

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

<b>Department File Number :</b>	M200535222
<b>Claim Number :</b>	01M22868
<b>Date Submitted :</b>	5/13/2005

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
FRONTIER INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
13-2559805			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	NINA		GORTON
<b>Street Address</b>			
195 LAKE LOUISE MARIE ROAD			
<b>City</b>		<b>State</b>	<b>Zip</b>
ROCK HILL		NY	12775
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(845) 796 - 2100	5062	(845) 807 - 4985	NGORTON@FTR.COM

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	MOHAMMAD		EL-YOUSEF
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	1555 S. FT. HARRISON		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
CLEARWATER	FL	34616	Pinellas
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
ML0301030	\$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>
ME22323	Psychiatry - Including Child		

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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>		M	Pinellas
<b>Location where injury occurred</b>		<b>State</b>	<b>Zip Code</b>
Other Location		<b>Other location where injury occurred</b>	
<b>Name of Institution</b>		FAIRWINDS TREATMENT CENTER	
<b>Location of Institutional Injury</b>		<b>Code</b>	
Other		<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
5/26/1999		7/19/2001	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
TREATMENT FOR UNCONTROLLED SEVERE COCAINE ABUSE AND MARKED BINGE DRINKING
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
FAILURE TO PERFORM A COMPLETE PSYCHIATRIC EXAM AND/OR FOLLOW UP EXAM
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
SUICIDE IDEALITY
<b>Principal Injury Giving Rise To The Claim</b>
PATIENT WENT AWOL FROM A VOLUNTARY DRUG REHABILITATION CENTER, RAN INTO TRAFFIC, GOT STRUCK BY CAR RESULTING IN PATIENT REMAINING IN MINIMALLY RESPONSIVE STATE FOR REMAINDER OF LIFE.
<b>Severity Of Injury</b>
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
12/13/2001	01-9231-CI-20
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Pinellas	4/12/2005
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>
Summary judgment for the plaintiff.	
<b>Arbitration</b>	
Award for plaintiff.	
<b>Date of Payment</b>	
4/23/2005	

Financial Information	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$99,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$111,566
<b>All Other Loss Adjustment Expense Paid</b>	\$28,988
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<b>Deductible</b>	\$0
<b>Injured Person's Total Economic Loss</b>	
<b>Medical Expense</b>	<u>Incurred to Date</u> <u>Anticipated</u>
	\$0    \$0
<b>Wage Loss</b>	\$0    \$0
<b>Other Expenses</b>	\$0    \$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
THE INSURED HAS CONSULTED WITH DEFENSE COUNSEL, MEDICAL EXPERTS AND CLAIMS PERSONNEL REGARDING THIS MATTER	

Updates
No updates found.