

Department File Number :	M200221556
Claim Number :	94M03030
Date Submitted :	9/9/2002

Insurer Information			
Insurer Name		Coverage Type	
FRONTIER INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
13-2559805			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	SHARON		LOCH
Street Address			
195 Lake Louise Marie Rd			
City		State	Zip
Rock Hill		NY	12775
Phone	Ext	Fax	E-Mail Address
(914) 796 - 2300	5474	(914) 796 - 1801	

Insured Information			
Type	First Name	MI	Last Name
Individual	LEO		YASON
Insurer Type	Street Address of Practice		
Licensed	11371 CORTEZ BLVD. STE #113		
City	State	Zip Code	County
BROOKSVILLE	FL	34613	Pasco
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
RM003588	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
56417	Internal Medicine - No Surgery	84257	

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address	Gender	County where Injury Occurred	
	M	*NR	

City	State	Zip Code
Location where injury occurred	Other location where injury occurred	
Hospital Inpatient Facility		
Name of Institution	Code	
CHARTER BEHAVIORAL HEALTH SYSTEM OF TAMPA BAY AT TAMPA		104012
Location of Institutional Injury	Other Location of Institutional Injury	
Patients' Room		
Date of Occurrence	Date Reported to Insurer	
10/9/1993	1/24/1994	

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
Multiple Pulmonary Thromboembolus resulting in death	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
Failure to diagnose cardiopulmonary.	
Diagnostic Code :	798.1
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
*NR	
Principal Injury Giving Rise To The Claim	
Multiple Pulmonary Thromboembolus.	
Severity Of Injury	
Permanent: Death.	

Legal Information	
Date of Suit	Circuit Court Case Number
10/1/1996	963608CA
County Suit Filed in	Date of Final Disposition
Pasco	5/11/2001
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	

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Financial Information													
Was there a settlement Resulting in payment to the Plaintiff?	Yes												
Indemnity Paid by Insurer on behalf of Insured	\$75,000												
Loss Adjust Expense Paid to Defense Counsel	\$64,386												
All Other Loss Adjustment Expense Paid	\$30,928												
Injured Person's Total Non-Economic Loss	\$0												
Deductible	\$0												
Injured Person's Total Economic Loss													
	<table border="1"> <thead> <tr> <th></th> <th>Incurred to Date</th> <th>Anticipated</th> </tr> </thead> <tbody> <tr> <td>Medical Expense</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Wage Loss</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Other Expenses</td> <td>\$0</td> <td>\$0</td> </tr> </tbody> </table>		Incurred to Date	Anticipated	Medical Expense	\$0	\$0	Wage Loss	\$0	\$0	Other Expenses	\$0	\$0
	Incurred to Date	Anticipated											
Medical Expense	\$0	\$0											
Wage Loss	\$0	\$0											
Other Expenses	\$0	\$0											
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely													
The Insured has consulted with defense council medical experts and claims personel regarding this matter.													

Updates
No updates found.