

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

<b>Department File Number :</b>	M200537516
<b>Claim Number :</b>	E28623
<b>Date Submitted :</b>	10/18/2005

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
PRONATIONAL INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
38-2317569			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>Entity Name</b>		
Entity	ProNational Insurance Company		
<b>Street Address</b>			
13919 Carrollwood Village Run			
<b>City</b>	<b>State</b>	<b>Zip</b>	
Tampa	FL	33618-2746	
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(813) 969 - 2010		(813) 969 - 2120	SNorris@ProAssurance.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	R	J	ROMERO-DEL VALLE
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	5378 Oak Bay Drive North		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Jacksonville	FL	32277	Duval
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
PNFL-1005759-00	\$250,000		\$750,000
<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>
ME22945	Family Physicians or General Practitioners - No Surgery		00000

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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>		F	Duval
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Physician's Office			
<b>Name of Institution</b>		<b>Code</b>	
N/A		000000	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
9/22/1997		10/13/1999	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Depression and anxiety.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Prescribed appropriate medications to treat patient.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
No misdiagnosis.
<b>Principal Injury Giving Rise To The Claim</b>
Patient overdosed on Morphine and expired.
<b>Severity Of Injury</b>
Permanent: Death.

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

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
9/18/2000	00-03831-CA
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Duval	9/27/2005
<b>Other Defendants Involved in this Claim</b>	
NAJJAR, SAM	
<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>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	
Claim not subject to Arbitration.	
<b>Date of Payment</b>	

<b>Financial Information</b>	
<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>	\$57,085
<b>All Other Loss Adjustment Expense Paid</b>	\$24,426
<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>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
Insured has discussed case with insurance company personnel, medical experts and defense counsel.	

<b>Updates</b>
No updates found.