Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number	er : M2005	537572				
Claim Number :	20872	208728				
Date Submitted :	10/20/2005					
Insurer Information						
Insurer Name				Coverag	е Туре	
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE)				Primary		
Insurer FEIN		mber				
95-3014772						
Insurer Contact Informati	ion					
Туре	First Name		MI	Last Nar	ne	
Individual	Angela			LaFrance		
Street Address						
13450 W. Sunrise Blvd.,	Suite 160					
City				State	Zip	
Sunrise				FL	33323	
Phone	Ext	Ext Fax		E-Mail Address		
(954) 858 - 0216	6216	6216 (954) 838 - 7480		alafrance@thedoctors.com		
Insured Information						
T		N	T (N			
Туре	First Name	MI		Last Name		
Individual	STEVEN	P	DOHENY			
Insurer Type	Street Address of 913 Mar Walt Dr					
Licensed			Country			
City	State	Zip Code	County			
Fort Walton Beach	FL Bar Chairs Balia	32547-6784 Okaloosa		L		
Policy Number 15144	Per Claim Policy	y Limits	Aggregate Policy Limits			
	\$1,000,000		\$3,000,000			
Profession or Business		Other Profession or	Business			
Medical Doctor				. NT . 1		
License Number	Specialty Code		Certificatio	n Number		
ME50311	Psychiatry - All (Jther				

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Street Address Gender County where Injury Occurred M Okaloosa City State Zip Code Location where injury occured Other location where injury occured Hospital Inpatient Facility Water State Zip Code Name of Institution Code Code FORT WALTON BEACH MEDICAL CENTER 100223 Location of Institutional Injury Patients' Room Date Reported to Insurer 9/17/1999 Date of Occurrence Date Reported to Insurer 9/17/1999 Sylov/2000 Sizo/2000 Sizo/2000 Teinal Diagnostic Information Final Diagnostic, Or Treatment Was Sought Including Patient's Actual Condition severe depression and stress, Baker Acted Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Fialling 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	Injured Person Information				
M Okaloosa State Zip Code Location where injury occured Other location where injury occured Hospital Inpatient Facility Other location where injury occured Name of Institution Code FORT WALTON BEACH MEDICAL CENTER 100223 Location of Institutional Injury Other Location of Institutional Injury Patients' Room Date Reported to Insurer 9/17/1999 5/20/2000 Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition severe depression and stress, Baker Acted Streenty of Injury Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Injury Final Diagnostic Code : Mistiagnossis Made, If Any, Of Patient's Actual Condition *NR Principal Injury Giving Rise To The Claim suicidal death Streenty Of Injury Intuitional Streent Stre	First Name	МІ	Last Name	Date of Birth	
City State Zip Code Location where injury occured Other location where injury occured Hospital Inpatient Facility Name of Institution Name of Institution Code FORT WALTON BEACH MEDICAL CENTER 100223 Location of Institutional Injury Other Location of Institutional Injury Patients' Room Other Location of Institutional Injury Patients' Room Date of Occurrence 917/1999 5/20/2000 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	Street Address		Gender	County where Injury Occurred	
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Principal Injury Giving Rise To The Claim suicidal death Severity Of Injury		's Actual Condition	L		
suicidal death Severity Of Injury		loim			
Severity Of Injury		141111			
	Permanent: Death.				

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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	t was Reached or Award Made
More than 90 days, after suit filed and prior t	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?				
Indemnity Paid by Insurer on beha	lf of Insured		\$0	
Loss Adjust Expense Paid to Defens	se Counsel		\$0	
All Other Loss Adjustment Expense	e Paid		\$121,160	
Injured Person's Total Non-Econor	nic Loss		\$0	
Deductible			\$0	
Injured Person's Total Economic Loss	<u>L</u>			
	Incurred to Date	Anticipated		
Medical Expense	\$0	\$0		
Wage Loss	\$0	\$0		
	\$0	\$0		

Updates

No updates found.