

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538272
Claim Number :	24-04L337282/833743
Date Submitted :	11/14/2005

Insurer Information

Insurer Name		Coverage Type	
CHICAGO INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
36-6042949			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Ruby		Thompson
Street Address			
33 West Monroe			
City		State	Zip
Chicago		IL	60603
Phone	Ext	Fax	E-Mail Address
(312) 456 - 5227		(312) 577 - 9507	rthomps2@ffic.com

Insured Information

Type	First Name	MI	Last Name
Individual	CHARLES	R	SCHALLOP
Insurer Type	Street Address of Practice		
Licensed	3385 BURNS ROAD, SUITE 208		
City	State	Zip Code	County
PALM BEACH GARDENS	FL	33410	Palm Beach
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
PSP 300703	\$1,000,000		\$300,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME59068	Neurology - Including Child - No Surgery		

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	Palm Beach
Location where injury occurred		State	Zip Code
Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution		Code	
PALMS WEST HOSPITAL		110006	
Location of Institutional Injury		Other Location of Institutional Injury	
Operating Suite		Date of Occurrence	
Date of Occurrence		Date Reported to Insurer	
11/28/2001		3/24/2004	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
HERNIA
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
PATIENT PRESENTED FOR REPAIR OF HERNIA. POSTOPERATIVE PERIOD BECAME COMPLICATED AND HE DEVELOPED ENTEROCUTANEOUS FISTULA
Diagnostic Code : 090
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
PATIENT ALLEGES PERFORATED BOWEL, INFECTION, WOUND DEHISCENCE AS A RESULT OF IMPROPERLY PERFORMED PROCEDURE.
Severity Of Injury
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	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 7/27/2004
Other Defendants Involved in this Claim ZELNICK, RONALD ARROYO, LUIS R TENET HEALTHCARE CORP PALM BEACH GARDENS COMMUNITY HOSPITAL COMMUNITY SURGICAL SPECIALIST GROTHER, NANCY G	
Stage of Legal System at which Settlement was Reached or Award Made Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
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	\$6,614
All Other Loss Adjustment Expense Paid	\$3,378
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	<u>Anticipated</u>
NONE	

Updates
No updates found.