

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200643516
Claim Number :	249141
Date Submitted :	12/13/2006

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	Josie		Maldonado
Street Address			
13450 West Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0202		(954) 838 - 7480	JMaldonado@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	Branislav		Stojanovic
Insurer Type	Street Address of Practice		
Licensed	420 NE 3rd Street		
City	State	Zip Code	County
Fort Lauderdale	FL	33301	Broward
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
16608	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME62066	Psychiatry - All Other		

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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	
Emergency Room			
Name of Institution		Code	
FLORIDA MEDICAL CENTER		100210	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
12/7/2004		6/19/2006	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Bizarre behavior-history includes Alzheimer's Disease and Bipolar Disorder
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Admitted to Medical Center under Baker Act
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to properly evaluate and manage treatment.
Principal Injury Giving Rise To The Claim
Emotional
Severity Of Injury
Emotional Only - Fright, no physical damage

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 11/28/2006
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
Final Method of Claim Disposition Settled by parties	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment 11/16/2006	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$15,000
Loss Adjust Expense Paid to Defense Counsel	\$15,000
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$15,000
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>	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely Unknown	

Updates
No updates found.