

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200743906
Claim Number :	270979
Date Submitted :	1/11/2007

Insurer Information

Insurer Name		Coverage Type	
MEDICAL PROTECTIVE COMPANY (THE)		Primary	
Insurer FEIN	Professional License Number		
35-0506406			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Karina	L	Dobberstein
Street Address			
5814 Reed Rd			
City		State	Zip
Fort Wayne		IN	46835
Phone	Ext	Fax	E-Mail Address
(260) 486 - 0490		(260) 486 - 0808	karina.dobberstein@medpro.com

Insured Information

Type	First Name	MI	Last Name
Individual	TERRANCE	A	OTTO
Insurer Type	Street Address of Practice		
Licensed	102 N SAINT CLAIR ABRAMS AVE		
City	State	Zip Code	County
TAVARES	FL	32778	Lake
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
693263	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME54155	Psychiatry - Including Child		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Lake
		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	
7/22/2002		10/16/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
MEDICAL TREATMENT
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
MEDICAL TREATMENT
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
IMPROPER TREATMENT
Principal Injury Giving Rise To The Claim
HEPATITIS C
Severity Of Injury
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

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Legal Information	
Date of Suit	Circuit Court Case Number
10/18/2003	503cv2440c10grj
County Suit Filed in	Date of Final Disposition
Osceola	12/15/2006
Other Defendants Involved in this Claim	
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	
No Payment Made	
Court Decision	Other
No Court Proceedings.	
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	\$3,013
All Other Loss Adjustment Expense Paid	\$27
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
	<u>Anticipated</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.