

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

<b>Department File Number :</b>	M200745916
<b>Claim Number :</b>	29210-01
<b>Date Submitted :</b>	6/14/2007

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
FIRST PROFESSIONALS INSURANCE COMPANY, INC		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
59-6614702			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Odessa		Choice
<b>Street Address</b>			
1000 Riverside Avenue, Suite 800			
<b>City</b>		<b>State</b>	<b>Zip</b>
Jacksonville		FL	32204
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(800) 741 - 3742	3045	(904) 358 - 6728	odessa.choice@fpic.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Joseph	J	Altieri
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	1255 37 Street, Ste A		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Vero Beach	FL	32960	Indian River
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
10590	\$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>	
ME47885	Physiatry - Including Child	80249	

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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>		M	Indian River
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Physician's Office			
<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>	
11/20/2002		9/8/2003	

<b>Diagnostic Information</b>
<p><b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> Depression.</p> <p><b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> Alleged failure to conduct a formal suicide assessment, resulting in patient committing suicide.</p> <p><b>Diagnostic Code :</b></p> <p><b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> None.</p> <p><b>Principal Injury Giving Rise To The Claim</b> Alleged failure to conduct formal suicide assessment of patient, resulting in patient committing suicide.</p> <p><b>Severity Of Injury</b> Permanent: Death.</p>

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

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
1/19/2004	20030623CA11
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Palm Beach	5/22/2007
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
After appeal.	
<b>Final Method of Claim Disposition</b>	
Disposed of by Court	
<b>Court Decision</b>	<b>Other</b>
Judgment for the plaintiff.	
<b>Arbitration</b>	
Claim not subject to Arbitration.	
<b>Date of Payment</b>	

<b>Financial Information</b>	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	No
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$0
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$259,278
<b>All Other Loss Adjustment Expense Paid</b>	\$79,519
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<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
	<u>Anticipated</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>	
Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

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