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Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number: M200536786
Claim Number: A01-24115-00
Date Submitted: 9/26/2005

Insurer Information

Insurer Name Coverage Type

FIRST PROFESSIONALS INSURANCE COMPANY, INC

Primary

Insurer FEIN Professional License Number

59-6614702

Insurer Contact Information

TypeFirst NameMILast NameIndividualCheriMMontague

Street Address

1000 Riverside Drive, Suite 800

City State Zip

Jacksonville FL 32204

 Phone
 Ext
 Fax
 E-Mail Address

 (800) 741 - 3742
 3043
 (904) 358 - 6728
 montague@fpic.com

Insured Information

TypeFirst NameMILast NameIndividualRobertFVassall

Insurer TypeStreet Address of PracticeLicensed3341 North University Dr, Suite 1

CityStateZip CodeCountyHollywoodFL33024Broward

Policy Number Per Claim Policy Limits Aggregate Policy Limits

25035 \$1,000,000 \$3,000,000

Profession or Business Other Profession or Business

Medical Doctor Public Psychiatry

License Number Specialty Code & Classification Certification Number

ME75365 Physciatry - Including Child 80249

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First Name MI Last Name Date of Birth

Street Address Gender County where Injury Occurred

F Marion
State Zip Code

Location where injury occured Other location where injury occured

Patient's Home

City

Injured Person Information

Name of Institution Code

Location of Institutional Injury Other Location of Institutional Injury

Date of Occurrence Date Reported to Insurer

10/10/2000 5/25/2001

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Drug addiction.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Alleged failure to properly diagnose patient and prematurely discharging patient from a psychiatric unit, resulting in paralysis as a result of a self-inflicted gun shot wound.

Diagnostic Code:

Misdiagnosis Made, If Any, Of Patient's Actual Condition

None.

Principal Injury Giving Rise To The Claim

Paraplegic.

Severity Of Injury

Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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Legal Information

Date of Suit Circuit Court Case Number

7/17/2002 02-10602

County Suit Filed in Date of Final Disposition

Broward 8/30/2005

Other Defendants Involved in this Claim

Memorial Hospital

Stage of Legal System at which Settlement was Reached or Award Made

After notice of appeal is filed or post judgment relief of action is required for recovery.

Final Method of Claim Disposition

Settled by parties

Court Decision Other

No Court Proceedings.

Arbitration

Claim not subject to Arbitration.

Date of Payment 8/30/2005

| | | | _ |
|-------|------|--------|--------|
| Finan | cial | Inforr | nation |

Was there a settlement Resulting in payment to the Plaintiff?

Yes \$47,237

Indemnity Paid by Insurer on behalf of Insured Loss Adjust Expense Paid to Defense Counsel

\$147,739

All Other Loss Adjustment Expense Paid

\$69,978

Injured Person's Total Non-Economic Loss

\$47,237 \$0

Injured Person's Total Economic Loss

Anticipated

Medical Expense
Incurred to Date
\$0

\$0

Wage Loss \$0 Other Expenses \$0

\$0 \$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.

Updates

Deductible

No updates found.