

<b>Department File Number :</b>	<b>M200850671</b>
<b>Claim Number :</b>	<b>28722-01</b>
<b>Date Submitted :</b>	<b>8/29/2008</b>

<b>Insurer Information</b>			
<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

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Clark		Dreilinger
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	P. O. Box 824406		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
South Florida	FL	33082	Broward
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
39548	\$250,000	\$750,000	
<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>	
ME17862	Physiatry - Including Child	80249	

<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	Broward
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>	
Patient's Home		
<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>	
5/13/2003	6/10/2003	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Anxiety depression and post traumatic stress disorders.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Patient died of a drug overdose.
Diagnostic Code :
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
It was alleged failure to recognize somaform disorder.
<b>Principal Injury Giving Rise To The Claim</b>
Death.
<b>Severity Of Injury</b>
Permanent: Death.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
3/24/2005	05 05503CA32
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Dade	8/12/2008
<b>Other Defendants Involved in this Claim</b>	
Ray, M.D., Albert DeMoya, M.D., Jorge Inchausti, M.D., Mario Compass Health Systems, P.A.	
<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 not subject to Arbitration.	
<b>Date of Payment</b>	
8/12/2008	

<b>Financial Information</b>		
Was there a settlement Resulting in payment to the Plaintiff?	Yes	
Indemnity Paid by Insurer on behalf of Insured	\$125,000	
Loss Adjust Expense Paid to Defense Counsel	\$125,900	
All Other Loss Adjustment Expense Paid	\$84,014	
Injured Person's Total Non-Economic Loss	\$125,000	
Deductible	\$0	
<b>Injured Person's Total Economic Loss</b>		
	<b>Incurred to Date</b>	<b>Anticipated</b>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$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.