

Department File Number :	M200010612
Claim Number :	96-24069-039
Date Submitted :	3/29/2000

Insurer Information			
Insurer Name		Coverage Type	
PRONATIONAL INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
38-2317569			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	BETH		ROMINGER
Street Address			
2901 W. Busch Blvd., Suite 503			
City		State	Zip
Tampa		FL	33618
Phone	Ext	Fax	E-Mail Address
(813) 933 - 8517		(813) 931 - 5474	BRominger@ProNational.com

Insured Information			
Type	First Name	MI	Last Name
Individual	JOSEPH	C	WILLIAMS, M.D.
Insurer Type	Street Address of Practice		
Licensed	3510 Mariner Boulevard		
City	State	Zip Code	County
Spring Hill	FL	34609	Hernando
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
1002455	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
0040691	Neurology - Including Child - No Surgery	0000000	

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address	Gender	County where Injury Occurred	
	M	*NR	
City	State	Zip Code	
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
*NR			
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
1/26/1995		1/10/1996	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
CVA
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Insured called second day of admission to see CVA patient. Patient at time of call was having seizures and suffered severe second right sided CVA.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
N/A
Principal Injury Giving Rise To The Claim
57 year old male with severe neurologic damage, asphasia and quadraparesis following bilateral CVAs.
Severity Of Injury
Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

Legal Information	
Date of Suit	Circuit Court Case Number
5/20/1997	97-1087-CA-01
County Suit Filed in	Date of Final Disposition
Hernando	3/20/2000
Other Defendants Involved in this Claim	
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	

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?		Yes
Indemnity Paid by Insurer on behalf of Insured		\$1,000,000
Loss Adjust Expense Paid to Defense Counsel		\$32,418
All Other Loss Adjustment Expense Paid		\$40,865
Injured Person's Total Non-Economic Loss		\$1,000,000
Deductible		\$0
Injured Person's Total Economic Loss		
	Incurred to Date	Anticipated
Medical Expense	\$340,000	\$1,000,000
Wage Loss	\$0	\$0
Other Expenses	\$0	\$300,000
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely		

Insured has discussed case with insurance company personnel, medical experts and defense counsel.

Updates

No updates found.