

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

<b>Department File Number :</b>	M200537536
<b>Claim Number :</b>	231104
<b>Date Submitted :</b>	10/19/2005

<b>Insurer Information</b>				
<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				
<u>Insurer Contact Information</u>				
<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	

<b>Insured Information</b>				
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	
Individual	Robert	S	Benson	
<b>Insurer Type</b>	<b>Street Address of Practice</b>			
Licensed	5190 Bayou Blvd., Building 6			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	
Pensacola	FL	32503	Escambia	
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>	
04046	\$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>	
ME26830	Psychiatry - All Other			

## Florida Office of Insurance Regulation 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>
		F	Escambia
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Other Hospital/Institution		Creekside Psychiatric Center	
<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>	
4/24/2003		8/5/2003	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Side effects from medication and drug abuse
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Discontinued use of Depakote and Resperdal
<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>
Bi-polar exacerbation secondary to medication regimen change
<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> *NR
<b>County Suit Filed in</b> *NR	<b>Date of Final Disposition</b> 3/30/2004
<b>Other Defendants Involved in this Claim</b> Creekside Psychiatric Center, P.A.	
<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> No Court Proceedings.	<b>Other</b>
<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>	\$2,257
<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
	<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> Unknown	

Updates
No updates found.