

SUPPLEMENTAL EXPLANATION SHEET

R [REDACTED] AND M [REDACTED] A [REDACTED] v. LAWRENCE W. MILLER, MD.
et al.

PAGE 8

#10

J.O.A. FILE # [REDACTED] 4951 and 4952

a. NEGLIGENT CARE OF PREGNANCY AND LABOR RESULTING IN
FETAL DEMISE, AND FAMILIAL PAIN AND SUFFERING

b. SUIT FILED 12/15/94 - SOUTH CAROLINA

c. CASE IS STILL OPEN - ^{closed} REQUEST FOR SUMMARY JUDGEMENT
TO DROP MY NAME IS PENDING - ALL PCF *plb*

d. R [REDACTED] A [REDACTED] WAS A HOSPITAL "STAFF" (RESIDENT MANAGED).

OB PATIENT SCHEDULED FOR A CAESAREAN SECTION IN THE
MORNING AFTER SHE WAS ADMITTED FOR SPONTANEOUS EARLY
LABOR. INJECTIONS OF VARIOUS MEDICATIONS WERE GIVEN DURING
THE NIGHT BY THE OB SENIOR RESIDENT IN AN ATTEMPT TO AVOID A
CAESAREAN BY HIM DURING THE NIGHT. DURING THE NIGHT THE
INFANT DIED IN-UTERO. AN EMERGENCY CAESAREAN WAS THEN DONE
BY A HOSPITAL EMPLOYEE PHYSICIAN - BUT DELIVERED A STILLBORN
INFANT.

ALL "STAFF" PATIENTS MUST HAVE AN ATTENDING PHYSICIAN -
NOT A RESIDENT - LISTED AS THE ADMITTING PHYSICIAN OF RECORD. THE

DAILY BASIS. MY NAME WAS ASSIGNED TO THIS CASE. I NEVER
SAW THE PATIENT ANTEPARTUM, DURING LABOR, OR POST-PARTUM. I WAS
NEVER INFORMED OR CONSULTED ABOUT HER MANAGEMENT. BECAUSE
MY NAME WAS LISTED AS THE ADMITTING PHYSICIAN, THE LAWYER
SUED ME. MY ATTORNEY, MR. G. DEWEY OXNER, JR., ADVISES ME
THAT NO PATIENT - PHYSICIAN RELATIONSHIP EXISTED. HE FILED FOR
SUMMARY JUDGEMENT TO DROP ME FROM THE SUIT. I HAVE BEEN TOLD
THAT THE HOSPITAL - WHOSE EMPLOYEES DID CARE FOR THE PATIENT - PLANS
TO SETTLE THIS CASE OUT OF COURT. SEE ATTACHED CORRESPONDENCE
FROM MR. OXNER.

SUPPLEMENTAL EXPLANATION SHEET

PAGE 8
#10

S. [REDACTED] J. [REDACTED], GUARDIAN AD LITEM FOR K. [REDACTED] J. [REDACTED]
V. LAWRENCE W. MILLER, M.D. et al

J.U.A. FILE # [REDACTED] 5290

- a. NEGLIGENT CARE OF PREGNANCY AND LABOR RESULTING IN PERMANENT, SEVERE INJURY FROM PROLONGED ASPHYXIA DURING LABOR
- b. SUIT FILED 7/7/95 - SOUTH CAROLINA
- c. CASE IS STILL OPEN - ^{closed - all PCF file} MY ATTORNEY, MR. G. DEWEY OXNER, JR., IS REQUESTING SUMMARY JUDGEMENT TO DROP MY NAME.
- d. S. [REDACTED] J. [REDACTED] WAS A HOSPITAL "STAFF" (RESIDENT MANAGED) OB PATIENT WHO WAS ADMITTED POST-DATES FOR LABOR. DURING THE COURSE OF HER LABOR THERE WERE SIGNS OF POSSIBLE ASPHYXIA. SHE WAS MANAGED BY THE RESIDENTS AND A FULL-TIME HOSPITAL FACULTY OB PHYSICIAN. AT EVENTUAL DELIVERY, THE INFANT WAS SEVERELY DEPRESSED AND CORD ARTERY BLOOD GASSES SHOWED SEVERE ASPHYXIA-RELATED VALUES. THE INFANT HAS PERMANENT NEUROLOGIC DEFICIT.

ALL "STAFF" PATIENTS MUST HAVE AN ATTENDING PHYSICIAN - NOT A RESIDENT - LISTED AS THE ADMITTING PHYSICIAN OF RECORD. THE NAME OF [REDACTED]

MY NAME WAS ASSIGNED TO THIS CASE. I NEVER SAW THE PATIENT ANTEPARTUM, DURING LABOR, OR POST-PARTUM. I WAS NEVER INFORMED OR CONSULTED ABOUT HER MANAGEMENT. BECAUSE MY NAME WAS LISTED AS THE ADMITTING PHYSICIAN, THE LAWYER CHOSE TO SUE ME. MY ATTORNEY, MR. OXNER, ADVISES ME THAT NO PATIENT - PHYSICIAN RELATIONSHIP EXISTED. HE HAS TOLD ME THAT HE IS FILING FOR JUDICIAL SUMMARY JUDGEMENT TO REMOVE MY NAME FROM THIS CASE

OPMG Liability History

Provider: Miller, Lawrence, M.D. OB/GYN

Hire Date: 10/02/1995

Term Date:

Liability History: YES

CLAIMANT

DESCRIPTION

FILE DATE PENDING DISPOSITION

1

DATE REFILED REFILE DATE

B

Laceration of uterus during delivery; TAH performed.

12/07/1998

NO

Vol Dismissal

6/2000

K

MINOR

Child sustained a severe injury to her right brachial plexus at time of delivery.

12/21/1999

YES

F

Alleged failure to E/u on abnormal pap.

07/22/1998

YES

Tuesday, August 01, 2000

SUPPLEMENTAL CLAIM INFORMATION

Please supply the following information regarding any instance of claim, suit or incident which may give rise to a claim whether dismissed, settled out of court, judgement or pending. Answer all questions completely. This form should be photocopied and filled out separately for each claim. Please type or print clearly.

Applicant (Defendant's) name: LAWRENCE MILLER, M.D. et alClaimant (Plaintiff's) name: M [REDACTED]Date of alleged error: 24 JULY 1997Date of Claim: 12/7/98Indicate whether: ☒ Claim ☐ Suit or ☐ Incident that has been reported to your insurance carrierName of Insurer: Kaiser Permanente Agent: PATRICIA SCHENK Phone: (216) 479-5482Location of court where original complaint was filed: CUYAHOGA COUNTY, OHIOCase #: 371420Defendant's Legal Representative: (include name, address and telephone #) WILLIAM A. MEADOW, REMINGER & REMINGER, THE 1138 ST. CLAIR BLDG. CLEVELAND, OHIO 44114 (216) 687-1311Plaintiff's Legal Representative: (include name, address and telephone #) PAMELA PANTAGEZ, 159 S. MAIN ST. SUITE 820, AKRON, OH. 44308 (330) 376-6766

STATUS OF COMPLAINT

If closed please indicate: ☐ Court JudgementFinding for: YOU ☐ PLAINTIFF ☐ Date: Determined by: JUDGE ☐ JURY ☐Date of Settlement: Amount paid on your behalf \$ Compensation: \$ Punitive: \$ Total Settlement amount: \$ ☒ Case Dismissed:Against YOU ☒ Against ALL DEFENDANTS ☐ Date: 2/16/00If pending please indicate: Claimant's settlement demand: \$ Defendant's offer for settlement: \$ Insurer's loss reserve: \$ Defense reserve: \$ Deductible: \$ Claim in suit ☐ Yes ☐ No If Yes, amount asked in summons: \$ Compensation: \$ Punitive: \$

DESCRIPTION OF CLAIM

Provide enough information to allow evaluation:

1. Incident Location: CLEVELAND CLINIC FOUNDATION : LABOR & DELIVERY
2. Alleged act, error or omission upon which Claimant bases claim: "DEPARTED FROM ACCEPTABLE STANDARDS OF CARE IN THEIR MANAGEMENT OF MRS. BAMPFIELD'S PREGNANCY LABOR AND DELIVERY"

AT 34 WEEKS GESTATION. I AM ALSO FOLLOWING UTERINE RUPTURE AND HEMORRHAGE

4. Patient's Condition at point of your involvement: NORMAL PREGNANCY AT APPROX. 23 WEEK GESTATION CONSULTED REGARDING WHETHER TO REMOVE A SMALL CERVICAL POLYP

5. Patient's Condition at end of treatment: DIAGNOSED SMALL CERVICAL POLYP. PLAINTIFF WAS FEELING NORMAL FOR HER STAGE IN PREGNANCY. ROUTINE PRENATAL CARE CONTINUED

6. Give a complete narration of the case, relating events in chronological order emphasizing the dates of service and stating in detail what was done each time the patient was seen professionally. Use reverse side for additional space required. (Please type or print)

DATES PLAINTIFF EXPERIENCED A PROTRACTED LABOR, MANAGED BY A PHYSICIAN OTHER THAN MYSELF. CAESAREAN SECTION WAS DONE. UNCONTROLLED HEMORRHAGE OCCURRED AND UTERINE RUPTURE FOUND. CONTROL REQUIRED HYSTERECTOMY

Signature Lawrence W. Miller MD

IMPORTANT: IN ADDITION TO THE INFORMATION ABOVE, PLEASE ATTACH COPIES OF THE COMPLAINT, YOUR DEPOSITION, FINAL JUDGEMENT, SETTLEMENT & RELEASE, OR OTHER FINAL DISPOSITION OF THE CLAIM.

SUPPLEMENTAL CLAIM INFORMATION

Please supply the following information regarding any instance of claim, suit or incident which may give rise to a claim whether dismissed, settled out of court, judgement or pending. Answer all questions completely. This form should be photocopied and filled out separately for each claim. Please type or print clearly.

Applicant (Defendant's) name: LAWRENCE MILLER MD. et al

Claimant (Plaintiff's) name: IN [REDACTED] [REDACTED]

Date of alleged error: ON OR BEFORE 22 JAN 98 Date of Claim: 22 JAN 98

Indicate whether: ☒ Claim ☐ Suit or ☐ Incident that has been reported to your insurance carrier

Name of Insurer: KAISER PERMANENTE Agent: PATRICIA SCHNEKE Phone: (216) 479-5482

Location of court where original complaint was filed: CUYAHOGA COUNTY, OHIO

Case #: 359940

Defendant's Legal Representative: (include name, address and telephone #) WILLIAM A. MEADOWS - REMINGER
REMINER, THE 113th ST. CLAIR BLDG. CLEVELAND, OH 44114 (216) 687-1311

Plaintiff's Legal Representative: (include name, address and telephone #) THOMAS MESTER, NURNBERG, PLEVIN, DIAL & PA,
1370 ONTARIO ST. CLEVELAND, OH 44123-1792 (216) 621-7300

STATUS OF COMPLAINT

If closed please indicate: ☐ Court judgement

Finding for: YOU ☐ PLAINTIFF ☐ Date:

Determined by: JUDGE ☐ JURY ☐

☐ Out-of-Court Settlement

Date of Settlement:

Amount paid on your behalf: \$

Compensation: \$ Punitive: \$

Total Settlement amount: \$

☐ Case Dismissed:

Against YOU ☐ Against ALL DEFENDANTS ☐ Date:

If pending please indicate: Claimant's settlement demand: \$ Defendant's offer for settlement: \$

Insurer's loss reserve: \$ Defense reserve: \$ Deductible: \$

Claim in suit ☐ Yes ☐ No If Yes, amount asked in summons: \$ Compensation: \$

Punitive: \$

DESCRIPTION OF CLAIM

Provide enough information to allow evaluation:

1. Incident Location: PARMA, OHIO

2. Alleged act, error or omission upon which Claimant bases claim: The defendants negligently failed to provide competent, safe and acceptable care and treatment.

4. Patient's Condition at point of your involvement: Never saw or attended the patient. Routine "Normal" Pap and breast exams done by Physician Assistant. I "co-signed" exam as back-up consultant

5. Patient's Condition at end of treatment: Pt. was feeling well at end of encounter 4/15/97. Several months later she developed pelvic infection.

6. Give a complete narration of the case, relating events in chronological order emphasizing the dates of service and stating in detail what was done each time the patient was seen professionally. Use reverse side for additional space required. (Please type or print)

DATES PAP SMEAR DONE 4/15/97 NAB ACTINOMYCES SPORES REPORTED. PAP
TASKING LETTER SENT BY KAISER REPORTED "NORMAL" PAP. PELVIC
INFECTION 7 MONTHS LATER RESULTED IN TUBESO. PLAINTIFF CLAIMS
(SEE CONTINUATION)

Signature Lawrence W. Miller MD

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(CONT.)

INFECTION ID L&P NOT HAVE OCCURRED IF ACTINOMYCOSIS
HAD BEEN TREATED. KASER PERMANENTLY AT FAULT AT
FAULT FOR OVERLOOKING HER ACTINOMYCOSIS AND NOT TREATING
IT WHEN IT WAS INCIDENTALLY FOUND ON HER RAD SMEAR.
NO ACTINOMYCOSIS WAS CULTURED FROM HER TISSUES AT
THE TIME OF HER TRAUMATOLOGY.

(Jum)

SUPPLEMENTAL CLAIM INFORMATION

Please supply the following information regarding any instance of claim, suit or incident which may give rise to a claim whether dismissed, settled out of court, judgement or pending. Answer all questions completely. This form should be photocopied and filled out separately for each claim. Please type or print clearly.

Applicant (Defendant's) name: LAWRENCE W. MILLER, M.D., KAISER PERMANENTE et. al
Claimant (Plaintiff's) name: [REDACTED] for [REDACTED]
Date of alleged error: 12/21/99 Date of Claim: _____
Indicate whether: ☒ Claim ☒ Suit or _____ Incident that has been reported to your insurance carrier
Name of Insurer: KAISER PERMANENTE Agent: REMINGER + REMINGER Phone: (216) 637-1311
Location of court where original complaint was filed: CUYAHOGA Co.
Case #: 388851
Defendant's Legal Representative: (include name, address and telephone #) WILLIAM A. MEADOWS 113 ST. CLAIR AVE.
CLEVELAND, OH 44114
Plaintiff's Legal Representative: (include name, address and telephone #) _____

STATUS OF COMPLAINT

If closed please indicate: _____ Court Judgement Finding for: YOU _____ PLAINTIFF _____ Date: _____/_____/_____
_____ Out-of-Court Settlement Determined by: JUDGE _____ JURY _____
Date of Settlement: _____/_____/_____
Amount paid on your behalf: \$ _____
Compensation: \$ _____ Punitive: \$ _____
Total Settlement amount: \$ _____
_____ Case Dismissed: Against YOU _____ Against ALL DEFENDANTS _____ Date: _____/_____/_____
If pending please indicate: Claimant's settlement demand: \$ _____ Defendant's offer for settlement: \$ _____
Insurer's loss reserve: \$ _____ Defense reserve: \$ _____ Deductible: \$ _____
Claim in suit _____ Yes _____ No If Yes, amount asked in summons: \$ _____ Compensation: \$ _____
Punitive: \$ _____

DESCRIPTION OF CLAIM

Provide enough information to allow evaluation:

- Incident Location: Cleveland Clinic Foundation
 - Alleged act, error or omission upon which Claimant bases claim: Child sustained a severe injury to her right brachial plexus at the time of delivery. Injury is alleged to have occurred during negligent management of a severe shoulder dystocia.
 - Description of type and extent of injury or damage allegedly sustained: Fracture to right arm is severely compromised, with permanent loss of most use of the arm.
 - Patient's Condition at point of your involvement: Plaintiff, Natalie, was assumed to have been normal while in utero, with normal arm innervation, until shoulder entrapment during delivery.
 - Patient's Condition at end of treatment: Infant was delivered, with reduction of entrapped body parts, without permanent brain or body injury other than the right arm.
 - Give a complete narration of the case, relating events in chronological order emphasizing the dates of service and stating in detail what was done each time the patient was seen professionally. Use reverse side for additional space required. (Please type or print)
- DATES: 12/21/99 - Labor, in the multiparous mother, was progressing rapidly after reduction of an edematous, swollen cervix. The 2nd stage of labor was very rapid to delivery of the infant's head - then there was suddenly no further progress - (over)
Signature: Lawrence W. Miller, MD

IMPORTANT: IN ADDITION TO THE INFORMATION ABOVE, PLEASE ATTACH COPIES OF THE COMPLAINT, YOUR DEPOSITION, FINAL JUDGEMENT, SETTLEMENT & RELEASE, OR OTHER FINAL DISPOSITION OF THE CLAIM.