

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200534803
Claim Number :	C04-29232-02
Date Submitted :	3/31/2005

Insurer Information

Insurer Name		Coverage Type	
FIRST PROFESSIONALS INSURANCE COMPANY, INC		Primary	
Insurer FEIN	Professional License Number		
59-6614702			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Cheri	M	Montague
Street Address			
1000 Riverside Drive, Suite 800			
City		State	Zip
Jacksonville		FL	32204
Phone	Ext	Fax	E-Mail Address
(800) 741 - 3742	3043	(904) 358 - 6728	montague@fpic.com

Insured Information

Type	First Name	MI	Last Name
Individual	Paul	D	Pugliese
Insurer Type	Street Address of Practice		
Licensed	1551 Sawgrass Corp Pkwy., Suite 110		
City	State	Zip Code	County
Sunrise	FL	33323	Broward
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
42378	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME65294	Internal Medicine - No Surgery		80257

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Broward
Location where injury occurred		State	Zip Code
Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution		Code	
PARKWAY REGIONAL MEDICAL CENTER		100114	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room		Date Reported to Insurer	
Date of Occurrence		6/7/2004	
8/5/2002			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Brain abscess leading to significant neurological deficits.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
None.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to diagnose brain abscess in a timely manner.
Principal Injury Giving Rise To The Claim
Significant brain damage.
Severity Of Injury
Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

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Legal Information	
Date of Suit 3/23/2004	Circuit Court Case Number 03-30135
County Suit Filed in Dade	Date of Final Disposition 3/3/2005
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition No Payment Made	
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	\$3,491
All Other Loss Adjustment Expense Paid	\$4,619
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	\$0
Wage Loss	\$0
Other Expenses	\$0
<u>Anticipated</u>	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

Updates
No updates found.