

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200537646
Claim Number :	236794
Date Submitted :	10/21/2005

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		(954) 838 - 7480	alafrance@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	LEONARD	M	RENNER
Insurer Type	Street Address of Practice		
Licensed	350 N. Washington Ave., Suite J		
City	State	Zip Code	County
Titusville	FL	32796	Brevard
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
17393	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME83607	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		M	Orange
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
10/9/2003		4/14/2004	

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Anxiety attacks</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury rendering of personal opinion in correspondence that was judgmental and condemning directed to patient's sexual orientation</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition *NR</p> <p>Principal Injury Giving Rise To The Claim Deterioration in general health due to condemning patient's sexual orientation when he was suffering from AIDS</p> <p>Severity Of Injury Emotional Only - Fright, no physical damage</p>

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 3/31/2005
Other Defendants Involved in this Claim	
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	\$6,411
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>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</u>	
Unknown	

Updates
No updates found.