

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200744435
Claim Number :	276312
Date Submitted :	9/12/2007

Insurer Information

Insurer Name		Coverage Type	
MEDICAL PROTECTIVE COMPANY (THE)		Primary	
Insurer FEIN	Professional License Number		
35-0506406			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Karina	L	Dobberstein
Street Address			
5814 Reed Rd			
City		State	Zip
Fort Wayne		IN	46835
Phone	Ext	Fax	E-Mail Address
(260) 486 - 0490		(260) 486 - 0808	karina.dobberstein@ge.com

Insured Information

Type	First Name	MI	Last Name
Individual	Sean	P	Harvey
Insurer Type	Street Address of Practice		
Licensed	6541 STONINGTON DR S		
City	State	Zip Code	County
Tampa	FL	33647	Hillsborough
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
642617	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
OS7208	Nephrology - No Surgery		

**Florida Office of Insurance Regulation
Medical Malpractice Closed Claims Report**

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Hillsborough
Location where injury occurred		State	Zip Code
Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution		Code	
WINTER HAVEN HOSPITAL		100052	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room		Date of Occurrence	
4/20/2004		Date Reported to Insurer	
		11/4/2005	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Emergency Room Visit
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Port Replacement Procedure
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Failed to obtain blood
Principal Injury Giving Rise To The Claim
Death
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 1/26/2007
Other Defendants Involved in this Claim University of Florida Board of Trusters Speyerer, David Winter Haven Hospital	
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 No Court Proceedings.	Other
Arbitration Award for plaintiff.	
Date of Payment 1/26/2007	

Financial Information													
Was there a settlement Resulting in payment to the Plaintiff?	Yes												
Indemnity Paid by Insurer on behalf of Insured	\$100,000												
Loss Adjust Expense Paid to Defense Counsel	\$30,024												
All Other Loss Adjustment Expense Paid	\$20,507												
Injured Person's Total Non-Economic Loss	\$0												
Deductible	\$0												
Injured Person's Total Economic Loss													
	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Incurred to Date</th> <th style="text-align: center; border-bottom: 1px solid black;">Anticipated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Medical Expense</td> <td style="padding: 5px; text-align: center;">\$0</td> <td style="padding: 5px; text-align: center;">\$0</td> </tr> <tr> <td style="padding: 5px;">Wage Loss</td> <td style="padding: 5px; text-align: center;">\$0</td> <td style="padding: 5px; text-align: center;">\$0</td> </tr> <tr> <td style="padding: 5px;">Other Expenses</td> <td style="padding: 5px; text-align: center;">\$0</td> <td style="padding: 5px; text-align: center;">\$0</td> </tr> </tbody> </table>		Incurred to Date	Anticipated	Medical Expense	\$0	\$0	Wage Loss	\$0	\$0	Other Expenses	\$0	\$0
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Medical Expense	\$0	\$0											
Wage Loss	\$0	\$0											
Other Expenses	\$0	\$0											
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely n/a													

Updates			
Date of Change:	9/12/2007 4:08:54 PM		
Reason for Change:	Update financial information		
	Field Changed	Former Value	New Value
	All Other Loss Adjustment Expense Paid	28674	20507
	Amount of Loss Adjustment Expense Paid to Defense Counsel	14641	30024