

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538750
Claim Number :	236053
Date Submitted :	12/8/2005

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	ALBERTO		AYALA
Insurer Type	Street Address of Practice		
Licensed	1321 N.W. 14th Street, Suite 606		
City	State	Zip Code	County
Miami	FL	33125	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
17470	\$500,000		\$1,500,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME34239	Psychiatry - All Other		

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		F	Dade
Location where injury occurred		State	Zip Code
Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution		Code	
CEDARS MEDICAL CENTER		100009	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room		Date of Occurrence	
Date of Occurrence		Date Reported to Insurer	
11/6/2001		3/1/2004	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Patient was admitted to the hospital due to depression. She fell while hospitalized and died as a result of injuries suffered therefrom.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Admitted to hospital due to depression.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Fall
Severity Of Injury
Permanent: Death.

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information	
Date of Suit 6/15/2004	Circuit Court Case Number 13338CA22
County Suit Filed in Dade	Date of Final Disposition 11/2/2005
Other Defendants Involved in this Claim Cedars Healthcare Group Ltd. Cedars Medical Center Alberto A. Ayala, M.D., P.A.	
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 No Payment Made	
Court Decision Other	Other Voluntary Dismissal by Plaintiff
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	\$41,700
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<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.