

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200745985
Claim Number :	005030457
Date Submitted :	6/20/2007

Insurer Information

Insurer Name		Coverage Type	
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURG, PA		Primary	
Insurer FEIN	Professional License Number		
25-0687550			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Jean		Bates
Street Address			
1515 Wilson Blvd. Suite 800			
City		State	Zip
Arlington		VA	22209
Phone	Ext	Fax	E-Mail Address
(703) 907 - 3828		(703) 276 - 9419	bates@prms.com

Insured Information

Type	First Name	MI	Last Name
Individual	JUAN		MILLER
Insurer Type	Street Address of Practice		
Licensed	1649 Atlantic Blvd., Suite 3		
City	State	Zip Code	County
Jacksonville	FL	32207	Duval
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
GPPSC01354299	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME53959	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	Duval
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Other Location		Store parking lot	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
8/23/2002		6/29/2004	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Depression
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Inpatient evaluation and medication
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Suicidality
Principal Injury Giving Rise To The Claim
Pt. committed suicide three days after discharge.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
9/16/2004	162004004085
County Suit Filed in	Date of Final Disposition
Duval	11/27/2006
Other Defendants Involved in this Claim	
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	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
6/7/2007	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$350,000
Loss Adjust Expense Paid to Defense Counsel	\$33,485
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$350,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<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	
None	

Updates
No updates found.