

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

<b>Department File Number :</b>	M200641703
<b>Claim Number :</b>	E29171-02
<b>Date Submitted :</b>	2/21/2007

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
PRONATIONAL INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
38-2317569			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>Entity Name</b>		
Entity	ProNational Insurance Company		
<b>Street Address</b>			
13919 Carrollwood Village Run			
<b>City</b>	<b>State</b>	<b>Zip</b>	
Tampa	FL	33618-2746	
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(813) 969 - 2010		(813) 969 - 2120	SNorris@ProAssurance.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Kendall	M	Beckman
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	208 Riverside Drive		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Melbourne Beach	FL	32951	Brevard
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
PNFL-1005287-00	\$500,000		\$1,500,000
<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>
ME9448	Family Physicians or General Practitioners - No Surgery		00000

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

<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>		F	Brevard
<b>Location where injury occurred</b>		<b>State</b>	<b>Zip Code</b>
Hospital Inpatient Facility		<b>Other location where injury occurred</b>	
<b>Name of Institution</b>		<b>Code</b>	
HOLMES REGIONAL MEDICAL CENTER		100019	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Patients' Room		<b>Date Reported to Insurer</b>	
<b>Date of Occurrence</b>		4/25/2000	
1/18/1998			

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Nausea, vomiting, dizziness and headache.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Patient admitted, MRI indicated extensive sinusitis and inflammatory changes. Neurology consult requested.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
No misdiagnosis.
<b>Principal Injury Giving Rise To The Claim</b>
Patient subsequently diagnosed with vasculitis resulting in stroke and neurologic impairment.
<b>Severity Of Injury</b>
Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

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

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
7/15/2000	05-2000-CA-22707
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Brevard	3/31/2006
<b>Other Defendants Involved in this Claim</b>	
Holmes Regional Medical Center, Inc. f/k/a Brevard Hospital Wagner, Daniel J SUNTER, WILLIAM R William R. Sunter, Jr., M.D., P.A. Beckman, Kendall Kendall M. Beckman, M.D., P.A. Florida Patient's Compensation Fund Unknown Medical Service/Staff Provider Company	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
Claim or suit abandoned.	
<b>Final Method of Claim Disposition</b>	
No Payment Made	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<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>	\$61,349												
<b>All Other Loss Adjustment Expense Paid</b>	\$21,403												
<b>Injured Person's Total Non-Economic Loss</b>	\$0												
<b>Deductible</b>	\$0												
<u>Injured Person's Total Economic Loss</u>													
	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Incurred to Date</th> <th style="text-align: center; border-bottom: 1px solid black;">Anticipated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Medical Expense</b></td> <td style="padding: 5px; text-align: center;">\$0</td> <td style="padding: 5px; text-align: center;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>Wage Loss</b></td> <td style="padding: 5px; text-align: center;">\$0</td> <td style="padding: 5px; text-align: center;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>Other Expenses</b></td> <td style="padding: 5px; text-align: center;">\$0</td> <td style="padding: 5px; text-align: center;">\$0</td> </tr> </tbody> </table>		Incurred to Date	Anticipated	<b>Medical Expense</b>	\$0	\$0	<b>Wage Loss</b>	\$0	\$0	<b>Other Expenses</b>	\$0	\$0
	Incurred to Date	Anticipated											
<b>Medical Expense</b>	\$0	\$0											
<b>Wage Loss</b>	\$0	\$0											
<b>Other Expenses</b>	\$0	\$0											
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>													
Insured has discussed case with insurance company personnel, medical experts and defense counsel.													

<b>Updates</b>			
<b>Date of Change:</b>	2/21/2007 2:07:11 PM		
<b>Reason for Change:</b>	Update to reflect additional expenses paid.		
	<b>Field Changed</b>	<b>Former Value</b>	<b>New Value</b>
	All Other Loss Adjustment Expense Paid	16041	21403
	Amount of Loss Adjustment Expense Paid to Defense Counsel	60994	61349