

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200429130
Claim Number :	83-007638
Date Submitted :	2/19/2004

Insurer Information				
Insurer Name		Coverage Type		
TRUCK INSURANCE EXCHANGE		Primary		
Insurer FEIN	Professional License Number			
95-2575892				
<u>Insurer Contact Information</u>				
Type	First Name	MI	Last Name	
Individual	JULIE	L	BICKNELL	
Street Address				
P.O. BOX 4999				
City		State		Zip
LOS ANGELES		CA		90051-4999
Phone	Ext	Fax	E-Mail Address	
(323) 964 - 8271		(323) 937 - 1919		

Insured Information				
Type	First Name	MI	Last Name	
Individual	KOMAIHA		HAMED	
Insurer Type	Street Address of Practice			
Licensed	9750 N W 33RD STREET #107			
City	State	Zip Code	County	
CORAL SPRINGS	FL	33065	Broward	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
0118087060000	\$1,000,000		\$3,000,000	
Profession or Business		Other Profession or Business		
Medical Doctor				
License Number	Specialty Code & Classification		Certification Number	
ME74677	Internal Medicine - No Surgery		0	

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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		
WEST BOCA MEDICAL CENTER	110008		
Location of Institutional Injury	Other Location of Institutional Injury		
Patients' Room			
Date of Occurrence	Date Reported to Insurer		
8/30/1999	11/27/2001		

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition PATIENT WAS SEEN BY DR KOMAIHA FOR LOW-GRADE FEVERS AFTER HAVING UNDERGONE BACK SURGERY. DR KOMAIHA WAS TO PROVIDE AN INFECTIOUS DISEASE CONSULT. THE PT WAS RX'D ANTIBIOTICS. SEVERAL DAYS LATER THE PT WAS ADMITTED TO THE HOSPITAL AGAIN WITH PULMONARY EMBOLOUS IN THE LUNGS AND A THROMBOSIS OF THE LEFT POPITEAL AND CALF VIENS.</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury PATIENT ALLEGES THAT THE DEVELOPMENT OF THESE PROBLEMS WAS DUE TO SOME UNIDENTIFIED LACK OF TREATMENT BY OUR INSURED.</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition THERE WAS NO MISDIAGNOSES AND NO CASUAL CONNECTIO BETWEEN THE ANTIBIOTICS PRESCRIBED AND THE SUBSEQUENT DEVELOPMENT OF THE PE AND THE THEMBOISIS.</p> <p>Principal Injury Giving Rise To The Claim PE AND DEEP VEIN THROMBOSIS TO THE LEFT POPLITEAL AND CALF VEINS.</p> <p>Severity Of Injury Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.</p>

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Legal Information	
Date of Suit 4/12/2002	Circuit Court Case Number 2002-004689AE
County Suit Filed in Palm Beach	Date of Final Disposition 11/3/2003
Other Defendants Involved in this Claim COCHAN, J. MICHAEL TENENT HEALTH SYSTEMS, INC VILLALBA, JOSE	
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 Disposed of by Court	
Court Decision Summary judgment for the defendant.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment	

Financial Information													
Was there a settlement Resulting in payment to the Plaintiff?	No												
Indemnity Paid by Insurer on behalf of Insured	\$0												
Loss Adjust Expense Paid to Defense Counsel	\$3,650												
All Other Loss Adjustment Expense Paid	\$2,963												
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;">Incurring 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="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;">Wage Loss</td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;">Other Expenses</td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> </tbody> </table>		Incurring 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 ACCORDING TO OUR EXPERT, OUR MD ACTED WITHIN THE STANDARD OF CARE. THEREFORE, THERE ARE NO STEPS TO TAKE IN THIS CASE.													

Updates
No updates found.