

<b>Department File Number :</b>	<b>M200221557</b>
<b>Claim Number :</b>	<b>00M20407</b>
<b>Date Submitted :</b>	<b>9/9/2002</b>

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

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	LEO		YASON
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	12200 CORTEZ BLVD		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
BROOKSVILLE	FL	34613-2630	Pasco
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
ML0301177	\$1,000,000	\$3,000,000	
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>	<b>Certification Number</b>	
ME0056417	Physciatry - Including Child	80249	

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

<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>	
Prison	PASCO COUNTY SHERRIFFS OFFICE	
<b>Name of Institution</b>	<b>Code</b>	
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>	
4/15/1998	7/5/2000	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
ULCER
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
INSURED NEVER TREATED PATIENT
Diagnostic Code :
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
*NR
<b>Principal Injury Giving Rise To The Claim</b>
FAILURE TO TREAT HIP OSTEOMYLITIS
<b>Severity Of Injury</b>
Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
8/28/2000	8:00CV725T26A
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Pasco	7/1/2002
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
Claim or suit abandoned.	
<b>Final Method of Claim Disposition</b>	
Disposed of by Arbitration	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	
Claim not subject to Arbitration.	
<b>Date of Payment</b>	

<b>Financial Information</b>		
Was there a settlement Resulting in payment to the Plaintiff?		No
Indemnity Paid by Insurer on behalf of Insured		\$0
Loss Adjust Expense Paid to Defense Counsel		\$6,007
All Other Loss Adjustment Expense Paid		\$500
Injured Person's Total Non-Economic Loss		\$0
Deductible		\$0
<b>Injured Person's Total Economic Loss</b>		
	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>		
THE INSURED HAS CONSULTED WITH DEFENSE COUNSEL , MEDICAL EXPERTS AND CLAIMS PERSONNEL REGARDING THIS MATTER		

<b>Updates</b>
No updates found.