

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

<b>Department File Number :</b>	M200433857
<b>Claim Number :</b>	A02-27573-02
<b>Date Submitted :</b>	12/30/2004

<b>Insurer Information</b>					
<b>Insurer Name</b>	FIRST PROFESSIONALS INSURANCE COMPANY, INC			<b>Coverage Type</b>	Primary
<b>Insurer FEIN</b>	59-6614702	<b>Professional License Number</b>			
<u>Insurer Contact Information</u>					
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>		
Individual	Cheri	M	Montague		
<b>Street Address</b>	1000 Riverside Drive, Suite 800				
<b>City</b>	Jacksonville	<b>State</b>	FL	<b>Zip</b>	32204
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>		
(800) 741 - 3742	3043	(904) 358 - 6728	montague@fpic.com		

<b>Insured Information</b>				
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	
Individual	Doris	J	Jones	
<b>Insurer Type</b>	<b>Street Address of Practice</b>			
Licensed	350 North Clyde Morris Blvd.			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	
Daytona Beach	FL	32114	Volusia	
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>	
98490	\$1,000,000		\$3,000,000	
<b>Profession or Business</b>	<b>Other Profession or Business</b>			
Registered Nurse				
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>	
ARNP3108902	Psychiatry - All Other		01	

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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>
		M	Volusia
<b>City</b>		<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>	
10/15/2002		12/19/2002	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Paranoid schizophrenia.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Unknown.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
None.
<b>Principal Injury Giving Rise To The Claim</b>
Unknown.
<b>Severity Of Injury</b>
Emotional Only - Fright, no physical damage

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### Legal Information

<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
	*NR
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
*NR	12/7/2004
<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>	
Dropped before Action Filed	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<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>	No		
<b>Indemnity Paid by Insurer on behalf of Insured</b>			
<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>	\$0		
<b>Deductible</b>	\$0		
<b>Injured Person's Total Economic Loss</b>			
	<table border="0"> <tr> <td style="text-align: center;"><u>Incurred to Date</u></td> <td style="text-align: center;"><u>Anticipated</u></td> </tr> </table>	<u>Incurred to Date</u>	<u>Anticipated</u>
<u>Incurred to Date</u>	<u>Anticipated</u>		
<b>Medical Expense</b>	\$0		
<b>Wage Loss</b>	\$0		
<b>Other Expenses</b>	\$0		
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>			
Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.			

### Updates

No updates found.