

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

<b>Department File Number :</b>	M200433709
<b>Claim Number :</b>	40-009813
<b>Date Submitted :</b>	12/9/2004

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
TRUCK INSURANCE EXCHANGE		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
95-2575892			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Natalie		Barley
<b>Street Address</b>			
4601 Wilshire Blvd., Suite 100			
<b>City</b>		<b>State</b>	<b>Zip</b>
Los Angeles		CA	90010
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(323) 930 - 4152			natalie.barley@farmersinsurance.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	AURELIO		ORTIZ
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	3610 SW113TH PLACE		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
MIAMI	FL	33165	Dade
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
01177761300000014	\$1,000,000	\$3,000,000	
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>	<b>Certification Number</b>	
ME27608	Family Physicians or General Practitioners - No Surgery		

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

<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
		M	Dade
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>		
Emergency Room			
<b>Name of Institution</b>	<b>Code</b>		
PAN AMERICAN HOSPITAL	100076		
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>		
Radiology, Emergency Room			
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>		
5/13/2002	3/12/2003		

<b>Diagnostic Information</b>
<p><b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> ALLEGED FAILURE TO DIAGNOSE ACUTE CORONARY SYNDROME, WHICH RESULTED IN THE PATIENTS DEMISE.</p>
<p><b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> THE PATIENT HAS A NONPRODUCTIVE COUGH AND FELT LIKE A FOREIGN OBJECT WAS OBSTRUCTING HIS AIRWAY. AN EKG REVEALED RESOLVED ISCHEMIA AND ATRIAL FIBRILLATION. LABS, CARDIAC ENZYMES AND TROPONIN LEVELS WERE NORMAL. SOLUMEDROL WAS GIVEN AND RESPIRATORY THERAPY STARTED. THE PATIENT WAS DIAGNOSED AS HAVING ACUTE EXACERBATION OF BRONCHITIS. THE PATIENT NOTED HE FELT BETTER AND WAS DISCHARGED.</p>
<p><b>Diagnostic Code :</b></p>
<p><b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> ALLEGED FAILURE TO DIAGNOSE ACUTE CORONARY SYNDROME, WHICH RESULTED IN THE PATIENTS DEMISE.</p>
<p><b>Principal Injury Giving Rise To The Claim</b> ALLEGED FAILURE TO DIAGNOSE ACUTE CORONARY SYNDROME, WHICH RESULTED IN THE PATIENTS DEMISE.</p>
<p><b>Severity Of Injury</b> Permanent: Death.</p>

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

<b>Legal Information</b>	
<b>Date of Suit</b> 2/2/2004	<b>Circuit Court Case Number</b> 0317334CA21
<b>County Suit Filed in</b> Dade	<b>Date of Final Disposition</b> 11/16/2004
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b> Settled by parties	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b> 11/16/2004	

<b>Financial Information</b>	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	No
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$0
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$0
<b>All Other Loss Adjustment Expense Paid</b>	\$0
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<b>Deductible</b>	\$0
<b><u>Injured Person's Total Economic Loss</u></b>	
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b><u>Anticipated</u></b>	
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
THIS IS A RISK MANAGEMENT ISSUE. THERE ARE NO RISK MANAGEMENT SERVICES AVAILBLE TO THE INSURED.	

<b>Updates</b>
No updates found.