

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200744621
<b>Claim Number :</b>	001010111
<b>Date Submitted :</b>	3/1/2007

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
LEGION INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
23-1892289			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Jean	C	Bates
<b>Street Address</b>			
1515 Wilson BLVD Suite 800			
<b>City</b>		<b>State</b>	<b>Zip</b>
Arlington		VA	22209
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(703) 907 - 3828		(703) 276 - 9419	bates@prms.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Samuel		McClure
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	828 E WASHINGTON ST		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
ORLANDO	FL	32801-2904	Hillsborough
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
PL5260502	\$1,000,000	\$3,000,000	
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>	<b>Certification Number</b>	
ME35516	Psychiatry - Child and Adolescent Psychiatry		

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<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
<b>City</b>		F	Orange
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Patient's Home			
<b>Name of Institution</b>		<b>Code</b>	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
11/19/2001		11/20/2001	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
ADHD & Anxiety
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Outpatient treatment for ADHD and anxiety
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
*NR
<b>Principal Injury Giving Rise To The Claim</b>
Death related to medication prescribed by the insured.
<b>Severity Of Injury</b>
Permanent: Death.

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Legal Information</b>	
<b>Date of Suit</b> 2/6/2004	<b>Circuit Court Case Number</b> 04CA1117
<b>County Suit Filed in</b> Orange	<b>Date of Final Disposition</b> 2/6/2007
<b>Other Defendants Involved in this Claim</b> Devereux Foundation	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b> Settled by parties	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b> 2/6/2007	

<b>Financial Information</b>	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$500,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$34,804
<b>All Other Loss Adjustment Expense Paid</b>	\$0
<b>Injured Person's Total Non-Economic Loss</b>	\$500,000
<b>Deductible</b>	\$0
<b><u>Injured Person's Total Economic Loss</u></b>	
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	<u>Anticipated</u>
None	\$0

<b>Updates</b>
No updates found.