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|---------------------------------|-------------------|
| Department File Number : | M201057722 |
| Claim Number : | 238223 |
| Date Submitted : | 6/28/2010 |

| Insurer Information | | | |
|--|-------------------|------------------------------------|--------------------------|
| Insurer Name | | Coverage Type | |
| DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE) | | Primary | |
| Insurer FEIN | | Professional License Number | |
| 95-3014772 | | | |
| Insurer Contact Information | | | |
| Type | First Name | MI | Last Name |
| Individual | Angela | | LaFrance |
| Street Address | | | |
| 13450 W. Sunrise Blvd., Suite 160 | | | |
| City | | State | Zip |
| Sunrise | | FL | 33323 |
| Phone | Ext | Fax | E-Mail Address |
| (954) 838 - 9988 | | (866) 636 - 5421 | alafrence@thedoctors.com |

| Insured Information | | | |
|-------------------------------|--|-------------------------------------|------------------|
| Type | First Name | MI | Last Name |
| Individual | Sohail | | Punjwani |
| Insurer Type | Street Address of Practice | | |
| Licensed | 1065 N.E. 125th Street, Suite 409 | | |
| City | State | Zip Code | County |
| North Miami | FL | 33161 | Dade |
| Policy Number | Per Claim Policy Limits | Aggregate Policy Limits | |
| 7001 | \$500,000 | \$1,500,000 | |
| Profession or Business | | Other Profession or Business | |
| Medical Doctor | | | |
| License Number | Specialty Code & Classification | Certification Number | |
| ME54504 | Psychiatry - All Other | | |

| Injured Person Information | | | |
|---|-----------|---|-------------------------------------|
| First Name | MI | Last Name | Date of Birth |
| | | | |
| Street Address | | Gender | County where Injury Occurred |
| | | M | Broward |
| City | | State | Zip Code |
| | | | |
| Location where injury occurred | | Other location where injury occurred | |
| Physician's Office | | | |
| Name of Institution | | Code | |
| N/A | | 000000 | |
| Location of Institutional Injury | | Other Location of Institutional Injury | |
| Other | | Physician's office | |
| Date of Occurrence | | Date Reported to Insurer | |
| 3/25/2002 | | 6/30/2004 | |

| Diagnostic Information |
|--|
| Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition |
| Diagnosed schizophrenia. |
| Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury |
| Various medications were prescribed to the patient. |
| Diagnostic Code : |
| Misdiagnosis Made, If Any, Of Patient's Actual Condition |
| *NR |
| Principal Injury Giving Rise To The Claim |
| Sudden death of schizophrenic patient as a result of alleged failure to recognize potential adverse effects of medication. |
| Severity Of Injury |
| Permanent: Death. |

| Legal Information | |
|--|----------------------------------|
| Date of Suit | Circuit Court Case Number |
| 3/18/2005 | 05 04324 04 |
| County Suit Filed in | Date of Final Disposition |
| Broward | 6/8/2010 |
| Other Defendants Involved in this Claim | |
| Fort Lauderdale Hospital Management, LLC Fort Lauderdale Hospital Jules, M.D., Clinton Compass Health Systems, P.A. Garter, M.D., Lawrence Acosta, M.D., Sharon Pediatric Associates, P.A. | |
| 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 | |
| 5/27/2010 | |

| Financial Information | | |
|--|-------------------------|--------------------|
| Was there a settlement Resulting in payment to the Plaintiff? | Yes | |
| Indemnity Paid by Insurer on behalf of Insured | \$345,000 | |
| Loss Adjust Expense Paid to Defense Counsel | \$195,000 | |
| All Other Loss Adjustment Expense Paid | \$0 | |
| Injured Person's Total Non-Economic Loss | \$345,000 | |
| Deductible | \$0 | |
| Injured Person's Total Economic Loss | | |
| | <u>Incurred to Date</u> | <u>Anticipated</u> |
| Medical Expense | \$0 | \$0 |
| Wage Loss | \$0 | \$0 |
| Other Expenses | \$0 | \$0 |
| Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely | | |
| Unknown. | | |

| Updates |
|-------------------|
| No updates found. |

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*NR: Prior to 04/28/1999 this field was not required in submitted claims.

This page is not displaying certain sensitive information.

