

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

<b>Department File Number :</b>	M200745421
<b>Claim Number :</b>	267235
<b>Date Submitted :</b>	9/11/2007

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
MEDICAL PROTECTIVE COMPANY (THE)		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
35-0506406			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Mary		Osborn
<b>Street Address</b>			
5814 Reed Rd			
<b>City</b>		<b>State</b>	<b>Zip</b>
Fort Wayne		IN	46835
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(800) 463 - 3776	6604	(260) 486 - 0785	Mary.Osborn@medpro.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Isabelle		Desjardins
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	PO BOX 23788		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Tampa	FL	33623	Hillsborough
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
650883	\$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>	
ME75700	Psychiatry - All Other		

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

<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	Hillsborough
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Other Location		JB Starkey Wilderness Park	
<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>	
4/8/2001		4/18/2001	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> BIPOLAR DISORDER, DEPRESSED, SEVERE, POST-PARTUM ONSET
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> MEDICATION AND HOSPITALIZATION
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> IMPROPER EARLY DISCHARGE
<b>Principal Injury Giving Rise To The Claim</b> DEATH BY SUICIDE
<b>Severity Of Injury</b> Permanent: Death.

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

Legal Information	
<b>Date of Suit</b> 7/2/2003	<b>Circuit Court Case Number</b> 03-5194-CI-7
<b>County Suit Filed in</b> Pinellas	<b>Date of Final Disposition</b> 3/19/2007
<b>Other Defendants Involved in this Claim</b> BRODSKY, LEWIS LEWIS BRODSKY, MD PA BAYCARE BEHAVIORAL MORTON PLANT HOSPITAL	
<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> 3/16/2007	

Financial Information													
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes												
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$100,000												
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$90,477												
<b>All Other Loss Adjustment Expense Paid</b>	\$34,367												
<b>Injured Person's Total Non-Economic Loss</b>	\$0												
<b>Deductible</b>	\$0												
<b>Injured Person's Total Economic Loss</b>													
	<table style="width: 100%; border: none;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;"><u>Incurred to Date</u></th> <th style="border: none; text-align: center;"><u>Anticipated</u></th> </tr> </thead> <tbody> <tr> <td style="border: none;"><b>Medical Expense</b></td> <td style="border: none; text-align: center;">\$0</td> <td style="border: none; text-align: center;">\$0</td> </tr> <tr> <td style="border: none;"><b>Wage Loss</b></td> <td style="border: none; text-align: center;">\$0</td> <td style="border: none; text-align: center;">\$0</td> </tr> <tr> <td style="border: none;"><b>Other Expenses</b></td> <td style="border: none; text-align: center;">\$0</td> <td style="border: none; text-align: center;">\$0</td> </tr> </tbody> </table>		<u>Incurred to Date</u>	<u>Anticipated</u>	<b>Medical Expense</b>	\$0	\$0	<b>Wage Loss</b>	\$0	\$0	<b>Other Expenses</b>	\$0	\$0
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<b>Medical Expense</b>	\$0	\$0											
<b>Wage Loss</b>	\$0	\$0											
<b>Other Expenses</b>	\$0	\$0											
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> N/A													

Updates			
<b>Date of Change:</b>	9/11/2007 10:29:17 AM		
<b>Reason for Change:</b>	Updated financial information		
	<b>Field Changed</b>	<b>Former Value</b>	<b>New Value</b>
	All Other Loss Adjustment Expense Paid	29703	34367
	Amount of Loss Adjustment Expense Paid to Defense Counsel	87475	90477