

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200535238
Claim Number :	40-009307
Date Submitted :	5/17/2005

Insurer Information

Insurer Name		Coverage Type	
TRUCK INSURANCE EXCHANGE		Primary	
Insurer FEIN		Professional License Number	
95-2575892			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Deanon		Davis
Street Address			
4601 Wilshire Blvd., Suite 100			
City		State	Zip
Los Angeles		CA	90010
Phone	Ext	Fax	E-Mail Address
(323) 930 - 6346			deanon.davis@farmersinsurance.com

Insured Information

Type	First Name	MI	Last Name
Individual	KARL	D	JONES
Insurer Type	Street Address of Practice		
Licensed	5800 49TH STREET NORTH, STE S-206		
City	State	Zip Code	County
ST PETERSBURG	FL	33709	Pinellas
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
0118062950000	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME52921	Internal Medicine - No Surgery		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Pinellas
Location where injury occurred		State	Zip Code
Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution		Code	
SAINT ANTHONY'S HOSPITAL		100067	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room		Date Reported to Insurer	
Date of Occurrence		4/1/2003	
2/13/2003			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
CONDITION WORSENER, FURTHER HOSPITALIZATION.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
NONE AVAILABLE.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
NONE AVAILABLE.
Principal Injury Giving Rise To The Claim
ACUTE SERTONIN SYNDROME NEPHROGENIC DIABETES INSIPIDUS & PROLONGED HOSPITALIZATION. RESIDUAL NEUROLOGICAL DEFICITS.
Severity Of Injury
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

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Legal Information	
Date of Suit 5/20/2004	Circuit Court Case Number 04-38555-CI-13
County Suit Filed in Pinellas	Date of Final Disposition 5/2/2005
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 5/2/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$130,000
Loss Adjust Expense Paid to Defense Counsel	\$7,422
All Other Loss Adjustment Expense Paid	\$9,466
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
<u>Anticipated</u>	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely CLOSER MONITORING OF CONSULTANT EXPERTS AND NURSING STAFF	

Updates
No updates found.