

11. Malpractice: List of all claims or suits for medical malpractice made against you. A claim is any formal or informal demand for payment to any person or organization. If you do not have any such claims or suits, this section will be blank. Please have your information available before reviewing this section and contact the state board or FCVS to make changes.

11. Malpractice Liability Claims Information

Name of patient involved: **Redacted**

In which state did the action take place? NY

Case number (if applicable)

Which court? civil
(If private compromise or settled before initiation of civil action, state here)

Current status of claim:

Open (pending) Closed (settled or judgment) Dismissed (no money paid out) Other

Amount of judgement or settlement \$

Amount paid on your behalf \$

Month and year of event precipitating claim: 07/2000

Month and year of lawsuit: 10/2004

Insurance carrier at time: Metropolitan Hospital

What is/or was your status? Primary defendant Co-defendant Other

Please provide specifics in reference to the adverse event including the allegations and your role in the event:

Shoulder Dystocia, I was a second year resident in OB/GYN. Named on case. It was settled out of court. Unsure of amount.