

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200639784
Claim Number :	233071
Date Submitted :	3/6/2006

Insurer Information

Insurer Name		Coverage Type	
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE)		Primary	
Insurer FEIN	Professional License Number		
95-3014772			
Insurer Contact Information			
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	David	H	Flaherty
Insurer Type	Street Address of Practice		
Licensed	1065 NE 125th Street, Suite 409		
City	State	Zip Code	County
North Miami	FL	33161	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
7001	\$500,000		\$1,500,000
Profession or Business		Other Profession or Business	
Osteopathic Physician			
License Number	Specialty Code & Classification		Certification Number
OS8700	Psychiatry: All Other		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Duval
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility		Code	
Name of Institution		110068	
ATLANTIC SHORES HOSPITAL		Other Location of Institutional Injury	
Location of Institutional Injury		Date Reported to Insurer	
Patients' Room		10/9/2003	
Date of Occurrence			
10/13/2002			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Hospitalized for detox from polysubstance abuse and treatment of depression.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Failure to perform 10 minutes checks.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to perform 10 minute checks.
Principal Injury Giving Rise To The Claim
Suicide as a result of hanging with a belt.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
1/14/2004	0400598
County Suit Filed in	Date of Final Disposition
Broward	3/1/2006
Other Defendants Involved in this Claim	
Atlantic Shores Healthcare, 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	
2/24/2006	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$125,000
Loss Adjust Expense Paid to Defense Counsel	\$40,000
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$125,000
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.