

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

| | |
|---------------------------------|------------|
| Department File Number : | M200534626 |
| Claim Number : | 16588 |
| Date Submitted : | 11/7/2005 |

Insurer Information

| | | | |
|------------------------------------|------------------------------------|----------------------|-----------------------|
| Insurer Name | | Coverage Type | |
| MAG MUTUAL INSURANCE COMPANY | | Primary | |
| Insurer FEIN | Professional License Number | | |
| 58-1449198 | | | |
| <u>Insurer Contact Information</u> | | | |
| Type | Entity Name | | |
| Entity | MAG Mutual Insurance Company | | |
| Street Address | | | |
| 8427 South Park Circle Suite 130 | | | |
| City | State | Zip | |
| Orlando | FL | 32819 | |
| Phone | Ext | Fax | E-Mail Address |
| (407) 370 - 3813 | | (407) 370 - 2247 | cwehner@magmutual.com |

Insured Information

| | | | |
|-------------------------------|--|-------------------------------------|--------------------------------|
| Type | First Name | MI | Last Name |
| Individual | Kyle | P | Etz Korn |
| Insurer Type | Street Address of Practice | | |
| Licensed | 3728 PHILLIPS HWY | | |
| City | State | Zip Code | County |
| JACKSONVILLE | FL | 32207-9300 | Duval |
| Policy Number | Per Claim Policy Limits | | Aggregate Policy Limits |
| PSL 1600542 00 | \$1,000,000 | | \$3,000,000 |
| Profession or Business | | Other Profession or Business | |
| Medical Doctor | | | |
| License Number | Specialty Code & Classification | | Certification Number |
| ME71063 | Gastroenterology - Minor Surgery | | 02846 |

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| Injured Person Information | | | |
|---|---|------------------|-------------------------------------|
| First Name | MI | Last Name | Date of Birth |
| Street Address | | Gender | County where Injury Occurred |
| City | | F | Duval |
| | | State | Zip Code |
| Location where injury occurred | Other location where injury occurred | | |
| Hospital Inpatient Facility | | | |
| Name of Institution | Code | | |
| BAPTIST MEDICAL CENTER - BEACHES | 100117 | | |
| Location of Institutional Injury | Other Location of Institutional Injury | | |
| Operating Suite | | | |
| Date of Occurrence | Date Reported to Insurer | | |
| 4/25/2002 | 11/7/2002 | | |

| Diagnostic Information |
|---|
| Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition |
| Dementia, inability to swallow |
| Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury |
| Insertion/reinsertion of PEG tube |
| Diagnostic Code : DC290.0 |
| Misdiagnosis Made, If Any, Of Patient's Actual Condition |
| Alleged failure to perform endoscopy to confirm correct PEG positioning on reinsertion. |
| Principal Injury Giving Rise To The Claim |
| Sepsis, laparotomy, respiratory complications. |
| Severity Of Injury |
| Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed. |

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| Legal Information | |
|---|----------------------------------|
| Date of Suit | Circuit Court Case Number |
| 4/13/2004 | 16-2004-CA-002796 |
| County Suit Filed in | Date of Final Disposition |
| Duval | 8/12/2005 |
| Other Defendants Involved in this Claim | |
| Baptist Medical Center Gatien, D.O., Lionel J | |
| 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 | |
| 2/10/2005 | |

| Financial Information | |
|--|-------------------------|
| Was there a settlement Resulting in payment to the Plaintiff? | Yes |
| Indemnity Paid by Insurer on behalf of Insured | \$50,000 |
| Loss Adjust Expense Paid to Defense Counsel | \$15,073 |
| All Other Loss Adjustment Expense Paid | \$0 |
| Injured Person's Total Non-Economic Loss | \$0 |
| Deductible | \$0 |
| <u>Injured Person's Total Economic Loss</u> | |
| | <u>Incurred to Date</u> |
| Medical Expense | \$25,000 |
| Wage Loss | \$0 |
| Other Expenses | \$0 |
| | <u>Anticipated</u> |
| Medical Expense | \$0 |
| Wage Loss | \$0 |
| Other Expenses | \$0 |
| Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely | |
| Risk management has counseled insured. | |

| Updates | | | |
|---------------------------|----------------------------------|---------------------|------------------|
| | | | |
| Date of Change: | 11/7/2005 3:16:36 PM | | |
| Reason for Change: | Corrected final disposition date | | |
| | Field Changed | Former Value | New Value |
| | Date of Final Disposition | 10-FEB-05 | 12-AUG-05 |