

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

<b>Department File Number :</b>	M200534573
<b>Claim Number :</b>	A5-010002
<b>Date Submitted :</b>	3/9/2005

### 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	Deanon		Davis
<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 - 6346			deanon.davis@farmersinsurance.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	KRISHAN	K	BATRA
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	14802 NORTH DALE MABRY HIGHWAY, #330		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
TAMPA	FL	33618	Pinellas
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
0118070760000	\$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>	
ME30163	Physiatry - Including Child		

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<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>		M	Pinellas
<b>Location where injury occurred</b>		<b>State</b>	<b>Zip Code</b>
Other Hospital/Institution		<b>Other location where injury occurred</b>	
<b>Name of Institution</b>		FAIRWINDS TREATMENT CENTER	
<b>Location of Institutional Injury</b>		<b>Code</b>	
<b>Date of Occurrence</b>		<b>Other Location of Institutional Injury</b>	
8/22/1999		<b>Date Reported to Insurer</b>	
		3/5/2001	

<b>Diagnostic Information</b>
<p><b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> THE DECEDENT COMMITTED SUICIDE ON 08-22-99. HE HAD VOLUNTARILY ADMITTED HIMSELF TO THE FACILITY BECAUSE OF PROBLEMS WITH DEPRESSION AND A LONG HISTORY OF DRUG ABUSE, INCLUDING HIV POSITIVE.</p>
<p><b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> THE DECEDENT HAD LEFT THE PREMISES WITHOUT PERMISSION ON THE DAY PRIOR TO HIS SUICIDE. HE RETURNED TO THE FACILITY EARLY IN THE MORNING AND DR. BATRA MET WITH HIM. THE FACILITY WAS CHECKING ON THE PATIENT IN 15 MINUTE INTERVALS ACCORDING TO THE RECORDS, ALTHOUGH IT APPEARS THAT THEY DID NOT SEE HIM FOR A PERIOD OF APPROXIMATELY 30 MINUTES BETWEEN THE LAST CHECK AND THE TIME THE DECEDENT COMMITTED SUICIDE. THE DECEDENT HUNG HIMSELF ON THE HANDLE OF THE BATHROOM DOOR WITH A SHOESTRING.</p>
<p><b>Diagnostic Code :</b></p>
<p><b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> NONE AVAILABLE.</p>
<p><b>Principal Injury Giving Rise To The Claim</b> WRONGFUL DEATH.</p>
<p><b>Severity Of Injury</b> Permanent: Death.</p>

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<b>Legal Information</b>	
<b>Date of Suit</b> 3/28/2002	<b>Circuit Court Case Number</b> 02-2626-CI-08
<b>County Suit Filed in</b> Pinellas	<b>Date of Final Disposition</b> 3/4/2005
<b>Other Defendants Involved in this Claim</b> FAIRWINDS PROPERTIES, INC. EL-YOUSEF, M.K. CIGNA HEALTH CARE OF FLORIDA, INC.	
<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> 3/4/2005	

<b>Financial Information</b>													
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes												
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$24,999												
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$208,170												
<b>All Other Loss Adjustment Expense Paid</b>	\$8,317												
<b>Injured Person's Total Non-Economic Loss</b>	\$24,999												
<b>Deductible</b>	\$0												
<b>Injured Person's Total Economic Loss</b>													
	<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;"><b>Medical Expense</b></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;"><b>Wage Loss</b></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;"><b>Other Expenses</b></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	<b>Medical Expense</b>	\$0	\$0	<b>Wage Loss</b>	\$0	\$0	<b>Other Expenses</b>	\$0	\$0
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<b>Medical Expense</b>	\$0	\$0											
<b>Wage Loss</b>	\$0	\$0											
<b>Other Expenses</b>	\$0	\$0											
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> NONE. DR. BATRA CARED APPROPRIATELY FOR THE PATIENT. THE DECEDENT DID NOT REVEAL A SPECIFIC PLAN OF SUICIDE TO DR. BATRA. SUICIDE IS NOT SOMETHING THAT CAN ALWAYS BE PREVENTED AND IT IS SOMEWHAT HIGHLY UNPREDICTABLE.													

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