

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200642278
Claim Number :	242580
Date Submitted :	9/19/2006

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	Angela		LaFrance
Street Address			
13450 W. Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0216		(954) 838 - 7480	alafrance@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	Antonio	L	Perez-Noy
Insurer Type	Street Address of Practice		
Licensed	6262 Bird Road Suite 2-I		
City	State	Zip Code	County
Miami	FL	33155	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
07198	\$500,000		\$1,500,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME53247	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	Dade
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility		Code	
Name of Institution		100165	
WESTCHESTER GENERAL HOSPITAL		Other Location of Institutional Injury	
Location of Institutional Injury		Date Reported to Insurer	
Critical Care Unit		4/12/2005	
Date of Occurrence			
12/2/2004			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
hospitalized for renal failure, patient fell
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
CT scan of brain
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
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 *NR
County Suit Filed in *NR	Date of Final Disposition 9/16/2006
Other Defendants Involved in this Claim Antonio L. Perez-Noy, M.D., P.A. Psych Associates of South Florida	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition No Payment Made	
Court Decision No Court Proceedings.	Other
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	\$6,000
All Other Loss Adjustment Expense Paid	\$0
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
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
unknown	

Updates
No updates found.