

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200643012
Claim Number :	B02-26567-01
Date Submitted :	11/2/2006

Insurer Information					
Insurer Name		FIRST PROFESSIONALS INSURANCE COMPANY, INC		Coverage Type	
				Primary	
Insurer FEIN		Professional License Number			
59-6614702					
Insurer Contact Information					
Type		First Name		MI	Last Name
	Individual		Cheri	M	Montague
Street Address		1000 Riverside Avenue, Suite 800			
City		Jacksonville		State	Zip
				FL	32204
Phone		Ext	Fax	E-Mail Address	
	(800) 741 - 3742	3043	(904) 358 - 6728	montague@fpic.com	

Insured Information							
Type	Individual	First Name	Todd	MI	J	Last Name	Rasner
Insurer Type	Licensed	Street Address of Practice				836 Prudential Dr, Ste 802	
City	Jacksonville	State	FL	Zip Code	32207	County	Duval
Policy Number	22235	Per Claim Policy Limits			Aggregate Policy Limits		
		\$500,000			\$1,500,000		
Profession or Business		Other Profession or Business					
		Medical Doctor					
License Number	ME66731	Specialty Code & Classification				Certification Number	
		Surgery - Obstetrics - Gynecology				80153	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender F	County where Injury Occurred Duval
City		State	Zip Code
Location where injury occurred Physician's Office		Other location where injury occurred	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence 4/27/2001		Date Reported to Insurer 7/26/2002	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Post partum CVA.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury None-no tests performed.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition Alleged failure to diagnose brain bleed.
Principal Injury Giving Rise To The Claim Severe brain damage.
Severity Of Injury Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

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Legal Information	
Date of Suit	Circuit Court Case Number
11/13/2003	1B-2003-CA-007672
County Suit Filed in	Date of Final Disposition
Duval	10/12/2006
Other Defendants Involved in this Claim	
Sekine, M.D., Kenneth Kenneth Sekine, M.D. & P.A.	
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	
10/12/2006	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$500,000
Loss Adjust Expense Paid to Defense Counsel	\$24,640
All Other Loss Adjustment Expense Paid	\$4,473
Injured Person's Total Non-Economic Loss	\$500,000
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	
Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

Updates
No updates found.