

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200640076
<b>Claim Number :</b>	221809
<b>Date Submitted :</b>	3/30/2006

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE)		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
95-3014772			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Angela		LaFrance
<b>Street Address</b>			
13450 W. Sunrise Blvd., Suite 160			
<b>City</b>		<b>State</b>	<b>Zip</b>
Sunrise		FL	33323
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(954) 858 - 0216		(954) 838 - 7480	alafrance@thedoctors.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	AMARJEET	S	SINGH DHILLON
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	4807 US HIGHWAY 19 STE 204		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
NEW PORT RICHEY	FL	34652-4260	Pasco
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
17575	\$1,000,000		\$3,000,000
<b>Profession or Business</b>	<b>Other Profession or Business</b>		
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>	<b>Certification Number</b>	
ME56818	Psychiatry - All Other		

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<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
<b>City</b>		M	Pasco
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>		
Hospital Inpatient Facility			
<b>Name of Institution</b>	<b>Code</b>		
COMMUNITY HOSPITAL OF NEW PORT RICHEY	100191		
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>		
Patients' Room			
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>		
6/7/2001	6/5/2002		

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Severe bi-polar depression with psychosis
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Discharge of patient.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
*NR
<b>Principal Injury Giving Rise To The Claim</b>
Suicide death.
<b>Severity Of Injury</b>
Permanent: Death.

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Legal Information</b>	
<b>Date of Suit</b> 6/25/2003	<b>Circuit Court Case Number</b> 51-2003CA1830
<b>County Suit Filed in</b> Pasco	<b>Date of Final Disposition</b> 3/24/2006
<b>Other Defendants Involved in this Claim</b> Community Hospital New Port Richey (HCA) Harbor Behavioral Healthcare Institute, Inc.	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b> No Payment Made	
<b>Court Decision</b> Summary judgment for the defendant.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b>	

<b>Financial Information</b>	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	No
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$0
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$88,800
<b>All Other Loss Adjustment Expense Paid</b>	\$0
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<b>Deductible</b>	\$0
<b><u>Injured Person's Total Economic Loss</u></b>	
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
Unknown	

<b>Updates</b>
No updates found.