

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

|                                 |            |
|---------------------------------|------------|
| <b>Department File Number :</b> | M200537365 |
| <b>Claim Number :</b>           | 232717     |
| <b>Date Submitted :</b>         | 10/13/2005 |

### Insurer Information

|  |                                    |                      |                          |
|--|------------------------------------|----------------------|--------------------------|
| <b>Insurer Name</b>                                |                                    | <b>Coverage Type</b> |                          |
| DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE) |                                    | Primary              |                          |
| <b>Insurer FEIN</b>                                | <b>Professional License Number</b> |                      |                          |
| 95-3014772   |                                    |                      |                          |
| <b>Insurer Contact Information</b>                 |                                    |                      |                          |
| <b>Type</b>  | <b>First Name</b>                  | <b>MI</b>            | <b>Last Name</b>         |
| Individual   | Michelle                           |                      | Santiago                 |
| <b>Street Address</b>                              |                                    |                      |                          |
| 13450 West Sunrise Blvd, Suite 160                 |                                    |                      |                          |
| <b>City</b>  |                                    | <b>State</b>         | <b>Zip</b>               |
| Sunrise  |                                    | FL                   | 33323                    |
| <b>Phone</b>                                       | <b>Ext</b>                         | <b>Fax</b>           | <b>E-Mail Address</b>    |
| (954) 858 - 0210                                   |                                    | (954) 838 - 7480     | msantiago@thedoctors.com |

### Insured Information

|                               |  |                                     |                                |
|-------------------------------|--|-------------------------------------|--------------------------------|
| <b>Type</b>                   | <b>First Name</b>                          | <b>MI</b>                           | <b>Last Name</b>               |
| Individual                    | Vivian                                     |                                     | Olti-Weissbrun                 |
| <b>Insurer Type</b>           | <b>Street Address of Practice</b>          |                                     |                                |
| Licensed                      | 701 LINCOLN RD                             |                                     |                                |
| <b>City</b>                   | <b>State</b>                               | <b>Zip Code</b>                     | <b>County</b>                  |
| MIAMI BEACH                   | FL   | 33139-2879                          | Dade                           |
| <b>Policy Number</b>          | <b>Per Claim Policy Limits</b>             |                                     | <b>Aggregate Policy Limits</b> |
| 16764                         | \$500,000                                  |                                     | \$1,500,000                    |
| <b>Profession or Business</b> |  | <b>Other Profession or Business</b> |                                |
| Medical Doctor                |  |                                     |                                |
| <b>License Number</b>         | <b>Specialty Code &amp; Classification</b> |                                     | <b>Certification Number</b>    |
| ME41793                       | Psychiatry - All Other                     |                                     |                                |

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Medical Malpractice Closed Claims Report**

| <b>Injured Person Information</b>       |           |   |                                     |
|---|-----------|---|-------------------------------------|
| <b>First Name</b>                       | <b>MI</b> | <b>Last Name</b>                              | <b>Date of Birth</b>                |
| <b>Street Address</b>                   |           | <b>Gender</b>                                 | <b>County where Injury Occurred</b> |
| <b>City</b>                             |           | F   | Dade                                |
| <b>Location where injury occurred</b>   |           | <b>State</b>                                  | <b>Zip Code</b>                     |
| Other Hospital/Institution              |           | <b>Other location where injury occurred</b>   |                                     |
| <b>Name of Institution</b>              |           | Mental Institution                            |                                     |
| DOUGLAS GARDENS HOSPITAL                |           | <b>Code</b>                                   |                                     |
| <b>Location of Institutional Injury</b> |           | 100197  |                                     |
| Patients' Room                          |           | <b>Other Location of Institutional Injury</b> |                                     |
| <b>Date of Occurrence</b>               |           | <b>Date Reported to Insurer</b>               |                                     |
| 6/1/2002                                |           | 9/24/2003                                     |                                     |

| <b>Diagnostic Information</b>   |
|---|
| <b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>          |
| Having visions, hearing things, smelled funny odors and felt people following her                   |
| <b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>                    |
| Medication given  |
| <b>Diagnostic Code :</b>  |
| <b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>                                     |
| *NR   |
| <b>Principal Injury Giving Rise To The Claim</b>  |
| Pharmacologically induced neuro-muscular disorder due to improper medication regimen                |
| <b>Severity Of Injury</b>   |
| Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed. |

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

| Legal Information  |  |
|--|--|
| <b>Date of Suit</b>  | <b>Circuit Court Case Number</b><br>*NR      |
| <b>County Suit Filed in</b><br>*NR   | <b>Date of Final Disposition</b><br>3/8/2004 |
| <b>Other Defendants Involved in this Claim</b><br>Mandri, M.D., Daniel                                 |  |
| <b>Stage of Legal System at which Settlement was Reached or Award Made</b><br>Claim or suit abandoned. |  |
| <b>Final Method of Claim Disposition</b><br>No Payment Made  |  |
| <b>Court Decision</b><br>No Court Proceedings.   | <b>Other</b>                                 |
| <b>Arbitration</b><br>Claim not subject to Arbitration.  |  |
| <b>Date of Payment</b>   |  |

| Financial Information   |                         |
|---|-------------------------|
| <b>Was there a settlement Resulting in payment to the Plaintiff?</b>                              | No                      |
| <b>Indemnity Paid by Insurer on behalf of Insured</b>   | \$0                     |
| <b>Loss Adjust Expense Paid to Defense Counsel</b>  | \$0                     |
| <b>All Other Loss Adjustment Expense Paid</b>   | \$1,100                 |
| <b>Injured Person's Total Non-Economic Loss</b>   | \$0                     |
| <b>Deductible</b>   | \$0                     |
| <b><u>Injured Person's Total Economic Loss</u></b>  |                         |
|   | <u>Incurred to Date</u> |
| <b>Medical Expense</b>  | \$0                     |
| <b>Wage Loss</b>  | \$0                     |
| <b>Other Expenses</b>   | \$0                     |
| <b><u>Anticipated</u></b>   | <u>Anticipated</u>      |
| <b>Medical Expense</b>  | \$0                     |
| <b>Wage Loss</b>  | \$0                     |
| <b>Other Expenses</b>   | \$0                     |
| <b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b><br>Unknown |                         |

| Updates           |
|-------------------|
| No updates found. |