

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200534652
Claim Number :	394-001741
Date Submitted :	3/15/2005

Insurer Information

Insurer Name		Coverage Type	
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURG, PA		Primary	
Insurer FEIN	Professional License Number		
25-0687550			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	irma	j	mcclain
Street Address			
1200 abernathy road, 8th floor			
City		State	Zip
atlanta		GA	30328
Phone	Ext	Fax	E-Mail Address
(770) 671 - 2299		(770) 399 - 4055	irma.mcclain@aig.com

Insured Information

Type	First Name	MI	Last Name
Individual	michael	s	carey
Insurer Type	Street Address of Practice		
Licensed	500 e central ave		
City	State	Zip Code	County
winter haven	FL	33880	Polk
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
1408969	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME29212	Physicians or Surgeons		

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
City		F	Polk
Location where injury occurred		State	Zip Code
Physician's Office		Other location where injury occurred	
Name of Institution		Code	
BROWARD GENERAL MEDICAL CENTER		100039	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room		Date Reported to Insurer	
Date of Occurrence		11/21/1997	
2/4/1997			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition patient went to doctors office for general treatment & physical
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury alleged by patient that should have had screening chest film for cancer
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition patient claims chest screening should have been given irrespective of symptoms not being present
Principal Injury Giving Rise To The Claim cancer not detected earlier
Severity Of Injury Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information	
Date of Suit 2/25/1998	Circuit Court Case Number 6c-g-98-525
County Suit Filed in Polk	Date of Final Disposition 8/3/1998
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 No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$25,000
Loss Adjust Expense Paid to Defense Counsel	\$8,116
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
to perform chest x-rays as part of a routine physicals in patients who present with a history of heavy smoking	

Updates
No updates found.