

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

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|---------------------------------|------------|
| Department File Number : | M200535059 |
| Claim Number : | 99906 |
| Date Submitted : | 4/29/2005 |

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

| Insured Information | | | | |
|-------------------------------|--|-------------------------------------|--------------------------------|--|
| Type | First Name | MI | Last Name | |
| Individual | BARBARA | A | BURTNER | |
| Insurer Type | Street Address of Practice | | | |
| Licensed | 4423 CYPRESS MILL RD | | | |
| City | State | Zip Code | County | |
| KISSIMMEE | FL | 34746-2753 | Osceola | |
| Policy Number | Per Claim Policy Limits | | Aggregate Policy Limits | |
| 626530 | \$1,000,000 | | \$3,000,000 | |
| Profession or Business | | Other Profession or Business | | |
| Medical Doctor | | | | |
| License Number | Specialty Code & Classification | | Certification Number | |
| ME72975 | Psychiatry - All Other | | | |

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| Injured Person Information | | | |
|---|-----------|---|-------------------------------------|
| First Name | MI | Last Name | Date of Birth |
| Street Address | | Gender | County where Injury Occurred |
| | | M | Osceola |
| City | | State | Zip Code |
| | | | |
| Location where injury occurred | | Other location where injury occurred | |
| Other Hospital/Institution | | PEACE RIVER CRISIS CTR | |
| Name of Institution | | Code | |
| | | | |
| Location of Institutional Injury | | Other Location of Institutional Injury | |
| Special Procedure Room | | | |
| Date of Occurrence | | Date Reported to Insurer | |
| 9/16/2002 | | 8/20/2004 | |

| Diagnostic Information |
|--|
| Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition |
| DELUSTIONAL BEHAVIOR |
| Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury |
| PHYSICAL EXAM AND MEDICATION |
| Diagnostic Code : |
| Misdiagnosis Made, If Any, Of Patient's Actual Condition |
| IMPROPER TREATMENT |
| Principal Injury Giving Rise To The Claim |
| DEATH |
| Severity Of Injury |
| Permanent: Death. |

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Legal Information

| | |
|--|----------------------------------|
| Date of Suit | Circuit Court Case Number |
| | *NR |
| County Suit Filed in | Date of Final Disposition |
| *NR | 1/19/2005 |
| Other Defendants Involved in this Claim | |
| PEACE RIVER CRISIS CTR | |
| Stage of Legal System at which Settlement was Reached or Award Made | |
| Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed). | |
| Final Method of Claim Disposition | |
| Settled by parties | |
| Court Decision | Other |
| No Court Proceedings. | |
| Arbitration | |
| Claim not subject to Arbitration. | |
| Date of Payment | |
| 1/19/2005 | |

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 | \$2,499 | | | | | | | | | | | | |
| All Other Loss Adjustment Expense Paid | \$76 | | | | | | | | | | | | |
| Injured Person's Total Non-Economic Loss | \$0 | | | | | | | | | | | | |
| Deductible | \$0 | | | | | | | | | | | | |
| Injured Person's Total Economic Loss | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Incurred to Date</u></td> <td style="text-align: center;"><u>Anticipated</u></td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Wage Loss</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Other Expenses</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> </table> | | <u>Incurred to Date</u> | <u>Anticipated</u> | Medical Expense | \$0 | \$0 | Wage Loss | \$0 | \$0 | Other Expenses | \$0 | \$0 |
| | <u>Incurred to Date</u> | <u>Anticipated</u> | | | | | | | | | | | |
| Medical Expense | \$0 | \$0 | | | | | | | | | | | |
| Wage Loss | \$0 | \$0 | | | | | | | | | | | |
| Other Expenses | \$0 | \$0 | | | | | | | | | | | |
| Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | |

Updates

No updates found.