

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538937
Claim Number :	E26742-01
Date Submitted :	12/16/2005

Insurer Information

Insurer Name		Coverage Type	
PRONATIONAL INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
38-2317569			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Maria		Gonzalez
Street Address			
2801 SW 149th Avenue, Suite 200			
City		State	Zip
Miramar		FL	33027
Phone	Ext	Fax	E-Mail Address
(954) 602 - 5834			mgonzalez@pronational.com

Insured Information

Type	First Name	MI	Last Name
Individual	George	L	Sanchez
Insurer Type	Street Address of Practice		
Licensed	4230 HOSPITAL DR STE 202		
City	State	Zip Code	County
MARIANNA	FL	32446-1927	Jackson
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
PNFL-1008994-00	\$250,000		\$750,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME61139	Neonatal/Perinatal Medicine		0

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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
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility		Code	
Name of Institution		100154	
SOUTH MIAMI HOSPITAL		Other Location of Institutional Injury	
Location of Institutional Injury		Date Reported to Insurer	
Labor and Delivery Room		1/22/1998	
Date of Occurrence			
1/16/1996			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Seizure resulting from a brain bleed/hematoma allegedly caused by a vaccum extraction
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
The alleged use of vaccum extraction during surgery
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
There was no misdiagnosis made of the patient's actual condition
Principal Injury Giving Rise To The Claim
An intraparenchymal hemorrhage which was evacuated by the removal of a large portion of the patient's frontal lobe.
Severity Of Injury
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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Legal Information	
Date of Suit	Circuit Court Case Number
2/11/1998	98-002274
County Suit Filed in	Date of Final Disposition
Broward	11/9/2005
Other Defendants Involved in this Claim	
Perez, Jorge E Miller, Joyce R Jorge E. Perez, MD, PA TANO, ALBERTO R Masud, Lydia Lydia Masud, MD, PA Tejidor, Leon E Leon E. Tejidor, MD, PA Critical Care Newborn Services Hershorin, Eugene R Baumgard, Jonathan D Drs. Axler McGaw Benyunes & Associates, PA South Miami Hospital, Inc. CAC-United Healthcare Plans of Florida, Inc.	
Stage of Legal System at which Settlement was Reached or Award Made	
Claim or suit abandoned.	
Final Method of Claim Disposition	
No Payment Made	
Court Decision	Other
No Court Proceedings.	
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		\$257,882
All Other Loss Adjustment Expense Paid		\$256,097
Injured Person's Total Non-Economic Loss		\$0
Deductible		\$0
<u>Injured Person's Total Economic Loss</u>		
	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely		
Insured discussed claim with insurance personnel and medical experts.		

Updates
No updates found.