

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538820
Claim Number :	ASG-SIR02-0183-ML
Date Submitted :	12/12/2005

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			
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	Mel	D	Limia
Insurer Type	Street Address of Practice		
Licensed	3850 W. Flagler St		
City	State	Zip Code	County
Miami	FL	33134	Dade
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
680-1364	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME59254	Family Physicians or General Practitioners - 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	Broward
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Prison			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Prison	
Date of Occurrence		Date Reported to Insurer	
1/13/2000		1/28/2002	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Alleged failure to provide adequate medical care, including back brace, medications and aspirin.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Alleged failure to provide adequate medical care, including back brace, medications and aspirin.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
No misdiagnosis noted.
Principal Injury Giving Rise To The Claim
Alleged failure to provide adequate medical care, including back brace, medications and aspirin.
Severity Of Injury
Emotional Only - Fright, no physical damage

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Legal Information	
Date of Suit	Circuit Court Case Number
1/13/2000	CA 02010023 21
County Suit Filed in	Date of Final Disposition
Broward	6/24/2004
Other Defendants Involved in this Claim	
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	
Disposed of by Court	
Court Decision	Other
Other	Dismissed
Arbitration	
Award for defendant.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	
Loss Adjust Expense Paid to Defense Counsel	\$196
All Other Loss Adjustment Expense Paid	\$0
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>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.