

FLORIDA DEPARTMENT OF INSURANCE
 FLORIDA MEDICAL PROFESSIONAL LIABILITY
 CLOSED CLAIM REPORTING FORM

9201919

DEPT. FILE NO.

OCT 10 1992

INSURER'S CLAIM NUMBER: 189701

BUREAU OF RATES P/C
 FLA DEPARTMENT OF INSURANCE

1. PRIMARY INSURER NAME: Caduceus Self Insurance Fund INSURER CODE: 44010
 (See Table A)

2. EXCESS INSURER NAME: N/A INSURER CODE: _____
 (See Table A)

3a. HEALTH CARE PROVIDER: Klein, Oscar
 (Last Name, First and Middle Name or Hospital Name from Table D)

3b. IF HEALTH CARE PROVIDER (above) IS A PHYSICIAN, DENTIST OR
 PODIATRIST ENTER DEPARTMENT OF PROFESSIONAL REGULATION LICENSE NUMBER: 0,0,3,8,6,0,1

3c. INSURED'S NAME: SAME

STREET ADDRESS: 401 Manatee Avenue

CITY: Holmes Beach STATE: FL ZIP: 34217 COUNTY CODE: 15
 (See Table B)

4.	POLICY NUMBER	PER CLAIM POLICY LIMITS	AGGREGATE POLICY LIMITS
PRIMARY INSURER:	<u>101210</u>	<u>\$ 100,000 .00</u>	<u>\$ 300,000 .00</u>
EXCESS INSURER:	<u>N/A</u>	<u>\$ N/A .00</u>	<u>\$ N/A .00</u>

5. IS THE INSURED PHYSICIAN A FOREIGN MEDICAL GRADUATE? _____ (01) Yes (02) No (If yes, enter the country in which primary medical education was received: N/A)

6. PROFESSION OR BUSINESS: (Check one)
 (01) Physicians & Surgeons _____ (04) Dentist _____ (07) Crisis Stabilization Unit
 _____ (02) Hospitals _____ (05) Abortion Clinics _____ (08) Health Maintenance
 _____ (03) Podiatrists _____ (06) Ambulatory Surgical Centers Organization

7. SPECIALTY CODE: 80420 (Applies to physicians, surgeons, and dentists.
 (See Table C) Use ISO Common Statistical Base Classification Codes.)

8. BOARD CERTIFICATION: (Check one)
 _____ (01) In specialty coded in Item 7, above.
 _____ (02) In a different specialty.
 _____ (03) In the specialty in Item 7 and another. Enter the additional specialty code here: _____
 (04) Insured is not board certified. (See Table C)

9. PLACE WHERE INJURY OCCURRED: (Check one)
 _____ (01) Hospital Inpatient Facility _____ (04) Nursing Home _____ (07) Other Outpatient Facility
 _____ (02) Emergency Room (05) Physician's Office _____ (08) Other Location
 _____ (03) Hospital Outpatient Facility _____ (06) Patient's Home _____ (09) Other Hospital/Institution

10. IF PLACE OF INJURY (above) IS CHECKED AS ((08) OTHER), THEN PROVIDE A DESCRIPTION OF THE PLACE WHERE THE INJURY OCCURRED: N/A

FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
CLOSED CLAIM REPORTING FORM

11. NAME OF INSTITUTION: n/a INSTITUTION CODE: (See Table 1)

12. LOCATION OF INSTITUTIONAL INJURY: (Check one) n/a

<input type="checkbox"/> (01) Patient's Room	<input type="checkbox"/> (05) Physical Therapy Dept.	<input type="checkbox"/> (09) Radiology
<input type="checkbox"/> (02) Operating Suite	<input type="checkbox"/> (06) Nursery	<input type="checkbox"/> (10) Emergency Room
<input type="checkbox"/> (03) Recovery Room	<input type="checkbox"/> (07) Critical Care Unit	<input type="checkbox"/> (11) Other _____
<input type="checkbox"/> (04) Labor & Delivery Room	<input type="checkbox"/> (08) Special Procedure Room	_____

13. DATE OF OCCURRENCE: 05/01/91
DATE REPORTED TO INSURER: 05/28/91

14. INJURED PERSON'S AGE: 20 Years (If less than one year, enter 00; if unknown, enter UNK.)
INJURED PERSON'S SEX: M F (Circle one)

14.1 INJURED PERSON'S NAME: _____
STREET ADDRESS: _____
CITY: _____

15. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED: Herpes Simplex of the right eye. (LEAVE BLANK) 15.

16. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION: Insured misdiagnosed Herpes Simplex of the right eye as conjunctivitis and a minimal corneal abrasion. 16.

17. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE: Misdiagnosis of Herpes Simplex 17.

18. DESCRIBE THE OPERATION, DIAGNOSTIC OR TREATMENT PROCEDURE CAUSING THE INJURY. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE PROCEDURES USED. INCLUDE METHOD OF ANESTHESIA, OR NAME OF DRUG USED FOR TREATMENT, WITH DETAIL OF ADMINISTRATION: none 18.

19. DESCRIBE THE PRINCIPAL INJURY GIVING RISE TO THE CLAIM. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE INJURY. INCLUDE TYPE OF ADVERSE EFFECT FROM DRUGS WHERE APPLICABLE: Misdiagnosis of Herpes Simplex of the right eye resulting in vision impairment. 19.

FLORIDA DEPARTMENT OF INSURANCE
 FLORIDA MEDICAL PROFESSIONAL LIABILITY
 CLOSED CLAIM REPORTING FORM

20. SEVERITY OF INJURY: (check only one -- rate most serious injury if several are involved.)

- (01) Emotional only - Fright, no physical damage.
- (02) Insignificant - Lacerations, contusions, minor scars, rash. No delay.
- Temp- (03) Minor - - - - - Infections, misset fracture, fall in hospital. Recovery delayed.
- orary (04) Major - - - - - Burns, surgical material left, drug side effect, brain damage. Recovery del
- (05) Minor - - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
- Perma- (06) Significant - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
- nent (07) Major - - - - - Paraplegia, blindness, loss of two limbs, brain damage.
- (08) Grave - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.
- (09) Death

21. DATE OF SUIT, IF ANY: n/a / /

21.1 CIRCUIT COURT CASE NUMBER: n/a

21.2 COUNTY CODE OF COUNTY SUIT FILED IN: n/a (SEE TABLE B)

22. LIST OTHER DEFENDANTS INVOLVED IN THIS CLAIM, THE INSURER'S NUMBER AND THE COMPANION CLAIM FILE ID NUMBER:

	DEFENDANT'S NAME (Last Name, First Name)	INSURER CODE NO.	INSURER FILE ID.
1)	<u>n/a</u>		
2)			
3)			
4)			
5)			

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (Check one)
 (01) Yes (02) No

24. DATE OF FINAL CLAIM DISPOSITION: 09/04/92

25. FINAL METHOD OF CLAIM DISPOSITION:
 (01) Settled by parties.
 (02) Disposed of by a court.
 (03) Disposed of by arbitration.

26. STAGE OF THE LEGAL SYSTEM AT WHICH SETTLEMENT WAS REACHED OR AWARD MADE: (Check one)

- (01) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
- (02) After arbitration is initiated or prior to suit being filed.
- (03) Within 90 days of suit being filed.
- (04) More than 90 days after suit filed and prior to or during the course of mandatory settlement conference.
- (05) During trial but before court verdict.
- (06) After court verdict and prior to filing of notice of appeal.
- (07) After notice of appeal is filed or post-judgement relief or action is required for recovery.
- (08) During appeal.
- (09) After appeal.
- (10) Claim or suit abandoned.

FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
CLOSED CLAIM REPORTING FORM

40. BRIEFLY DESCRIBE THE STRUCTURED SETTLEMENT INCLUDING HOW IT IS FINANCED: n/a

41. TYPE OF NON-ECONOMIC DAMAGE LIMIT: (Check one)

(01) No limit (neither party requests or agrees to voluntary binding arbitration).
 (02) No limit (defendant refuses claimant's offer of voluntary binding arbitration).
 (03) \$250,000 limit (both parties accept arbitration). (See Item 42 for exception.)
 (04) \$350,000 limit (plaintiff rejects arbitration).
 (05) Does not apply because occurrence happened before the 02-08-88 law.

42. IF (03) IS CHECKED IN ITEM 41 AND THE LIMIT ON NON-ECONOMIC DAMAGES IS DIFFERENT THAN \$250,000, THEN INDICATE THE MODIFIED LIMIT: - - - - - n/a .00

43. COLLATERAL SOURCE INFORMATION:
ENTER TO THE NEAREST PERCENT (use no decimals) THE PERCENT RECOVERY FOR ECONOMIC LOSS FROM:

A. <u>80</u> % Health	D. ___% Automobile
B. ___% Disability	E. ___% Medicare, Medicaid & Social Security
C. ___% Workers' Compensation	F. ___% Other sources, specify: _____

44. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY: unknown

CONTACT PERSON: Randi Corito ADDRESS 5430 NW 33rd Ave. #100
TELEPHONE: (305) 735-5430 Ft. Lauderdale, FL 33309