

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200537572
Claim Number :	208728
Date Submitted :	10/20/2005

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	Angela		LaFrance
Street Address			
13450 W. Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0216	6216	(954) 838 - 7480	alafrance@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	STEVEN	P	DOHENY
Insurer Type	Street Address of Practice		
Licensed	913 Mar Walt Drive		
City	State	Zip Code	County
Fort Walton Beach	FL	32547-6784	Okaloosa
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
15144	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME50311	Psychiatry - All Other		

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

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Okaloosa
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
FORT WALTON BEACH MEDICAL CENTER		100223	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
9/17/1999		5/20/2000	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition severe depression and stress, Baker Acted
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury failure to perform 15 minute watch
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition *NR
Principal Injury Giving Rise To The Claim suicidal death
Severity Of Injury Permanent: Death.

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information	
Date of Suit	Circuit Court Case Number
4/19/2001	01-1650-CA-S-GRB
County Suit Filed in	Date of Final Disposition
Okaloosa	6/1/2005
Other Defendants Involved in this Claim	
Fort Walton Beach Medical Center	
Stage of Legal System at which Settlement was Reached or Award Made	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
Final Method of Claim Disposition	
No Payment Made	
Court Decision	Other
Other	Voluntary dismissal
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	\$121,160												
Injured Person's Total Non-Economic Loss	\$0												
Deductible	\$0												
<u>Injured Person's Total Economic Loss</u>													
	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Incurred to Date</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Anticipated</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Medical Expense</td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;">Wage Loss</td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;">Other Expenses</td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> </tbody> </table>		<u>Incurred to Date</u>	<u>Anticipated</u>	Medical Expense	\$0	\$0	Wage Loss	\$0	\$0	Other Expenses	\$0	\$0
	<u>Incurred to Date</u>	<u>Anticipated</u>											
Medical Expense	\$0	\$0											
Wage Loss	\$0	\$0											
Other Expenses	\$0	\$0											
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely													
Unknown													

Updates
No updates found.