

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538859
Claim Number :	00-0273
Date Submitted :	12/13/2005

Insurer Information				
Insurer Name		Coverage Type		
CLARENDON NATIONAL INSURANCE COMPANY		Primary		
Insurer FEIN	Professional License Number			
52-0266645				
<u>Insurer Contact Information</u>				
Type	First Name	MI	Last Name	
Individual	Nancy		Thomas	
Street Address				
2000 West Sam Houston Parkway South, 19th Floor; One Briarlake Plaza				
City	State		Zip	
Houston	TX		77042-361	
Phone	Ext	Fax	E-Mail Address	
(713) 935 - 8868		(713) 461 - 8130	nancy_thomas@ajg.com	

Insured Information				
Type	First Name	MI	Last Name	
Individual	Pierre		Pean	
Insurer Type	Street Address of Practice			
Licensed	1957 Jackson Street			
City	State	Zip Code	County	
Hollywood	FL	33020	Broward	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
CMP0010285	\$1,000,000		\$3,000,000	
Profession or Business		Other Profession or Business		
Medical Doctor				
License Number	Specialty Code & Classification		Certification Number	
ME62364	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		F	Broward
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
8/24/2000		12/15/2001	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Psychiatric treatment
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Medication related
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
No misdiagnosis.
Principal Injury Giving Rise To The Claim
Alleged negligent discharge from facility.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
6/6/2002	02011134
County Suit Filed in	Date of Final Disposition
Broward	11/24/2003
Other Defendants Involved in this Claim	
Steinberg, M.D., Jeff M Memorial Regional Hospital	
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	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
10/30/2003	

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	\$36,267
All Other Loss Adjustment Expense Paid	\$29,694
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	
Unknown -	

Updates
No updates found.