injury Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

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Legal Information	
Date of Suit	Circuit Court Case Number
5/19/2012	2012-CA-1439
County Suit Filed in	Date of Final Disposition
Alachua	12/19/2012
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	
12/6/2012	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$150,000
Loss Adjust Expense Paid to Defense Counsel	\$10,871
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$90,000
Deductible	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
n/a	

Updates
No updates found.