M200433853 Page 1 of 3

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number: M200433853
Claim Number: A01-24949-00
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 NameIndividualMahendraBShah

Insurer TypeStreet Address of PracticeLicensed106 BOSTON AVE STE 207

CityStateZip CodeCountyALTAMONTE SPRINGSFL32701-4712Seminole

Policy Number Per Claim Policy Limits Aggregate Policy Limits

32674 \$1,000,000 \$3,000,000

Profession or Business Other Profession or Business

Medical Doctor

License Number Specialty Code & Classification Certification Number

ME56857 Physciatry - Including Child 80249

M200433853 Page 2 of 3

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

First Name MI Last Name Date of Birth

Street Address Gender County where Injury Occurred

M Seminole
State Zip Code

Location where injury occured Other location where injury occured

Patient's Home

City

Injured Person Information

Name of Institution Code

Location of Institutional Injury Other Location of Institutional Injury

Date of Occurrence Date Reported to Insurer

10/19/2000 10/31/2001

Diagnostic Information

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

Patient sought treatment for depression.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

None.

Diagnostic Code:

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

It was alleged that Dr. Shah failed to diagnose suicidal thoughts.

Principal Injury Giving Rise To The Claim

Suicide resulting in death.

Severity Of Injury

Permanent: Death.

M200433853 Page 3 of 3

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

Legal Information

Date of Suit Circuit Court Case Number

5/8/2002 CI0-02-2582

County Suit Filed in Date of Final Disposition

Orange 12/7/2004

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

No Court Proceedings.

Arbitration

Claim not subject to Arbitration.

Date of Payment 12/7/2004

		T 0	4.
Hin	ancial	Into	rmation

Was there a settlement Resulting in payment to the Plaintiff?

\$75,000

Indemnity Paid by Insurer on behalf of Insured Loss Adjust Expense Paid to Defense Counsel

\$46,536

Yes

All Other Loss Adjustment Expense Paid Injured Person's Total Non-Economic Loss \$17,979

Deductible

\$75,000 \$0

Injured Person's Total Economic Loss

Incurred to Date Anticipated

\$0 **Medical Expense** Wage Loss \$0 \$0

\$0 \$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

No updates found.

Other Expenses