

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200539053
Claim Number :	232303
Date Submitted :	12/29/2005

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	Josie		Maldonado
Street Address			
13450 West Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0202		(954) 838 - 7480	JMaldonado@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	Jose	M	Marrero
Insurer Type	Street Address of Practice		
Licensed	300 Van Buren Street, Unit 4		
City	State	Zip Code	County
Hollywood	FL	33019	Broward
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
18107	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME54744	Psychiatry - Child and Adolescent Psychiatry		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	St. Lucie
		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Hospital Inpatient Facility			
Name of Institution	Code		
SAVANNAS HOSPITAL	110022		
Location of Institutional Injury	Other Location of Institutional Injury		
Patients' Room			
Date of Occurrence	Date Reported to Insurer		
10/6/2002	9/10/2003		

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Admitted to hospital for detox from Heroin use.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Orders included CBC with electrolytes and fifteen-minute observation status checks.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to render propr care and treatment during detoxification.
Principal Injury Giving Rise To The Claim
Death
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
5/6/2004	04CA000688
County Suit Filed in	Date of Final Disposition
St. Lucie	12/6/2005
Other Defendants Involved in this Claim	
Savannas Hospital Buttles, M.D., Anson J Martin Memorial Physician Corp., Inc. Montrose, Pierre	
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	
12/19/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$2,500
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$2,500
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.