

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200744797
Claim Number :	244348A
Date Submitted :	3/14/2007

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	Hansa	S	Hussain
Insurer Type	Street Address of Practice		
Licensed	5100 Armenia Avenue		
City	State	Zip Code	County
Tampa	FL	33603	Hillsborough
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
17967	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME40756	Psychiatry - All Other		

**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
City		F	Hillsborough
Location where injury occurred		State	Zip Code
Physician's Office		Other location where injury occurred	
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Physician's office	
Date of Occurrence		Date Reported to Insurer	
2/22/2005		8/11/2005	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Bipolar disorder
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Patient declined medication to treat bipolar disorder
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Emotional distress and mental anguish due to alleged slander, defamation and libel due to psychiatric report prepared by insured
Severity Of Injury
Emotional Only - Fright, no physical damage

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information	
Date of Suit	Circuit Court Case Number
8/1/2005	05-6620
County Suit Filed in	Date of Final Disposition
Hillsborough	3/8/2007
Other Defendants Involved in this Claim	
Genshaft, Judy Conway, Sandi	
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
Other	Dismissal Prejudice
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	\$7,000
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<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	
Unknown	

Updates
No updates found.