

Board of Registration Report

From January 1, 2018 through January 31, 2018

Claim No. 00029951
Insurer: 01
Organization: PROSER-MTAH MOUNT AUBURN PROFESSIONAL SERVICES, INC.
Social Security No. [REDACTED]
Physician Last Name: HAMLIN
Physician First Name: CHERYL
Physician Middle Name: L.
License(s):

License No.	State
74421	MA

Sponsor: MTAH MOUNT AUBURN HOSPITAL
Defendant Policy Number: MTAH-CRICO-C-GLPL-1368-2014

Physician Speciality 90001
Injury Loss Date: Mar 16, 2012
Ocurrence Location: 021 LABOR & DELIVERY

Claimant Sex FEMALE
Claimant Age: 0 day old

Description: FEMALE PATIENT AT 29 WEEKS OF PREGNANCY WITH PREECLAMPSIA WAS DELIVERED PREMATURELY DUE TO ACUTE ABRUPTION RESULTING IN CHILD WITH CEREBRAL PALSY AND SERIOUS NEUROLOGIC DEFICITS.

Disposition: 50 SETTLED DURING TRIAL

Cumulative Ind. Paid: 4,800,000

Indemnity Paid: 1,200,000

Close Date: Jan 16, 2018

Claimant Last Name: [REDACTED]

Claimant First Name: [REDACTED]

Claimant Middle Name: [REDACTED]

Claimant D.O.B: [REDACTED]

Claimant Zip: 02451

Court Jurisdiction: ST

Docket Number: [REDACTED]

Case Name: [REDACTED]



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Cheryl Lynn Hamlin, M.D.

License No.: 74421

Form-R

14-16) Form-R Section A and B:

Incident 1:

Section A:

Insurer (at the time of incident): CRICO
Policy Number: MTAH-CRICO-C-GLPL-1530-2018
Patient Name: [REDACTED]
Claimant Name (if different from Patient): [REDACTED]
Incident Date: 3/16/2012
Allegation(s): Delay in diagnosis

Section B:

Case Name (Plaintiffs and Defendants): [REDACTED] vs Cheryl Hamlin, Maureen Co
Venue: Middlesex
Current status of claim: Closed
Was the case resolved before the entry of a verdict? Yes
What was the reason? Settlement
If a payment was made, please indicate the following:
Amount allocated to you: \$1200000
Date of Payment: 1/25/2018