

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200639454
Claim Number :	CC-02-0009
Date Submitted :	2/7/2006

Insurer Information

Insurer Name		Coverage Type	
EVEREST INDEMNITY INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
22-3520347			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Nancy		Thomas
Street Address			
2000 West Sam Houston Parkway South, 19th Floor; One Briarlake Plaza			
City		State	Zip
Houston		TX	77042-361
Phone	Ext	Fax	E-Mail Address
(713) 935 - 8868		(713) 461 - 8130	nancy_thomas@ajg.com

Insured Information

Type	First Name	MI	Last Name
Individual	Luis		Guerrero
Insurer Type	Street Address of Practice		
Licensed	6450 W 21ST CT STE 200		
City	State	Zip Code	County
HIALEAH	FL	33016-3942	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
4700000043-021	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME22768	Emergency Medicine - No Major Surgery		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Dade
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Other Hospital/Institution		Continucare at Pembroke	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
1/8/2002		8/16/2002	

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Severe headache and jaw pain for several weeks.</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Patient was seen on multiple occasions and given medications and ordered tests, including x-rays. Patient later presented to other facility and was diagnosed with arteritic neuropathy</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition Sinusitis</p> <p>Principal Injury Giving Rise To The Claim Bilateral blindness.</p> <p>Severity Of Injury Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.</p>

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Legal Information	
Date of Suit	Circuit Court Case Number
2/10/2003	03-01442 07
County Suit Filed in	Date of Final Disposition
Broward	2/3/2006
Other Defendants Involved in this Claim	
Parkolap, Jaroslaw Continucare Medical Management Inphynet contracting Services, Inc. Westside Regional Medical Center Humana Medical Plan, Inc.	
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	
11/30/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$250,000
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<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.