

FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
INSURANCE CLAIMS REPORT

01735

See 9701583 (Deleted)

DEPARTMENT FILE NO. _____
INSURER'S CLAIM NO. 509JL1632
09C003

1. PRIMARY INSURER NAME: St. Paul Fire & Marine Ins. Co. INSURER CODE: 01470
ST. PAUL FIRE AND MARINE INSURANCE COMPANY (See Table A)

2. EXCESS INSURER NAME: _____ INSURER CODE: _____ (See Table A)

3. INSURED'S NAME: Klein, Oscar, M.D. NOV 11 1985
(last name, first name, middle name)

STREET ADDRESS: 401 Manatee Ave. TAMPA OFFICE
CITY, STATE: Holmes Beach, Fl. ZIP: 33510 COUNTY CODE: 15
(See Table B)

4. PRIMARY POLICY NUMBER: 509JL1632 EXCESS POLICY NUMBER: N/A
PRIMARY POLICY LIMITS: \$ 1,000,000 .00 (per claim) EXCESS POLICY LIMITS: \$ _____ .00 (per claim)
\$ 3,000,000 .00 (per aggregate) \$ _____ .00 (per aggregate)

5. Is the insured physician a Foreign Medical Graduate? If yes, enter the country in which primary medical education was received: _____
 (1) Yes (2) No

6. PROFESSION OR BUSINESS: (check one)
 (1) Physicians & Surgeons (4) Other Medical Professionals (7) Other Health Care Facilities
 (2) Hospitals (5) Clinics
 (3) Podiatrists (6) Ambulatory Surgical Centers

7. SPECIALTY CODE: 8.042.1 (Applies to physicians, surgeons, and other health care professionals.
(See Table C) Use ISO Common Statistical Base Classification Codes.)

8. BOARD CERTIFICATION: (check one)
 (1) In specialty coded in Item 7, above.
 (2) In a different specialty.
 (3) In both the specialty in Item 7 and another specialty. Enter the additional specialty code here: _____
 (4) Insured is not board certified. (See Table C)

9. PLACE WHERE INJURY OCCURRED: (check one)
 (1) Hospital Inpatient Facility (4) Nursing Home (7) Other Outpatient Facility
 (2) Emergency Room (5) Physician's Office (8) Other Location
 (3) Hospital Outpatient Facility (6) Patient's Home (9) Other Hospital/Institution

10. If Place of Injury (above) is checked as (8) Other, then provide a description of the place where the injury occurred: _____

11. NAME OF INSTITUTION: N/A INSTITUTION CODE: _____ (See Table D)

12. LOCATION OF INSTITUTIONAL INJURY: (check one)
 (1) Patient's Room N/A (4) Labor & Delivery Room (7) Critical Care Unit
 (2) Operating Suite (5) Physical Therapy Dept. (8) Special Procedure Room
 (3) Recovery Room (6) Nursery (9) Radiology

13. DATE OF OCCURRENCE: 08/28/84
DATE REPORTED TO INSURER: 05/01/85

14. INJURED PERSON'S AGE: 30 INJURED PERSON'S SEX: M F (circle one)

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	(LEAVE BLANK)
15. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED: <i>fracture Left index finger</i>	15.
16. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION: <i>malunion with closed reduction of fracture; subsequently, osteotomy required to effect anatomic alignment</i>	16.
17. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE: <i>Plaintiff went to another physician who altered treatment regimen</i>	17.
18. DESCRIBE THE OPERATION, DIAGNOSTIC OR TREATMENT PROCEDURE CAUSING THE INJURY. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE PROCEDURES USED. INCLUDE METHOD OF ANESTHESIA, OR NAME OF DRUG USED FOR TREATMENT, WITH DETAIL OF ADMINISTRATION: <i>Inst. treated comminuted fracture initially w/kinow splint, sling to return in 48h for closed reduction. Spica cast. Conservative therapy continued. Anatomic reduction (possible surgical pinning) indicated.</i>	18.
19. DESCRIBE THE PRINCIPAL INJURY GIVING RISE TO THE CLAIM. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE INJURY. INCLUDE TYPE OF ADVERSE EFFECT FROM DRUGS WHERE APPLICABLE: <i>Malunion of fracture to R hand carpenter. Osteotomy subsequently required which could have been avoided had initial treatment been altered.</i>	19.

20. SEVERITY OF INJURY: (check only one -- rate most serious injury if several are involved.)

- (1) Emotional only - - - Fright, no physical damage.
- (2) Insignificant - - - Lacerations, contusions, minor scars, rash. No delay.
- Temp- (3) Minor - - - - - Infections, missed fracture, fall in hospital. Recovery delayed.
- orary (4) Major - - - - - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.
- (5) Minor - - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
- Perma- (6) Significant - - - - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
- nent (7) Major - - - - - Paraplegia, blindness, loss of two limbs, brain damage.
- (8) Grave - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.
- (9) Death

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21. DATE OF SUIT, IF ANY: 06/21/85

22. LIST OTHER DEFENDANTS INVOLVED IN THIS CLAIM, THE INSURER'S CODE NUMBER AND THE COMPANION CLAIM FILE IDENTIFICATION NUMBER:

DEFENDANT'S NAME (last name, first name)	INSURER CODE NO.	INSURER FILE ID.
1) <u>N/A</u>	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (check one)

(1) Yes (2) No

24. DATE OF FINAL CLAIM DISPOSITION: 01/30/85

25. FINAL METHOD OF CLAIM DISPOSITION:

(1) Settled by parties.
 (2) Disposed of by a court.
 (3) Disposed of by arbitration.

26. SETTLEMENT: (check one)

- (1) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
- (2) After arbitration is initiated or prior to suit being filed.
- (3) Within 90 days of suit being filed.
- (4) More than 90 days after suit is filed and prior to or during the course of mandatory settlement conference.
- (5) Prior to completion of the swearing of the jury.
- (6) Prior to filing of the notice of appeal.
- (7) After notice of appeal is filed or post-judgment relief or action is required for recovery.
- (8) During appeal.
- (9) After appeal.
- (0) Claim or suit abandoned.

27. COURT: (check one)

- (1) No court proceedings.
- (2) Directed verdict for plaintiff.
- (3) Directed verdict for defendant.
- (4) Judgment notwithstanding the verdict for the plaintiff.
- (5) Judgment notwithstanding the verdict for the defendant.
- (6) Judgment for the plaintiff.
- (7) Judgment for the defendant.
- (8) Judgment for the plaintiff after appeal.
- (9) Judgment for the defendant after appeal.
- (0) Other.

28. ARBITRATION: (check one)

- (1) Claim not subject to arbitration.
- (2) Claim subject to arbitration, but previously coded disposition reached in lieu of award.
- (3) Award for plaintiff.
- (4) Award for defendant.

29. WAS THERE AN ITEMIZED VERDICT UNDER FLORIDA STATUTE 768.48? (check one)

(1) Yes (2) No (If yes, please attach copy of settlement or verdict.)

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30. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: ----- \$ 30,000 .00
31. INDEMNITY PAID BY EXCESS CARRIER ON BEHALF OF THIS DEFENDANT: ----- \$ 0 .00
32. LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL: ----- \$ 2880 .00
33. ALL OTHER LOSS ADJUSTMENT EXPENSE PAID: ----- \$ 957 .00
34. NUMBER OF DAYS OF INJURED PERSON'S WAGE LOSS PAID TO DATE: ----- 365 days
35. ESTIMATED NUMBER OF FUTURE DAYS OF INJURED PERSON'S WAGE LOSS: ----- N/A days
36. INJURED PERSON'S GROSS WEEKLY INCOME: ----- \$ 300 .00

37. INJURED PERSON'S TOTAL ECONOMIC LOSS:

	MEDICAL	WAGE LOSS	OTHER EXPENSES
A) INCURRED TO DATE	\$ <u>5,000</u> .00	\$ <u>15,500</u> .00	\$ <u>N/A</u> .00
B) ESTIMATED FUTURE	\$ <u>N/A</u> .00	\$ <u>N/A</u> .00	\$ <u>N/A</u> .00

38. AMOUNT PAID FOR INJURED PERSON'S NON-ECONOMIC LOSS: ----- \$ 10,000 .00

39. IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENTS USED IN THIS CLAIM:
- A) PRESENT VALUE OF PERIODIC PAYMENTS ----- \$ N/A .00
- B) COST TO THE INSURER OF THE PAYMENTS ----- \$ N/A .00
- C) TOTAL EXPECTED PAYMENT TO PLAINTIFF ----- \$ N/A .00
- D) DID YOU PURCHASE AN ANNUITY? (1) Yes (2) No

40. BRIEFLY DESCRIBE THE STRUCTURED SETTLEMENT INCLUDING HOW IT IS FINANCED: N/A

41. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY: UNK

CONTACT PERSON: Paula J. Douglas ADDRESS P.O. Box 22826
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