

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200643612
Claim Number :	243159
Date Submitted :	12/21/2006

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	Josie		Maldonado
Street Address			
13450 West Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0202		(954) 838 - 7480	JMaldonado@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	David	H	Flaherty
Insurer Type	Street Address of Practice		
Licensed	1065 NE 125h Street, suite 409		
City	State	Zip Code	County
North Miami	FL	33161	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
07001	\$500,000		\$1,500,000
Profession or Business		Other Profession or Business	
Osteopathic Physician			
License Number	Specialty Code & Classification		Certification Number
OS8700	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	Palm Beach
		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Hospital Inpatient Facility			
Name of Institution	Code		
ATLANTIC SHORES HOSPITAL	110068		
Location of Institutional Injury	Other Location of Institutional Injury		
Patients' Room			
Date of Occurrence	Date Reported to Insurer		
1/26/2004	5/18/2005		

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
History of drug and alcohol abuse with addiction
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Medication administered
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Death as a result of combined drug toxicity due to inappropriate orders for Methadone and Valium
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
4/26/2005	0516002
County Suit Filed in	Date of Final Disposition
Broward	11/27/2006
Other Defendants Involved in this Claim	
Atlantic Shores Failer, DO, Raymond	
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
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
11/28/2006	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$450,000
Loss Adjust Expense Paid to Defense Counsel	\$64,000
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$450,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
<u>Anticipated</u>	<u>Anticipated</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.