

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200433840
Claim Number :	119270
Date Submitted :	12/29/2004

Insurer Information

Insurer Name				Coverage Type
PRONATIONAL INSURANCE COMPANY				Primary
Insurer FEIN				Professional License Number
38-2317569				
<u>Insurer Contact Information</u>				
Type	First Name	MI	Last Name	
Individual	Suzanne	E	Shelton	
Street Address				
2801 SW 149 Avenue, Suite 200				
City			State	Zip
Miramar			FL	33027
Phone	Ext	Fax	E-Mail Address	
(954) 602 - 5857			bshelton@proassurance.com	

Insured Information

Type	First Name	MI	Last Name	
Individual	Jose		Gonzalez-Canal	
Insurer Type	Street Address of Practice			
Licensed	3390 TAMIAMI TRL, Suite 104			
City	State	Zip Code	County	
PORT CHARLOTTE	FL	33952-8157	Charlotte	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
MP37812	\$250,000		\$750,000	
Profession or Business	Other Profession or Business			
Medical Doctor				
License Number	Specialty Code & Classification		Certification Number	
ME68859	Psychiatry - Addiction Psychiatry			

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Charlotte
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Nursing Home			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
8/22/2000		11/8/2002	

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Delirium/Lithium Toxicity.</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Alleged failure to properly monitor lithium levels.</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition N/A</p> <p>Principal Injury Giving Rise To The Claim Alleged permanent neurological impairment/brain damage.</p> <p>Severity Of Injury Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.</p>

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Legal Information

Date of Suit	Circuit Court Case Number
4/9/2003	01-1703-CA
County Suit Filed in	Date of Final Disposition
Charlotte	12/9/2004
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
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No Court Proceedings.

Arbitration

Claim not subject to Arbitration.

Date of Payment

Financial Information

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	\$19,538	
All Other Loss Adjustment Expense Paid	\$3,057	
Injured Person's Total Non-Economic Loss	\$0	
Deductible	\$0	
Injured Person's Total Economic Loss		
	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

Insured discussed claim with insurance personnel and medical experts.

Updates

No updates found.