

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200535523
Claim Number :	263667
Date Submitted :	6/15/2005

Insurer Information

Insurer Name		Coverage Type	
MEDICAL PROTECTIVE COMPANY (THE)		Primary	
Insurer FEIN	Professional License Number		
35-0506406			
Insurer Contact Information			
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	ROBERT	B	MOLPUS
Insurer Type	Street Address of Practice		
Licensed	PO BOX 560610		
City	State	Zip Code	County
ORLANDO	FL	32856-0610	Orange
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
635104	\$1,000,000		\$3,000,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME67372	Phycosomatic Medicine		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Orange
Location where injury occurred		State	Zip Code
Other Location		Other location where injury occurred	
Name of Institution		THE GROUP FOR PSYCHIATRY	
Location of Institutional Injury		Code	
Patients' Room		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
2/7/2001		3/19/2002	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
ANXIETY DISORDER
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
TREATMENT WITH LAMICTAL
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
F/T RECOGNISE ADVERSE REACTION TO DRUG, F/T DX & TREAT
Principal Injury Giving Rise To The Claim
STEVEN-JOHNSON SYNDROME, P&S PERSONAL INJURY
Severity Of Injury
Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 5/16/2005
Other Defendants Involved in this Claim THE GROUP FOR PSYCHIATRY ROBERT B. MOLPUS MD PA	
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 5/16/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$1,425,000
Loss Adjust Expense Paid to Defense Counsel	\$54,545
All Other Loss Adjustment Expense Paid	\$29,791
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<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	NA

Updates
No updates found.