

<b>Department File Number :</b>	<b>M200952312</b>
<b>Claim Number :</b>	<b>20060151</b>
<b>Date Submitted :</b>	<b>2/2/2009</b>

<b>Insurer Information</b>			
<b>Insurer Name</b>		<b>Coverage Type</b>	
DARWIN NATIONAL ASSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
56-0997452			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Myrna		Nieves
<b>Street Address</b>			
9 Farm Spring Road.			
<b>City</b>		<b>State</b>	<b>Zip</b>
Farmington		CT	06032
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(860) 284 - 1332		(860) 284 - 1333	mnieves@darwinpro.com

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Roberto		Hernando
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	12955 SW 42 St., Ste. 12		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Miami	FL	33175	Dade
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
0001-3537	\$1,000,000		\$3,000,000
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Other			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>	<b>Certification Number</b>	
ME87473			

<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</b>

		<b>Occurred</b>
	M	Dade
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>	
Nursing Home		
<b>Name of Institution</b>	<b>Code</b>	
N/A	000000	
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>	
Patients' Room		
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>	
2/1/2005	2/6/2006	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
treatment for schizophrenic disorder and he showed some paranoid behavior
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Psych patient was hit by a car after wandering from long term care facility.
Diagnostic Code :
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
*NR
<b>Principal Injury Giving Rise To The Claim</b>
physician discharged patient from hospital back to his long term care facility. Two days later he wandered out unsupervised and was hit by car. Brain damage.
<b>Severity Of Injury</b>
Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
9/27/2006	05-8308 CA 23
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Dade	12/3/2008
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
Claim or suit abandoned.	
<b>Final Method of Claim Disposition</b>	
Disposed of by Court	
<b>Court Decision</b>	<b>Other</b>

Directed verdict for defendant.
<b>Arbitration</b>
Claim not subject to Arbitration.
<b>Date of Payment</b>

<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		\$165,319
All Other Loss Adjustment Expense Paid		\$27,841
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	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>		
worked closely with defense counsel to come to a resolution.		

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