

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200746569
Claim Number :	40-009813
Date Submitted :	8/13/2007

Insurer Information

Insurer Name		Coverage Type	
TRUCK INSURANCE EXCHANGE		Primary	
Insurer FEIN		Professional License Number	
95-2575892			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Vernie		Shirley
Street Address			
700 South Flower Street, Suite 2700			
City		State	Zip
Los Angeles		CA	90017
Phone	Ext	Fax	E-Mail Address
(213) 615 - 2682			vern.shirley@farmersinsurance.com

Insured Information

Type	First Name	MI	Last Name
Individual	AURELIO		ORTIZ
Insurer Type	Street Address of Practice		
Licensed	P. O. Box 654406		
City	State	Zip Code	County
Miami	FL	33265	Dade
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
1177-7613	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME27608	Emergency Medicine - No Major Surgery		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Dade
Location where injury occurred		State	Zip Code
Emergency Room		Other location where injury occurred	
Name of Institution		Code	
PAN AMERICAN HOSPITAL		100076	
Location of Institutional Injury		Other Location of Institutional Injury	
Radiology, Emergency Room		Date Reported to Insurer	
Date of Occurrence		9/15/2003	
5/13/2002			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Acute Coronary Syndrome
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
E.R. Exam
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to diagnose and treat Acute Coronary Syndrome.
Principal Injury Giving Rise To The Claim
Critical coronary atherosclerotic disease with L. atrial and L. ventricular dilation with focal subendocardial fibrosis.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit 7/25/2003	Circuit Court Case Number 03-17334 CA 21
County Suit Filed in Dade	Date of Final Disposition 7/27/2007
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 No Payment Made	
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	\$0
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
<u>Anticipated</u>	
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely No Risk Management services are provided to this insured.	

Updates
No updates found.