

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

<b>Department File Number :</b>	M200533936
<b>Claim Number :</b>	98463
<b>Date Submitted :</b>	1/10/2005

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
MEDICAL PROTECTIVE COMPANY (THE)		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
35-0506406			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Karina	L	Dobberstein
<b>Street Address</b>			
5814 Reed Rd			
<b>City</b>		<b>State</b>	<b>Zip</b>
Fort Wayne		IN	46835
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(260) 486 - 0490		(260) 486 - 0808	karina.dobberstein@ge.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	BARBARA	A	BURTNER
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	4423 CYPRESS MILL RD		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
KISSIMMEE	FL	34746-2753	Osceola
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
626530	\$1,000,000		\$3,000,000
<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>
ME72975	Phycosomatic Medicine		UNKN1

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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	Osceola
		<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>	
Special Procedure Room			
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
1/20/2003		10/13/2003	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
MEDICAL CARE
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
MEDICATION
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
SUBSTANDARD CARE
<b>Principal Injury Giving Rise To The Claim</b>
PAIN AND SUFFERING
<b>Severity Of Injury</b>
Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

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

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> 12/6/2004
<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> 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> 12/6/2004	

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>	\$0
<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><u>Injured Person's Total Economic Loss</u></b>	
	<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> N/A	

Updates
No updates found.