

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200643379
Claim Number :	1000839
Date Submitted :	12/5/2006

Insurer Information

Insurer Name		Coverage Type	
FLORIDA MEDICAL MALPRACTICE JUA		Primary	
Insurer FEIN	Professional License Number		
59-1625412			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	SUSAN		SPIELMAN
Street Address			
5814 Reed Street			
City		State	Zip
Fort Wayne		IN	46835
Phone	Ext	Fax	E-Mail Address
(260) 486 - 0340		(260) 486 - 0782	SUSAN.SPIELMAN@MEDPRO.COM

Insured Information

Type	First Name	MI	Last Name
Individual	JO		WHITAKER
Insurer Type	Street Address of Practice		
Licensed	245 N Seminole Ave		
City	State	Zip Code	County
Lake Alfred	FL	33850	Pinellas
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
fl003467	\$100,000		\$300,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME5174	Physical Medicine and Rehabilitation		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Pinellas
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
12/1/2004		5/1/2006	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Fibromyalgia
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Conducted Bowen C-Rib Test on patient's blood
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Allegedly improperly noting blood test positive for Lyme Disease
Principal Injury Giving Rise To The Claim
Unnecessary treatment for Lyme Disease
Severity Of Injury
Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 11/30/2006
Other Defendants Involved in this Claim Bowen Research and Training Institute Inc Health Center of America - Kansas City LLC Ryser MD, Carol A Beatham DO, Karen Ryser, Michael Smith RN, Diana	
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 Disposed of by Court	
Court Decision Other	Other Dismissal
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	\$9,409
All Other Loss Adjustment Expense Paid	\$535
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<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	
N/A	

Updates
No updates found.