

<b>Department File Number :</b>	<b>M200747668</b>
<b>Claim Number :</b>	<b>SH-TENET-56351</b>
<b>Date Submitted :</b>	<b>11/15/2007</b>

<b>Insurer Information</b>			
<b>Insurer Name</b>		<b>Coverage Type</b>	
EVEREST INDEMNITY INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
22-3520347			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Nancy	J	Thomas
<b>Street Address</b>			
9821 Katy Freeway			
<b>City</b>		<b>State</b>	<b>Zip</b>
Houston		TX	77024
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(713) 935 - 8868		(713) 461 - 8130	nancy_thomas@ajg.com

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Noemi		Rivera
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	1648 Blue Jay Circle		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Weston	FL	33327	Broward
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
4700000132-042	\$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>
ME73359	Emergency Medicine - No Major Surgery		

<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>
		F	Dade
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Hospital Inpatient Facility			

<b>Name of Institution</b>	<b>Code</b>
PALMETTO GENERAL HOSPITAL	100187
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>
Radiology, Emergency Room	
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>
2/14/2006	10/2/2006

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Presented to ER on February 14, 2006 with complaints of right flank pain
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Patient treated and diagnostics ordered
Diagnostic Code :
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
Alleged failure to diagnose
<b>Principal Injury Giving Rise To The Claim</b>
Loss of one fallopian tube
<b>Severity Of Injury</b>
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
2/14/2007	06-26707 CA 27
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Dade	10/17/2007
<b>Other Defendants Involved in this Claim</b>	
Castellon, Celestino Palmetto General 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>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	
Claim subject to arbitration, but settlement reached in lieu of award.	
<b>Date of Payment</b>	
9/19/2007	

<b>Financial Information</b>

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
<b>Injured Person's Total Economic Loss</b>	
	<b>Incurred to Date</b>
	<b>Anticipated</b>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
NA	

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