

PUDER, KAROLINE

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/15/2003

Initial Action

Basis for Initial Action

- SETTLEMENT

- SURGERY: IMPROPER PERFORMANCE OF SURGERY

A. REPORTING ENTITY

Entity Name: THE DETROIT MEDICAL CENTER *
Address: 3663 WOODWARD AVENUE, SUITE 200
City, State, Zip: DETROIT, MI 48201
Country:
Name or Office: MARY MERITY
Title or Department: CORPORATE DIRECTOR
Telephone: (313) 993-0307

Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/29/2017:

Entity Name: THE DETROIT MEDICAL CENTER
Address: 4707 SAINT ANTOINE ST STE E510
City, State, Zip: DETROIT, MI 48201-1427
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUDER, KAROLINE
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name: HUTZEL HOSPITAL
Work Address: 4707 ST. ANTIONE BLVD.
City, State, ZIP: DETROIT, MI 48201
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN): [REDACTED]
Professional School(s) & Year(s) of Graduation: MOUNT SINAI SCHOOL OF MEDICINE (1988)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 059142, MI
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 10/21/2003
Act/Omission Code: SURGERY: IMPROPER PERFORMANCE OF SURGERY (250)
Date of Act/Omission: 01/18/2001
Payment Date: 10/15/2003
Multiple or Single Payment: SINGLE
Amount of This Payment: \$ 39,500.00
Total Amount of Judgment or Settlement: \$ 39,500.00

Payment Result of: SETTLEMENT
 Number of Practitioners for Whom Payment is Made: 1
 Relationship of Entity to the Practitioner: SELF INSURED ORGANIZATION
 Date of Judgment/Settlement: 09/22/2003
 Adjudicative Case Number:
 Adjudicative Body Name:
 Court File Number:
 Reporter's Description of Act or Omission: PLAINTIFF ALLEGES THAT ONE FALLOPIAN TUBE WAS MISSED DURING A POST-PARTUM TUBAL LIGATION ON THE 25 YEAR OLD PATIENT.
 Reporter's Description of the Judgment or Settlement: THE CASE WAS SETTLED FOR A TOTAL OF \$39,500 FOR BUSINESS REASONS ONLY. THE PHYSICIAN DOES NOT ADMIT LIABILITY. THE PHYSICIAN HAS A NON-CONSENT INSURANCE POLICY.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/21/2003
 Date of Most Recent Change: 10/21/2003

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT