

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538548
Claim Number :	234396
Date Submitted :	12/2/2005

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 - 0202		(954) 838 - 7480	JMaldonado@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	Gerardo		Olivera
Insurer Type	Street Address of Practice		
Licensed	4421 Sun'N Lake Blvd., Suite A		
City	State	Zip Code	County
Sebring	FL	33872	Highlands
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
07255	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME57053	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	Dade
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Patient's Home			
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Patient's home	
Date of Occurrence		Date Reported to Insurer	
12/12/2001		12/22/2003	

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Patient diagnosed with a pituitary tumor; also complaints of fatigue and depression.</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Failure to provide a proper assessment.</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition Alleged failure to recognize suicidal ideations</p> <p>Principal Injury Giving Rise To The Claim Death by suicide from alleged failure to recognize the suicidality.</p> <p>Severity Of Injury Permanent: Death.</p>

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Legal Information	
Date of Suit 5/4/2004	Circuit Court Case Number 0410073CA25
County Suit Filed in Dade	Date of Final Disposition 11/23/2005
Other Defendants Involved in this Claim Calderon, Ph.D., Pataricia Dade Counseling Centet	
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 Settled by parties	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment 11/23/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$250,000
Loss Adjust Expense Paid to Defense Counsel	\$131,000
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$240,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$10,000
	<u>Anticipated</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.