

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200536966
Claim Number :	232598
Date Submitted :	10/4/2005

Insurer Information

Insurer Name		Coverage Type	
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE)		Primary	
Insurer FEIN	Professional License Number		
95-3014772			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Josie		Maldonado
Street Address			
The Doctors Company, 13450 West Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0480		(954) 838 - 7480	JMaldonado@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	Ashit	K	Vijapura
Insurer Type	Street Address of Practice		
Licensed	1601 W REYNOLDS ST STE 102		
City	State	Zip Code	County
PLANT CITY	FL	33563-4708	Hillsborough
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
16298	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME50546	Psychiatry - All Other		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Brevard
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Patient's Home			
Name of Institution		Code	
MEMORIAL HOSPITAL - TAMPA		100206	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Patient's home	
Date of Occurrence		Date Reported to Insurer	
6/29/2002		9/18/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Death
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Zoloft was prescribed.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Suicide as a result of improper management of the patien's psychiatric condition.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit 5/19/2004	Circuit Court Case Number 0404829
County Suit Filed in Hillsborough	Date of Final Disposition 9/1/2005
Other Defendants Involved in this Claim Digeronino, LCSW, BCD, Diane M Memorial Hospital of Tampa Blue Cross/Blue Shield of FL	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition No Payment Made	
Court Decision Directed verdict for plaintiff.	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	\$43,000
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	<u>Anticipated</u>
Unknown	

Updates
No updates found.