

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200535317
Claim Number :	02M23882
Date Submitted :	5/25/2005

Insurer Information

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

Insured Information

Type	First Name	MI	Last Name
Individual	JOHN		MIKE
Insurer Type	Street Address of Practice		
Licensed	2329 SUNSET POINT ROAD SUITE 203		
City	State	Zip Code	County
CLEARWATER	FL	33765	Pinellas
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
WL0080654	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor Public Psychiatry			
License Number	Specialty Code & Classification	Certification Number	
ME60901	Psychiatry - Child and Adolescent Psychiatry		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		M	Pinellas
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
LARGO MEDICAL CENTER		100248	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
11/16/2000		9/17/2002	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition DEPRESSION AND PANIC ATTACKS
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury THERAPY
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition CROHN'S DISEASE
Principal Injury Giving Rise To The Claim ALLEGED FAILURE TO DIAGNOSE CROHN'S DISEASE
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	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 4/29/2005
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition Dropped before Action Filed	
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?	No			
Indemnity Paid by Insurer on behalf of Insured	\$0			
Loss Adjust Expense Paid to Defense Counsel	\$0			
All Other Loss Adjustment Expense Paid	\$0			
Injured Person's Total Non-Economic Loss	\$0			
Deductible	\$0			
Injured Person's Total Economic Loss				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;"><u>Incurred to Date</u></td> <td style="width: 35%; text-align: center;"><u>Anticipated</u></td> </tr> </table>		<u>Incurred to Date</u>	<u>Anticipated</u>
	<u>Incurred to Date</u>	<u>Anticipated</u>		
Medical Expense	\$0			
Wage Loss	\$0			
Other Expenses	\$0			
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely				
THE INSURED HAS CONSULTED WITH DEFENSE COUNSEL, MEDICAL EXPERTS AND CLAIMS PERSONNEL REGARDING THIS MATTER				

Updates
No updates found.