

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200643013
Claim Number :	A02-26567-01
Date Submitted :	11/2/2006

Insurer Information

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

Insured Information

Type	Individual	First Name	Kenneth	MI	M	Last Name	Sekine	
Insurer Type	Licensed	Street Address of Practice	836 Prudential Dr, Ste 802					
City	Jacksonville	State	FL	Zip Code	32207	County	Duval	
Policy Number	40776	Per Claim Policy Limits	\$500,000		Aggregate Policy Limits	\$1,500,000		
Profession or Business	Medical Doctor			Other Profession or Business				
License Number	ME30838	Specialty Code & Classification	Surgery - Obstetrics - Gynecology				Certification Number	80153

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Duval
City		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Physician's Office			
Name of Institution	Code		
Location of Institutional Injury	Other Location of Institutional Injury		
Date of Occurrence	Date Reported to Insurer		
4/23/2001	7/10/2002		

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 of insured staff to notify insured physician of patient's complaints of severe headache.
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	
Rasner, M.D., Todd	
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	\$400,000
Loss Adjust Expense Paid to Defense Counsel	\$28,571
All Other Loss Adjustment Expense Paid	\$38,863
Injured Person's Total Non-Economic Loss	\$400,000
Deductible	\$0
	<u>Injured Person's Total Economic Loss</u>
	<u>Incurred to Date</u>
	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$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.