

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538569
Claim Number :	ASG-SIR03-17184-ASM
Date Submitted :	12/5/2005

Insurer Information

Insurer Name		Coverage Type	
LEXINGTON INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
25-1149494			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Roy		Higdon
Street Address			
9821 Katy Freeway, Suite 600			
City		State	Zip
Houston		TX	77024
Phone	Ext	Fax	E-Mail Address
(713) 935 - 8892	8892	(713) 243 - 7311	roy_higdon@ajg.com

Insured Information

Type	First Name	MI	Last Name
Individual	Abolfazl		Sadat-Mansouri
Insurer Type	Street Address of Practice		
Licensed	2634 Capital Circle NE		
City	State	Zip Code	County
Tallahassee	FL	32308	Leon
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
679-1649	\$1,000,000		\$10,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME47813	Family Physicians or General Practitioners - No Surgery		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Leon
Location where injury occurred		State	Zip Code
Prison		Other location where injury occurred	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Jail infirmary	
Date of Occurrence		Date Reported to Insurer	
5/16/2003		6/24/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Alleged overmedication resulting in death.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Overmedication.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
No misdiagnosis specifically noted.
Principal Injury Giving Rise To The Claim
Alleged overmedication resulting in death.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit 9/13/2004	Circuit Court Case Number 4:040cv00409-RH/WCS
County Suit Filed in Leon	Date of Final Disposition 9/29/2005
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made After arbitration is initiated or prior to suit being filed.	
Final Method of Claim Disposition Disposed of by Arbitration	
Court Decision Other	Other Settlement
Arbitration Award for plaintiff.	
Date of Payment 9/9/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$350,000
Loss Adjust Expense Paid to Defense Counsel	\$114,142
All Other Loss Adjustment Expense Paid	\$6,548
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>	<u>Anticipated</u>
Unknown	

Updates
No updates found.