

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200537889
Claim Number :	223643
Date Submitted :	11/2/2005

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	Josie		Maldonado	
Street Address				
13450 West Sunrise Blvd., Suite 160				
City			State	Zip
Sunrise			FL	33323
Phone	Ext	Fax	E-Mail Address	
(954) 858 - 0480		(954) 838 - 7480	JMaldonado@thedoctors.com	

Insured Information				
Type	First Name	MI	Last Name	
Individual	Michael		Evans	
Insurer Type	Street Address of Practice			
Licensed	1025 Victoria Drive			
City	State	Zip Code	County	
Dunedin	FL	34698	Pinellas	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
59463	\$2,000,000		\$4,000,000	
Profession or Business		Other Profession or Business		
Medical Doctor				
License Number	Specialty Code & Classification	Certification Number		
ME44887	Neurology - Including Child - Minor Surgery			

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Pinellas
Location where injury occurred		State	Zip Code
Physician's Office		Other location where injury occurred	
Name of Institution		Code	
MORTON PLANT HOSPITAL		100127	
Location of Institutional Injury		Other Location of Institutional Injury	
Radiology, Emergency Room		Date Reported to Insurer	
Date of Occurrence		Date Reported to Insurer	
9/27/2001		9/4/2002	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Headache
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Removal of pituitary tumor
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to diagnose pituitary tumor
Principal Injury Giving Rise To The Claim
Alleged failure to diagnose pituitary tumor
Severity Of Injury
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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Legal Information	
Date of Suit	Circuit Court Case Number
12/31/2002	02010318CI021
County Suit Filed in	Date of Final Disposition
Pinellas	10/5/2005
Other Defendants Involved in this Claim	
Friedman, D.O., Charles K Charles K. Friedman, D.O., P.A.	
Stage of Legal System at which Settlement was Reached or Award Made	
After court verdict and prior to filing of notice of appeal.	
Final Method of Claim Disposition	
No Payment Made	
Court Decision	Other
Judgment for the defendant.	
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	\$119,000
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
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Unknown	

Updates
No updates found.