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Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number: M200639410
Claim Number: 229701
Date Submitted: 2/6/2006

Insurer Information

Insurer Name Coverage Type

DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE)

Primary

Insurer FEIN Professional License Number

95-3014772

Insurer Contact Information

TypeFirst NameMILast NameIndividualJosieMaldonado

Street Address

13450 West Sunrise Blvd., Suite 160

CityStateZipSunriseFL33323

Phone Ext Fax E-Mail Address

(954) 858 - 0202 (954) 838 - 7480 JMaldonado@thedoctors.com

Insured Information

TypeFirst NameMILast NameIndividualPierreEPean

Insurer TypeStreet Address of PracticeLicensed13004 S. W. 25th Place

CityStateZip CodeCountyDavieFL33325Broward

Policy Number Per Claim Policy Limits Aggregate Policy Limits

18608 \$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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Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Injured Person Information

First Name MI Last Name Date of Birth

Street Address Gender County where Injury Occurred

F Broward

City State Zip Code

Location where injury occured Other location where injury occured

Patient's Home

Name of Institution Code
N/A 000000

Location of Institutional Injury Other Location of Institutional Injury

Other Patient's home

Date of Occurrence Date Reported to Insurer

5/27/2000 6/4/2003

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Depression with hallucinations

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Alleged failure to treat/monitor patient.

Diagnostic Code:

Misdiagnosis Made, If Any, Of Patient's Actual Condition

Alleged failure to adequately monitor/treat depression

Principal Injury Giving Rise To The Claim

Death from alleged failure to adequately assess or evaluate patient for suicidal thoughts.

Severity Of Injury

Permanent: Death.

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Legal Information

Date of Suit Circuit Court Case Number

1/24/2003 03-02012CA-23

County Suit Filed in Date of Final Disposition

Broward 1/27/2006

Other Defendants Involved in this Claim

South Broward Hospital District

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 1/30/2006

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Rinancial	Information

Was there a settlement Resulting in payment to the Plaintiff?

Indemnity Paid by Insurer on behalf of Insured \$150,000

Loss Adjust Expense Paid to Defense Counsel \$78,000

All Other Loss Adjustment Expense Paid \$0

Injured Person's Total Non-Economic Loss \$112,500

Deductible \$0

Injured Person's Total Economic Loss

Incurred to Date Anticipated

 Medical Expense
 \$37,500
 \$0

 Wage Loss
 \$0
 \$0

 Other Expenses
 \$0
 \$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

Unknown

Ui	pd	a	tes

No updates found.

Yes