

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

<b>Department File Number :</b>	M200537398
<b>Claim Number :</b>	226541
<b>Date Submitted :</b>	10/14/2005

### 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	Josie		Maldonado
<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 - 0480		(954) 838 - 7480	JMaldonado@thedoctors.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Enrique		Casuso
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	351 NW LeJeune Road, Suite 404		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Miami	FL	33126	Dade
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
18447	\$1,000,000	\$3,000,000	
<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>	
ME40304	Psychiatry - All Other		

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<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>		M	Dade
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Other Location		Assisted Living Facility	
<b>Name of Institution</b>		<b>Code</b>	
N/A		000000	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Patients' Room			
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
1/4/2000		1/16/2003	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Psychiatric history of psychosis and seizure disorder
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Patient refused recommended medication
<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>
Bruises and black spots on buttocks, as a result of injections during an alleged improper Baker Act.
<b>Severity Of Injury</b>
Temporary: Slight - Lacerations, contusions, minor scars, rash. No delay.

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Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b> *NR
<b>County Suit Filed in</b> *NR	<b>Date of Final Disposition</b> 7/6/2004
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> Claim or suit abandoned.	
<b>Final Method of Claim Disposition</b> No Payment Made	
<b>Court Decision</b> Other	<b>Other</b> Statute of Limitations expired
<b>Arbitration</b> 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>	\$12,000
<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>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</u></b>	<u>Anticipated</u>
Unknown	

Updates
No updates found.