

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200639512
Claim Number :	B02-25110-00
Date Submitted :	2/15/2006

Insurer Information

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

Insured Information

Type	First Name	MI	Last Name
Individual	Kenneth	M	Sekine
Insurer Type	Street Address of Practice		
Licensed	836 Prudential Drive, Ste 802		
City	State	Zip Code	County
Jacksonville	FL	32207	Duval
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
40776	\$500,000		\$1,500,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME30838	Surgery - Obstetrics - Gynecology		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		
Hospital Inpatient Facility			
Name of Institution	Code		
BAPTIST MEDICAL CENTER AND WOLFSON			100088
Location of Institutional Injury	Other Location of Institutional Injury		
Labor and Delivery Room			
Date of Occurrence	Date Reported to Insurer		
1/28/2000			4/16/2002

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Full term delivery.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Spontaneous delivery of a 10' 11oz fetus by insured's partner. Shoulder dystocia encountered during delivery.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
None.
Principal Injury Giving Rise To The Claim
Brachial plexus/Erb's palsy.
Severity Of Injury
Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

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Legal Information	
Date of Suit	Circuit Court Case Number
11/12/2002	02-06408 CA
County Suit Filed in	Date of Final Disposition
Duval	1/18/2006
Other Defendants Involved in this Claim	
Rasner, M.D., Todd J Southern Baptist Hospital of Florida	
Stage of Legal System at which Settlement was Reached or Award Made	
Claim or suit abandoned.	
Final Method of Claim Disposition	
No Payment Made	
Court Decision	Other
No Court Proceedings.	
Arbitration	Claim not subject to Arbitration.
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
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.