

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200745323
Claim Number :	2-06-0105A
Date Submitted :	4/19/2007

Insurer Information				
Insurer Name			Coverage Type	
FLORIDA HEALTHCARE PROVIDERS INSURANCE EXCHANGE			Primary	
Insurer FEIN		Professional License Number		
20-0143902				
<u>Insurer Contact Information</u>				
Type	First Name	MI	Last Name	
Individual	Linda		Collins	
Street Address				
4655 Salisbury Road, Ste. 110				
City		State	Zip	
Jacksonville		FL	32256	
Phone	Ext	Fax	E-Mail Address	
(888) 531 - 1784	4211	(904) 296 - 1013	ldcollins@flhpix.com	

Insured Information				
Type	First Name	MI	Last Name	
Individual	Jeffrey	S	Farber	
Insurer Type	Street Address of Practice			
Licensed	1325 S. Congress Avenue, Suite 208			
City	State	Zip Code	County	
Boynton Beach	FL	33426	Palm Beach	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
GL01000027	\$250,000		\$750,000	
Profession or Business		Other Profession or Business		
Medical Doctor				
License Number	Specialty Code & Classification		Certification Number	
ME61878	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	F	Palm Beach	
Location where injury occurred	State	Zip Code	
Hospital Inpatient Facility	Other location where injury occurred		
Name of Institution	Code		
BETHESDA MEMORIAL HOSPITAL	100002		
Location of Institutional Injury	Other Location of Institutional Injury		
Patients' Room	Date of Occurrence	Date Reported to Insurer	
10/22/2004	12/31/2006		

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Patient suffered left wrist and facial injuries from a fall in her room following knee replacement surgery.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Not applicable.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
No misdiagnosis
Principal Injury Giving Rise To The Claim
Alleged improper monitoring resulted in a post-op fall causing wrist and facial injuries.
Severity Of Injury
Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 4/19/2007
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition Dropped before Action Filed	
Court Decision No Court Proceedings.	Other
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	\$2,711
All Other Loss Adjustment Expense Paid	\$0
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
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	<u>Anticipated</u>
Referred to Risk Management Department to advise Insured.	

Updates
No updates found.