

PUDER, KAROLINE SUZANNE

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 08/21/2013

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO TREAT

A. REPORTING ENTITY

Entity Name: THE DETROIT MEDICAL CENTER *

Address: 4707 ST ANTOINE
STE E510

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 SUZANNE

Other Name(s) Used:

Gender: FEMALE

Date of Birth:

Organization Name: NORTHWEST WOMEN'S CARE

Work Address: 6071 WEST OUTER DRIVE

City, State, ZIP: DETROIT, MI 48235

Home Address:

City, State, ZIP: SOUTHFIELD, MI 48034

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: MOUNT SINAI SCHOOL OF MEDICINE OF NEW YORK UNIVERSITY (1988)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)

State License Number, State of Licensure: 4301059142, MI

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): DETROIT MEDICAL CENTER HOSPITALS
DETROIT, MI



P.O. Box 10832
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

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C. INFORMATION REPORTED

Date of Report: 10/21/2013

Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner: \$ 100,000.00

Date of This Payment: 08/21/2013

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 100,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 08/02/2013

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: 09006715N

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: SETTLEMENT REACHED AS A COMPROMISED WITH NO ADMISSION OF LIABILITY.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: \$ 200,000.00

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 2

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 0 DAYS

Patient's Gender: UNKNOWN

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient Presented for Treatment: PATIENT PRESENTED PRENATALLY AND WAS DIAGNOSED WITH VASA PREVIA, VELAMENTOUS CORD INSERTION AND SHORTENED CERVIX.

Description of the Procedure Performed: EMERGENCY CESAREAN SECTION WAS PERFORMED BY INSUREDS.

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: FAILURE TO TREAT (113)

Date of Event Associated With Allegation or Incident: 11/18/2004

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGATIONS INVOLVE FAILURE TO ADMIT PATIENT TO HOSPITAL FOR INPATIENT MANAGEMENT OF ABOVE IDENTIFIED CONDITIONS RESULTING IN PREMATURE EMERGENCY CESAREAN SECTION AND DEATH OF FETUS.