

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200639871
Claim Number :	83-009255
Date Submitted :	3/10/2006

Insurer Information

Insurer Name		Coverage Type	
TRUCK INSURANCE EXCHANGE		Primary	
Insurer FEIN	Professional License Number		
95-2575892			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Richard	A	Jones
Street Address			
4680 Wilshire Blvd., 6th Floor			
City		State	Zip
Los Angeles		CA	90010
Phone	Ext	Fax	E-Mail Address
(714) 633 - 8331		(714) 633 - 1226	rich.jones@farmersinsurance.com

Insured Information

Type	First Name	MI	Last Name
Individual	Hamed	A	Komaiha
Insurer Type	Street Address of Practice		
Licensed	9750 N.W. 33rd Street, Suite 107		
City	State	Zip Code	County
Coral Springs	FL	33065	Broward
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
01180870600000002	\$1,000,000		\$3,000,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME74677	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	Brevard
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Other Location		Physician's Office	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
11/24/1999		4/21/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Hodkin's Lymphoma
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Alleged failure to diagnose disease in a timely manner.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Diagnosis was residual effects from Epstein Barr virus
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
11/4/2002	02-7858CA11
County Suit Filed in	Date of Final Disposition
Dade	7/8/2005
Other Defendants Involved in this Claim	
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	
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?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$25,168
All Other Loss Adjustment Expense Paid	\$6,993
Injured Person's Total Non-Economic Loss	\$0
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	
Our insured was not negligent and was dismissed from the case.	

Updates
No updates found.