Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Nu	umber: M2	200639177		
Claim Number :	AS	G-03-17184-ASM		
Date Submitted :	1/1	1/2006		
Insurer Information	n			
Insurer Name				Coverage Type
LEXINGTON INSU	RANCE COMPANY			Primary
Insurer FEIN		Professional License Number		
25-1149494				
Insurer Contact Infor	rmation			
Туре	First N	ame	MI	Last Name
Individual	Nancy			Thomas
Street Address				
2000 West Sam Hou	iston Parkway South, 19t	h Floor; One Briarlake Plaza		
City				State Zip
Houston				TX 77042-361
Phone	Ext	Fax	E-Ma	il Address
(713) 935 - 8868		(713) 461 - 8130	nancy_	_thomas@ajg.com
Insured Informatio	n			
Туре	First Name	MI		Last Name
Individual	Abolfazl			Sadat-Mansouri
Insurer Type	Street Address of Pr			
Licensed	2634 Capital Circle N			
City	State	Zip Code		County
Tallahassee	FL	32308		Leon
Policy Number	Per Claim Policy Lir	nits		Aggregate Policy Limits
679-1647	\$1,000,000		. .	\$3,000,000
Profession or Busin	iess	Other Profession or	Busines	SS
Medical Doctor				
License Number	Specialty Code & Cl			Certification Number
ME47813	Family Physicians or	General Practitioners - No Surgery		

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Injured Person Information				
First Name	MI	Last Name	Date of Birth	
Street Address		Gender	County where Injury Occurred	
		F	Leon	
City		State	Zip Code	
Location where injury occured Prison		Other location	where injury occured	
Name of Institution		Code		
Location of Institutional Injury		Other Location of Institutional Injury		
Date of Occurrence		Date Reported	to Insurer	
5/16/2003		6/24/2003		

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Inamte detained awaiting disposition of pending charges and exhibiting bizarre behavior. Complaining of depression
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Given Prozac, Doxepin, Lithium and Depakene
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
No misdiagnosis
Principal Injury Giving Rise To The Claim
Alleged excessive dosage of medication resulting in death
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
9/13/2004	04:04CV409RH/WCS
County Suit Filed in	Date of Final Disposition
Leon	9/29/2005
Other Defendants Involved in this Claim	
Cole, RN, Susan R Primas, M.D., William R Prison Health Services	
Stage of Legal System at which Settlement was Re	ached or Award Made
More than 90 days, after suit filed and prior to or dur	ing the course of mandatory settlement conference.
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? Indemnity Paid by Insurer on behalf of Insured				
All Other Loss Adjustment Expense Paid				
Injured Person's Total Non-Economic Loss				
Deductible			\$0	
Injured Person's Total Economic Loss	L			
	Incurred to Date	Anticipated		
Medical Expense	\$0	\$0		
Wage Loss	\$0	\$0		
Other Expenses	\$0	\$0		
Safety Management Steps Taken by	Insured to Make Similar Occurrence Les	s Likely		
No payment made on behalf of Dr. Sa	dat-Mansouri			

Updates

No updates found.