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Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number: M200744629
Claim Number: 30555-06
Date Submitted: 3/2/2007

Insurer Information

Insurer Name Coverage Type

FIRST PROFESSIONALS INSURANCE COMPANY, INC

Primary

Insurer FEIN Professional License Number

59-6614702

Insurer Contact Information

TypeFirst NameMILast NameIndividualCheriMMontague

Street Address

1000 Riverside Avenue, Suite 800

City State Zip

Jacksonville FL 32204

 Phone
 Ext
 Fax
 E-Mail Address

 (800) 741 - 3742
 3043
 (904) 358 - 6728
 montague@fpic.com

Insured Information

TypeFirst NameMILast NameIndividualPaulDPugliese

Insurer Type Street Address of Practice

Licensed 1551 Sawgrass Corp Pkwy, Ste 110

CityStateZip CodeCountySunriseFL33323Broward

Policy Number Per Claim Policy Limits Aggregate Policy Limits

98623 \$250,000 \$750,000

Profession or Business Other Profession or Business

Medical Doctor

License Number Specialty Code & Classification Certification Number

ME65294 Internal Medicine - No Surgery 80257

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Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Injured Person Information

First Name MI Last Name Date of Birth

Street Address Gender County where Injury Occurred

F Dade

City State Zip Code

Location where injury occured Other location where injury occured

Hospital Inpatient Facility

Name of InstitutionCodePARKWAY REGIONAL MEDICAL CENTER100114

Location of Institutional Injury Other Location of Institutional Injury

Critical Care Unit

Date of Occurrence Date Reported to Insurer

3/15/2004 6/16/2005

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Cardiac tamponade from ventricle perforation post pacemaker insertion. Patient coded after tap and sustained encephalopathy. Patient never seen by this physician.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

CT guided pericardial tap.

Diagnostic Code:

Misdiagnosis Made, If Any, Of Patient's Actual Condition

Alleged failure to diagnose tamponade and treat timely.

Principal Injury Giving Rise To The Claim

Encephalopathy.

Severity Of Injury

Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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Legal Information

Date of Suit Circuit Court Case Number

*NR

County Suit Filed in Date of Final Disposition

*NR 2/8/2007

Other Defendants Involved in this Claim

Parkway Regional Medical Center

Lipson, M.D., Wayne Smith, M.D., Ripp Hurwit, M.D., Handre

Stage of Legal System at which Settlement was Reached or Award Made

Claim or suit abandoned.

Final Method of Claim Disposition

Disposed of by Court

Court DecisionOtherOtherDismissed

Arbitration

Claim not subject to Arbitration.

Date of Payment

to the Plaintiff? red I	<u> </u>
I	
	9
Incurred to Date	<u>Anticipated</u>
\$0	\$0
\$0	\$0
\$0	\$0
to Make Similar Occurrence Le	ss Likely
	\$0 \$0 \$0

Updates

No updates found.