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

Department File Number: M200433852
Claim Number: A02-27454-98
Date Submitted: 12/30/2004

**Insurer Information** 

Insurer Name Coverage Type

FIRST PROFESSIONALS INSURANCE COMPANY, INC

Primary

Insurer FEIN Professional License Number

59-6614702

**Insurer Contact Information** 

TypeFirst NameMILast NameIndividualCheriMMontague

**Street Address** 

1000 Riverside Drive, Suite 800

City State Zip

Jacksonville FL 32204

 Phone
 Ext
 Fax
 E-Mail Address

 (800) 741 - 3742
 3043
 (904) 358 - 6728
 montague@fpic.com

Insured Information

TypeFirst NameMILast NameIndividualOscarPapazian

Insurer TypeStreet Address of PracticeLicensed3200 SW 60TH CT STE 302

CityStateZip CodeCountyMIAMIFL33155-4071Dade

Policy Number Per Claim Policy Limits Aggregate Policy Limits

54664 \$250,000 \$750,000

Profession or Business Other Profession or Business

Medical Doctor

License Number Specialty Code & Classification Certification Number

ME20888 Neurology - Including Child - No Surgery 80261

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

Injured Person Information

First Name MI Last Name Date of Birth

Street Address Gender County where Injury Occurred

F Dade

City State Zip Code

Location where injury occured Other location where injury occured

Physician's Office

Name of Institution Code

Location of Institutional Injury Other Location of Institutional Injury

Date of Occurrence Date Reported to Insurer

3/13/1998 12/2/2002

## **Diagnostic Information**

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Migraines.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Alleged failure to follow up on lab results, resulting in alleged delay in diagnosis of liver cancer.

Diagnostic Code:

Misdiagnosis Made, If Any, Of Patient's Actual Condition

none.

Principal Injury Giving Rise To The Claim

Liver cancer.

**Severity Of Injury** 

Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

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

Legal Information

Date of Suit Circuit Court Case Number

3/13/2003 03 05722 CA27

County Suit Filed in Date of Final Disposition

Dade 12/7/2004

Other Defendants Involved in this Claim

Mittans, Sandra Egusquiza, Julio Carballo, Maria

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

Other Settled between parties

Arbitration

Claim not subject to Arbitration.

**Date of Payment** 12/7/2004

Fin	ancial	Inform	ation
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Was there a settlement Resulting in payment to the Plaintiff?

Indemnity Paid by Insurer on behalf of Insured

Yes \$75,000

Loss Adjust Expense Paid to Defense Counsel

\$93,789 \$51,300

All Other Loss Adjustment Expense Paid Injured Person's Total Non-Economic Loss

\$75,000 \$0

Injured Person's Total Economic Loss

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

Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.

**Updates** 

**Deductible** 

No updates found.