

FLORIDA DEPARTMENT OF INSURANCE
 FLORIDA MEDICAL PROFESSIONAL LIABILITY
 CLOSED CLAIM REPORTING FORM

11. NAME OF INSTITUTION: N/A INSTITUTION CODE: 111111
 (See Table D)

12. LOCATION OF INSTITUTIONAL INJURY: (Check one)

<input type="checkbox"/> (01) Patient's Room	<input type="checkbox"/> (05) Physical Therapy Dept.	<input type="checkbox"/> (09) Radiology
<input type="checkbox"/> (02) Operating Suite	<input type="checkbox"/> (06) Nursery	<input type="checkbox"/> (10) Emergency Room
<input type="checkbox"/> (03) Recovery Room	<input type="checkbox"/> (07) Critical Care Unit	<input type="checkbox"/> (11) Other _____
<input type="checkbox"/> (04) Labor & Delivery Room	<input type="checkbox"/> (08) Special Procedure Room	

13. DATE OF OCCURRENCE: 02/18/85

DATE REPORTED TO INSURER: 05/30/86

14. INJURED PERSON'S AGE: 19 Years (If less than one year, enter 00; if unknown, enter UNK.)

INJURED PERSON'S SEX: M (Circle one)

14.1 INJURED PERSON'S NAME: _____

STREET ADDRESS: _____

CITY: _____

15. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED: Ovarian Cancer (LEAVE BLANK) 15.

16. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION: This was alleged failure to timely diagnose ovarian cancer. 16.

17. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE: Patient discovered she had incurable ovarian cancer. 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: Alleged delay in testing 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: Terminal ovarian cancer 19.

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

- (01) Emotional only - Fright, no physical damage.
- (02) Insignificant - Lacerations, contusions, minor scars, rash. No delay.
- Temp- (03) Minor - - - - Infections, misset fracture, fall in hospital. Recovery delayed.
- orary (04) Major - - - - Burns, surgical material left, drug side effect, brain damage. Recovery delay
- (05) Minor - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
- Perma- (06) Significant - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
- nent (07) Major - - - - Paraplegia, blindness, loss of two limbs, brain damage.
- (08) Grave - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.
- (09) Death

21. DATE OF SUIT, IF ANY: 04/28/87

21.1 CIRCUIT COURT CASE NUMBER: 87-1657 CA 09

21.2 COUNTY CODE OF COUNTY SUIT FILED IN: 117 (SEE TABLE B)

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

	DEFENDANT'S NAME (Last Name, First Name)	INSURER CODE NO.	INSURER FILE ID.
1)	<u>Newman, Benjamin</u>	<u>01416</u>	<u>9434574025-</u>
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (Check one)
 (01) Yes (02) No

24. DATE OF FINAL CLAIM DISPOSITION: 06/04/91

25. FINAL METHOD OF CLAIM DISPOSITION:
 (01) Settled by parties.
 (02) Disposed of by a court.
 (03) Disposed of by arbitration.

26. STAGE OF THE LEGAL SYSTEM AT WHICH SETTLEMENT WAS REACHED OR AWARD MADE: (Check one)

- (01) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
- (02) After arbitration is initiated or prior to suit being filed.
- (03) Within 90 days of suit being filed.
- (04) More than 90 days after suit filed and prior to or during the course of mandatory settlement conference.
- (05) During trial but before court verdict.
- (06) After court verdict and prior to filing of notice of appeal.
- (07) After notice of appeal is filed or post-judgement relief or action is required for recovery.
- (08) During appeal.
- (09) After appeal.
- (10) Claim or suit abandoned.

27. COURT: (Check one)

- (01) No court proceedings.
- (02) Directed verdict for plaintiff.
- (03) Directed verdict for defendant.
- (04) Judgment notwithstanding the verdict for plaintiff.
- (05) Judgment notwithstanding the verdict for defendant.
- (06) Judgment for the plaintiff.
- (07) Judgment for the defendant.
- (08) Judgment for the plaintiff after appeal.
- (09) Judgment for the defendant after appeal.
- (10) Other
- (11) Summary judgment for the plaintiff.
- (12) Summary judgment for the defendant.

28. ARBITRATION: (Check one)

- (01) Claim not subject to arbitration.
- (02) Claim subject to arbitration, but settlement reached in lieu of award.
- (03) Award for plaintiff.
- (04) Award for defendant.

29. Was there an itemized verdict? (Check one) *N/A*

- (01) Yes
- (02) No (If yes, please attach copy of settlement or verdict.)

30. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: - - - - - \$ 375000.00

30.1 AMOUNT OF DEDUCTIBLE PAID BY THIS DEFENDANT: - - - - - \$ 0.00

31. INDEMNITY PAID BY EXCESS CARRIER ON BEHALF OF THIS DEFENDANT: - - - - - \$ 0.00

32. LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL: - - - - - \$ 23322.00

33. ALL OTHER LOSS ADJUSTMENT EXPENSE PAID: - - - - - \$ 11276.00

34. NUMBER OF DAYS OF INJURED PERSON'S WAGE LOSS PAID TO DATE: - - - - - 0 days

35. ESTIMATED NUMBER OF FUTURE DAYS OF INJURED PERSON'S WAGE LOSS: - - - - - 0 days

36. INJURED PERSON'S GROSS WEEKLY INCOME: - - - - - \$ 0.00

37. INJURED PERSON'S

TOTAL ECONOMIC LOSS:	<u>MEDICAL</u>	<u>WAGE LOSS</u>	<u>OTHER EXPENSES</u>
A) INCURRED TO DATE - - - -	\$ <u>545000.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
B) ESTIMATED FUTURE - - - -	\$ <u>100000.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

38. AMOUNT PAID FOR INJURED PERSON'S NON-ECONOMIC LOSS: - - - - - \$ 375000.00

39. IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENTS USED IN THIS CLAIM: *N/A*

A) PRESENT VALUE OF PERIODIC PAYMENTS - - - - - \$ 0.00

B) COST TO THE INSURER OF THE PAYMENTS - - - - - \$ 0.00

C) TOTAL EXPECTED PAYMENT TO PLAINTIFF - - - - - \$ 0.00

D) DID YOU PURCHASE AN ANNUITY? (01) Yes (02) No

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

41. TYPE OF NON-ECONOMIC DAMAGE LIMIT: (Check one)

- (01) No limit (neither party requests or agrees to voluntary binding arbitration).
 (02) No limit (defendant refuses claimant's offer of voluntary binding arbitration).
 (03) \$250,000 limit (both parties accept arbitration). (See Item 42 for exception.)
 (04) \$350,000 limit (plaintiff rejects arbitration).
 (05) Does not apply because occurrence happened before the 02-08-88 law.

42. IF (03) IS CHECKED IN ITEM 41 AND THE LIMIT ON NON-ECONOMIC DAMAGES IS DIFFERENT THAN \$250,000, THEN INDICATE THE MODIFIED LIMIT: - - - - - \$ 0 .00

43. COLLATERAL SOURCE INFORMATION:

ENTER TO THE NEAREST PERCENT (use no decimals) THE PERCENT RECOVERY FOR ECONOMIC LOSS FROM:

- | | |
|-------------------------------|--|
| A. <u>100</u> % Health | D. ___% Automobile |
| B. ___% Disability | E. ___% Medicare, Medicaid & Social Security |
| C. ___% Workers' Compensation | F. ___% Other sources, specify: _____ |

44. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY: _____

- ① More thorough office notes, more detailed records
② Early referral to specialist upon suspicion of abnormality

7/24/91 Lynn Pongetti
CONTACT PERSON: LYNN PONGETTI
TELEPHONE: (813) 281-1526

CIGNA COMPANIES
ADDRESS: PO BOX 30389
TALLAHASSEE, FL. 32363

copy to: Department of Ins.
Bureau of Rates
Lorson Bldg - Room 371
Tallahassee, FL 32399-0300

cc - DEPT OF PROF. REGULATION
130 NORTH MONROE ST.
TALLAHASSEE, FL. 32399-0750