

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

<b>Department File Number :</b>	M200533909
<b>Claim Number :</b>	DK06620732-09T001
<b>Date Submitted :</b>	1/7/2005

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
ST. PAUL FIRE & MARINE INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
41-0406690			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Patrice	A	Kane
<b>Street Address</b>			
3230 West Commercial Blvd., #390			
<b>City</b>		<b>State</b>	<b>Zip</b>
Ft. Lauderdale		FL	33309
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(954) 677 - 3324	3324	(954) 735 - 9028	Pat.Kane@stpaul.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Gavin	W	Finley
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	1717 N E ST		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
PENSACOLA	FL	32501-6339	Escambia
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
DK06620732	\$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>
ME54185	Anesthesiology		01

## 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>
<b>City</b>		F	Santa Rosa
<b>Location where injury occurred</b>		<b>State</b>	<b>Zip Code</b>
Hospital Inpatient Facility		<b>Other location where injury occurred</b>	
<b>Name of Institution</b>		<b>Code</b>	
GULF BREEZE HOSPITAL		110003	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Operating Suite		<b>Date Reported to Insurer</b>	
<b>Date of Occurrence</b>		2/9/2001	
10/2/2000			

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Below the knee amputation
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Possible laryngospasm during administration of anesthesia during surgery resulted in blocked airway, arrest and permanent brain injury
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
No misdiagnosis
<b>Principal Injury Giving Rise To The Claim</b>
Anoxic brain injury
<b>Severity Of Injury</b>
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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

Legal Information	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
10/2/2002	2002 CA 002067
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Escambia	12/9/2004
<b>Other Defendants Involved in this Claim</b>	
The Anesthesia Group P.A.	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
During trial, but before court verdict.	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	
Claim not subject to Arbitration.	
<b>Date of Payment</b>	
12/9/2004	

Financial Information	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$800,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$34,786
<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>	\$162,000
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
	<u>Anticipated</u>
<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>	
None known	

Updates
No updates found.