

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200536557
Claim Number :	99-0275
Date Submitted :	9/7/2005

Insurer Information

Insurer Name		Coverage Type	
CLARENDON NATIONAL INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
52-0266645			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Nancy		Thomas
Street Address			
2000 West Sam Houston Parkway South, 19th Floor; One Briarlake Plaza			
City		State	Zip
Houston		TX	77042-361
Phone	Ext	Fax	E-Mail Address
(713) 935 - 8868		(713) 461 - 8130	nancy_thomas@ajg.com

Insured Information

Type	First Name	MI	Last Name
Individual	Lila		Segade-Lugaro
Insurer Type	Street Address of Practice		
Licensed	3230 Sunrise Drive		
City	State	Zip Code	County
Sebring	FL	33872	Dade
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
CMP0008470	\$2,000,000	\$4,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME26444	Psychiatry - All Other	80249	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Dade
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
NORTH SHORE MEDICAL CENTER		100029	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Telemetry Unit	
Date of Occurrence		Date Reported to Insurer	
9/23/1998		10/11/2000	

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Patient admitted to E.R. by cardiologist and referred to telemetry unit for psychiatric consultation</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Seen by Dr. Segade-Lugaro on several visits and patient was prescribed Risperdal. Patient had developed unstable gait, elevated pulse and hypotension. She was readmitted to telemetry unit a second time and collapsed</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition No misdiagnosis</p> <p>Principal Injury Giving Rise To The Claim Alleged failure to diagnose DVT resulting in pulmonary embolism, death</p> <p>Severity Of Injury Permanent: Death.</p>

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Legal Information	
Date of Suit	Circuit Court Case Number
9/23/2000	00-25855 CA 01
County Suit Filed in	Date of Final Disposition
Dade	8/30/2005
Other Defendants Involved in this Claim	
Amer, M.D., Salah A Bahrami, M.D., Michael Bahrami & Amer P.A. Brown, M.D., Frederick Lucas, M.D., Edward Emergency Medicine specialists of South Florida North Shore Medical Center	
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	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
6/17/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$250,000
Loss Adjust Expense Paid to Defense Counsel	\$46,667
All Other Loss Adjustment Expense Paid	\$26,861
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>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Unknown	

Updates
No updates found.