# Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Numbe	er: M200	535821				
Claim Number :	22163	221636				
Date Submitted :	7/15/2	2005				
Insurer Information						
Insurer Name		Coverage Type				
DOCTORS' COMPANY		Primary				
Insurer FEIN	Professional License Number					
95-3014772						
Insurer Contact Informati	on					
Туре	First N	MI	Last Nan	ne		
Individual	Josie		Maldonad	lo		
Street Address						
The Doctors Company, 1	3450 West Sunrise Blv	d., Suite 160				
City				State	Zip	
Sunrise				FL	33323	
Phone	Ext	Fax	E-Mail	E-Mail Address		
(954) 858 - 0480		(954) 838 - 7480		JMaldonado@thedoctors.com		
Insured Information						
Туре	First Name	MI	Last Nam	Last Name		
Individual	Ashit		Vijapura	Vijapura		
Insurer Type	Street Address of	f Practice				
Licensed	1601 W REYNOI	LDS ST STE 102				
City	State	Zip Code	County			
PLANT CITY	FL	33563-4708	Hillsborou	Hillsborough		
Policy Number	Per Claim Policy	Limits	Aggregate	Aggregate Policy Limits		
16298	\$1,000,000		\$3,000,000	0		
Profession or Business		Other Profession or	Business			
Medical Doctor						
License Number	Specialty Code &	Specialty Code & Classification		ion Number		
ME50546	Physciatry - Including Child					

Severity Of Injury Permanent: Death.

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Injured Person Information								
First Name	MI	Last Name	Date of Birth					
Street Address		Gender	County where Injury Occurred					
		F	Hillsborough					
City		State	Zip Code					
Location where injury occured		Other location	where injury occured					
Hospital Inpatient Facility								
Name of Institution		Code	Code					
MEMORIAL HOSPITAL - TAMPA		100206						
Location of Institutional Injury		Other Location of Institutional Injury						
Patients' Room								
Date of Occurrence		Date Reported	l to Insurer					
11/19/2001		6/4/2002	6/4/2002					
Diagnostic Information								
Final Diagnosis For Which Treatment	Was Sought	t Including Patient's	s Actual Condition					
Patient described as paranoid, delusional	, having audi	ovisual hallucination	18.					
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury								
Uncomplete suicidal assessment.								
Diagnostic Code :								
Misdiagnosis Made, If Any, Of Patient	's Actual Co	ndition						
*NR								
Principal Injury Giving Rise To The C	laim							
Death as a result of hanging in psychiatri	c facility.							

https://apps.fldfs.com/PLCR/Details/MPLClaim.aspx?id=31156

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

Legal Information	
Date of Suit	Circuit Court Case Number
10/1/2002	02-06740 (B)
County Suit Filed in	Date of Final Disposition
Hillsborough	7/7/2005
Other Defendants Involved in this Claim	
Memorial Hospital of Tampa	
Stage of Legal System at which Settlement was R	leached or Award Made
More than 90 days, after suit filed and prior to or du	ring the course of mandatory settlement conference.
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
7/11/2005	

#### **Financial Information**

Was there a settlement Resulting in payment to the Plaintiff?				
Indemnity Paid by Insurer on behalf of Insured			\$307,500	
Loss Adjust Expense Paid to Defense Counsel				
All Other Loss Adjustment Expense Paid				
Injured Person's Total Non-Econo	mic Loss		\$0	
Deductible			\$0	
Injured Person's Total Economic Los	<u>s</u>			
	Incurred to Date	Anticipated		
Medical Expense	\$0	\$0		
Wage Loss	\$0	\$0		
Other Expenses	\$0	\$0		

#### Updates

No updates found.