

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200537452
Claim Number :	240372
Date Submitted :	10/17/2005

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			
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	Harish		Kher
Insurer Type	Street Address of Practice		
Licensed	435 N. Clyde Morris Blvd.		
City	State	Zip Code	County
Daytona Beach	FL	32114	Volusia
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
02036	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME42946	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		F	Volusia
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Patient's Home			
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Patient's home	
Date of Occurrence		Date Reported to Insurer	
8/28/2003		11/17/2004	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Depression, pancreatitis
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Failure to treat pancreatitis
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Death as a result of failure to properly diagnose and treat sepsis and the complications of pancreatitis
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 2/8/2005
Other Defendants Involved in this Claim Suleiman, M.D., Saud El Sayed Mayfield, M.D., William Carratt, M.D., James A Hysong, M.D., Rebecca Halifax Home Health Morris, M.D., Richard D	
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 No Court Proceedings.	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	\$6,200
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.