

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200640121
<b>Claim Number :</b>	35054
<b>Date Submitted :</b>	4/3/2006

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
AMERICAN EQUITY INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
86-0703220			
<u>Insurer Contact Information</u>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Carol	E	Lee
<b>Street Address</b>			
916 St. Germain Street - Ste 110			
<b>City</b>		<b>State</b>	<b>Zip</b>
St. Cloud		MN	56301
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(320) 252 - 9087	10	(320) 252 - 4571	clee@stpaultravelers.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	LAURA	E	REINERTSON
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	4651 SHERIDAN ST		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
HOLLYWOOD	FL	33021-3457	Broward
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
MWP000008	\$1,000,000		\$3,000,000
<b>Profession or Business</b>	<b>Other Profession or Business</b>		
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME78533	Surgery - Obstetrics - Gynecology		

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Injured Person Information			
<b>First Name</b>	MI	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
		M	Dade
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Hospital Inpatient Facility			
<b>Name of Institution</b>		<b>Code</b>	
MEMORIAL REGIONAL HOSPITAL(HOLLYWOOD)			100038
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Labor and Delivery Room			
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
	8/15/2000		
		9/14/2000	

Diagnostic Information
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Labor and delivery - obese mother w/history of hypertension, presented at hospital at 35 weeks. Long and complicated labor and delivery with ultimate shoulder dystocia as well as other permanent residual injuries resulting for this newborn; intubation was required.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Labor and vaginal delivery.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
Alleged inappropriate management of labor and delivery.
<b>Principal Injury Giving Rise To The Claim</b>
Shoulder dystocia, Erb's Palsy, motor deficits, right diaphragmatic paralysis, gastroesophageal reflux and vocal cord paralysis, resulting in prolonged hospitalization as well as permanent residual.
<b>Severity Of Injury</b>
Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

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Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
6/7/2002	02010231CACE08
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Broward	11/22/2004
<b>Other Defendants Involved in this Claim</b>	
Hip Health Plan of Florida South Broward Hosp, dba Memorial Regional Hospital	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	
Claim not subject to Arbitration.	
<b>Date of Payment</b>	
3/8/2005	

Financial Information	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$1,000,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$92,699
<b>All Other Loss Adjustment Expense Paid</b>	\$10,074
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<b>Deductible</b>	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
	<u>Anticipated</u>
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
Not known	

Updates
No updates found.