

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M201366735
Claim Number :	1007557
Date Submitted :	4/11/2013

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 Street, Suite 103		
City	State	Zip Code	County
Clearwater	FL	33765	Pinellas
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
92RKB101757	\$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	County where Injury Occurred
City		F	Orange
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Outpatient Facility			
Name of Institution		Code	
ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.			13960055
Location of Institutional Injury		Other Location of Institutional Injury	
Special Procedure Room			
Date of Occurrence		Date Reported to Insurer	
2/3/2011			5/12/2011

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Pregnancy.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Abortion.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged negligent abortion.
Principal Injury Giving Rise To The Claim
Torn uterus/ureter. Hysterectomy.
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 *NR
County Suit Filed in *NR	Date of Final Disposition 4/11/2013
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition Dropped before Action Filed	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u> <u>Anticipated</u>
Medical Expense	\$0 \$0
Wage Loss	\$0 \$0
Other Expenses	\$0 \$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely n/a	

Updates
No updates found.