

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

<b>Department File Number :</b>	M201679294
<b>Claim Number :</b>	70155A
<b>Date Submitted :</b>	7/29/2016

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
MEDMAL DIRECT INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
27-2813188			
<u>Insurer Contact Information</u>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	James	P	Lacey
<b>Street Address</b>			
245 Riverside Avenue, Suite 550			
<b>City</b>	<b>State</b>		<b>Zip</b>
Jacksonville	FL		32202
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(855) 663 - 3625	127	(888) 974 - 6458	jlacey@medmaldirect.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	KIMBERLY		VAN SCRIVER
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	2756 Oak Vista Lane		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Castle Rock	CO	80104	Out of state
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
FL707531	\$250,000		\$750,000
<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>
ME73993	Gynecology - No Surgery		

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Injured Person Information			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b> M	<b>County where Injury Occurred</b> Duval
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b> Hospital Inpatient Facility		<b>Other location where injury occurred</b>	
<b>Name of Institution</b> SAINT LUKES' HOSPITAL		<b>Code</b>	100151
<b>Location of Institutional Injury</b> Labor and Delivery Room		<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b> 2/9/2011		<b>Date Reported to Insurer</b>	2/21/2013

Diagnostic Information
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> Term pregnancy delivery.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> vaginal delivery with should dystocia maneuvers.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> *NR
<b>Principal Injury Giving Rise To The Claim</b> Shoulder dystocia.
<b>Severity Of Injury</b> Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

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

Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
12/4/2013	2013-ca-010072
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Duval	5/2/2016
<b>Other Defendants Involved in this Claim</b>	
Phoenix, Ava Brady, Evelyn K	
<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>	5/12/2016

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>	\$83,333
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$24,714
<b>All Other Loss Adjustment Expense Paid</b>	\$0
<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>	
Discussed case with insured.	

Updates
No updates found.