

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200643430
Claim Number :	551 01 833742
Date Submitted :	12/7/2006

Insurer Information					
Insurer Name	CHICAGO INSURANCE COMPANY			Coverage Type	Primary
Insurer FEIN	36-6042949			Professional License Number	
<u>Insurer Contact Information</u>					
Type	First Name	MI	Last Name		
Individual	Ruby		Thompson		
Street Address					
33 West Monroe					
City		State	Zip		
Chicago		IL	60603		
Phone	Ext	Fax	E-Mail Address		
(312) 456 - 5227		(312) 577 - 9507	rthomps2@ffic.com		

Insured Information				
Type	First Name	MI	Last Name	
Individual	Charles	R	Schallop	
Insurer Type	Street Address of Practice			
Licensed	3385 BURNS RD			
City	State	Zip Code	County	
PALM BEACH GARDENS	FL	33410-4328	Palm Beach	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
PSP 3000703	\$1,000,000		\$3,000,000	
Profession or Business		Other Profession or Business		
Medical Doctor				
License Number	Specialty Code & Classification		Certification Number	
ME59068	Neurology - Including Child - No Surgery			

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Palm Beach
		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Emergency Room			
Name of Institution	Code		
PALM BEACH GARDENS MEDICAL CENTER	100176		
Location of Institutional Injury	Other Location of Institutional Injury		
Radiology, Emergency Room			
Date of Occurrence	Date Reported to Insurer		
1/17/2001	1/10/2003		

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Patient presented to Emergency room with acute abdominal pain
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Patient was evaluated by several doctors over a 3 day period. It was believed that the patient had appendicitis but adbominal pain subsided replaced by muscle weakness.
Diagnostic Code : 010
Misdiagnosis Made, If Any, Of Patient's Actual Condition
patient was believed to have appendicitis, patient went into cardiac arrest, autopsy found patient died of influenza syndrome and rhabdomyolysis.
Principal Injury Giving Rise To The Claim
Alleged failure to diagnose and treat Rhabdomyolysis
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit 4/8/2003	Circuit Court Case Number CA003866AE
County Suit Filed in Palm Beach	Date of Final Disposition 11/21/2006
Other Defendants Involved in this Claim St. Clair, Douglas A Inphynet Contracting Service Sayegh, Bassam United Surgeons Canaves, Sonia A Neurocare Consultants Suarez, Andes Canasi, Javier J Carrillo and Canasi, MD PA	
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 Settled by parties	
Court Decision Other	Other Dismissed after settlement
Arbitration Claim not subject to Arbitration.	
Date of Payment 11/2/2006	

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?		Yes
Indemnity Paid by Insurer on behalf of Insured		\$400,000
Loss Adjust Expense Paid to Defense Counsel		\$118,784
All Other Loss Adjustment Expense Paid		\$45,589
Injured Person's Total Non-Economic Loss		\$0
Deductible		\$0
<u>Injured Person's Total Economic Loss</u>		
	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$100,000	\$0
Wage Loss	\$300,000	\$0
Other Expenses	\$0	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely None		

Updates
No updates found.