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Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number: M200534340
Claim Number: 741651-01
Date Submitted: 2/11/2005

Insurer Information

Insurer Name Coverage Type

SCOTTSDALE INSURANCE COMPANY Primary

Insurer FEIN Professional License Number

31-1024978

Insurer Contact Information

TypeFirst NameMILast NameIndividualCynthiaLWyatt

Street Address

8877 N Gainey Center Drive

CityStateZipScottsdaleAZ85258

Phone Ext Fax E-Mail Address

(480) 365 - 2898 2898 (480) 483 - 6752 wyattc2@scottsdaleins.com

Insured Information

TypeFirst NameMILast NameIndividualDAVIDSKEISARI

Insurer Type Street Address of Practice

Licensed 450 E Hillsboro Blvd

CityStateZip CodeCountyDeerfield BeachFL33441Broward

Policy Number Per Claim Policy Limits Aggregate Policy Limits

PNS0000738 \$250,000 \$750,000

Profession or Business Other Profession or Business

Medical Doctor

License Number Specialty Code & Classification Certification Number

ME57449 Surgery - General

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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

M Broward

City State Zip Code

Location where injury occured Other location where injury occured

Hospital Inpatient Facility

Name of InstitutionCodeGOOD SAMARITAN HOSPITAL110403

Location of Institutional Injury Other Location of Institutional Injury

Operating Suite

Date of Occurrence Date Reported to Insurer

3/1/2000 6/18/2001

Diagnostic Information

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

Reducible umbilical hernia and a diastasis recti

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Laparoscopic repair, with a repair of the muscle.

Diagnostic Code: 682.2

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

Ventral incision hernia was diagnosed, secondary to the recti at the time surgery was performed

Principal Injury Giving Rise To The Claim

Patient returned to Dr. after surgery with a seroma between the skin and subcutaneous tissues. Small area of hypertrophic scarring was noted, however, patient was concerned about the appearance of his abdomen.

Severity Of Injury

Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

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Legal Information

Date of Suit Circuit Court Case Number

11/9/2001 CA 01-12912AJ

County Suit Filed in Date of Final Disposition

Palm Beach 1/10/2005

Other Defendants Involved in this Claim

Stage of Legal System at which Settlement was Reached or Award Made

After court verdict and prior to filing of notice of appeal.

Final Method of Claim Disposition

Disposed of by Court

Court Decision Other

Judgment for the plaintiff.

Arbitration

Claim not subject to Arbitration.

Date of Payment 11/4/2004

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Was there a settlement Resulting in payment to the Plaintiff?

Yes \$24,506

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

Loss Adjust Expense Paid to Defense Counsel \$0
All Other Loss Adjustment Expense Paid \$230,660

Injured Person's Total Non-Economic Loss \$0

Deductible \$0

Injured Person's Total Economic Loss

<u>Incurred to Date</u> Anticipated

Medical Expense\$0\$0Wage Loss\$0\$0Other Expenses\$0\$0

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

None stated

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No updates found.