

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200323693
<b>Claim Number :</b>	18884-01
<b>Date Submitted :</b>	5/8/2007

<b>Insurer Information</b>				
<b>Insurer Name</b>		<b>Coverage Type</b>		
AMERICAN PHYSICIANS ASSURANCE CORPORATION		Primary		
<b>Insurer FEIN</b>		<b>Professional License Number</b>		
38-2102867				
<u>Insurer Contact Information</u>				
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	
Individual	Christine		Sampson	
<b>Street Address</b>				
200 East Gaines Street				
<b>City</b>		<b>State</b>		<b>Zip</b>
Tallahassee		FL		32399
<b>Phone</b>		<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(850) 413 - 5358			(850) 921 - 8243	Christine.Sampson@fldfs.com

<b>Insured Information</b>				
<b>Type</b>	<b>First Name</b>	<b>MI</b>		<b>Last Name</b>
Individual	SHAHAB			KIDWAI
<b>Insurer Type</b>		<b>Street Address of Practice</b>		
Licensed		2000 N. FEDERAL HWY, SUITE 203		
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>County</b>
POMPANO BEACH		FL	33062	Broward
<b>Policy Number</b>		<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
128329		\$250,000		\$750,000
<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>
ME36081		Neurology - Including Child - No Surgery		80261

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<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>
<b>City</b>		F	Broward
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>		
Physician's 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>		
10/31/2001	6/10/2002		

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
SEVERE HEADACHES
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
IT IS ALEGED THAT INSURED FAILED TO DIAGNOSE TEMPORAL ARTHERTITIS IN A 69 YEAR OLD FEMALE, LEADING TO BLINDNESS IN ONE EYE.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
N/A
<b>Principal Injury Giving Rise To The Claim</b>
BLINDNESS IN ONE EYE.
<b>Severity Of Injury</b>
Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

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Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b> *NR
<b>County Suit Filed in</b> *NR	<b>Date of Final Disposition</b> 1/16/2003
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
<b>Final Method of Claim Disposition</b> Settled by parties	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b>	

Financial Information													
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes												
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$200,000												
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$0												
<b>All Other Loss Adjustment Expense Paid</b>	\$0												
<b>Injured Person's Total Non-Economic Loss</b>	\$200,000												
<b>Deductible</b>	\$0												
<b>Injured Person's Total Economic Loss</b>													
	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%; border: none;"></th> <th style="width: 20%; border: none; text-align: center;"><u>Incurred to Date</u></th> <th style="width: 20%; border: none; text-align: center;"><u>Anticipated</u></th> </tr> </thead> <tbody> <tr> <td style="border: none;"><b>Medical Expense</b></td> <td style="border: none; text-align: center;">\$0</td> <td style="border: none; text-align: center;">\$0</td> </tr> <tr> <td style="border: none;"><b>Wage Loss</b></td> <td style="border: none; text-align: center;">\$0</td> <td style="border: none; text-align: center;">\$0</td> </tr> <tr> <td style="border: none;"><b>Other Expenses</b></td> <td style="border: none; text-align: center;">\$0</td> <td style="border: none; text-align: center;">\$0</td> </tr> </tbody> </table>		<u>Incurred to Date</u>	<u>Anticipated</u>	<b>Medical Expense</b>	\$0	\$0	<b>Wage Loss</b>	\$0	\$0	<b>Other Expenses</b>	\$0	\$0
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<b>Medical Expense</b>	\$0	\$0											
<b>Wage Loss</b>	\$0	\$0											
<b>Other Expenses</b>	\$0	\$0											
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> INSURED CONSULTED WITH DEFENSE COUNSEL AND CLAIMS PERSONNEL REGARDING THIS MATTER.													

Updates			
<b>Date of Change:</b>	5/8/2007 10:04:59 AM		
<b>Reason for Change:</b>	OIR updating Historical Closed Claim data.		
	<b>Field Changed</b>	<b>Former Value</b>	<b>New Value</b>
	Injured Person Address Country		United States
	County Injury Occurred In		
	Portal User Name	plcr_migration_dccs plcr_migration_dccs	Christine Sampson
	Insured License Number	ME0036081	ME36081
	Insured Last Name	KIDWAI, MD	KIDWAI