

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200538971
<b>Claim Number :</b>	83-008868
<b>Date Submitted :</b>	12/19/2005

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
TRUCK INSURANCE EXCHANGE		Primary	
<b>Insurer FEIN</b>		<b>Professional License Number</b>	
95-2575892			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Heidi		Tam
<b>Street Address</b>			
4680 Wilshire Blvd., Sixth Floor			
<b>City</b>		<b>State</b>	<b>Zip</b>
Los Angeles		CA	90010
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(323) 930 - 7078			heidi.tam@farmersinsurance.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Hamed	A	Komaiha
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	9750 N.W. 33 Street, Suite 107		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Coral Springs	FL	33065	Broward
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
0118087060000	\$250,000		\$750,000
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME74677	Internal Medicine - No Surgery		

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
<b>City</b>		F	Broward
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>		
Hospital Inpatient Facility			
<b>Name of Institution</b>	<b>Code</b>		
CORAL SPRINGS MEDICAL CENTER	110019		
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>		
Patients' Room			
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>		
11/15/1999	12/19/2002		

<b>Diagnostic Information</b>
<p><b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>            Patient was a nursing home patient who was admitted to Medical Center and seen for a decubitus ulcer which apparently began sometime before May 16, 1999.</p> <p><b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>            Insured doctor saw the patient as a consultant for infectious disease.</p> <p><b>Diagnostic Code :</b></p> <p><b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>            The allegations have to do with a decubitus ulcer which apparently began sometime before May 16, 1999. Patient's decubitus ulcer was first noted to be a "reddened" site in patient's sacral area by Co-defendant doctors during her admission of 5/16/99 - 5/19/00 at Medical Center. The insureds did not have any contact with patient during the initial admission, but rather, were seen on consult basis(es) for subsequent admissions on 5/22/99 and 11/7/99. The patient expired on 2/13/00.</p> <p><b>Principal Injury Giving Rise To The Claim</b>            Patient was a nursing home patient who was admitted to Medical Center and seen for a decubitus ulcer which apparently began sometime before May 16, 1999.</p> <p><b>Severity Of Injury</b>            Permanent: Death.</p>

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Legal Information</b>	
<b>Date of Suit</b> 5/16/2003	<b>Circuit Court Case Number</b> CACE01-17068(08)
<b>County Suit Filed in</b> Broward	<b>Date of Final Disposition</b> 11/23/2005
<b>Other Defendants Involved in this Claim</b> Alexandre, Serge Christen, Igdalis R Codada, Shirley Dicapua, Joe Ortiz, Edert Guadino, Jon P Bidseg, Glen Maytin, Orlando Country Club Seniors HCR Manor Care Health Care & Retirement Corp., Humana, Inc. Jacobson Management Group, Inc. North Broward Hospital District Primary Care Practitioner & Association	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b> Settled by parties	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b> 12/5/2005	

<b>Financial Information</b>	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$8,750
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$16,904
<b>All Other Loss Adjustment Expense Paid</b>	\$2,611
<b>Injured Person's Total Non-Economic Loss</b>	\$8,750
<b>Deductible</b>	\$0
<b><u>Injured Person's Total Economic Loss</u></b>	
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
N/A.	

<b>Updates</b>
No updates found.