

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200535233
Claim Number :	027-070617
Date Submitted :	5/17/2005

Insurer Information

Insurer Name		Coverage Type	
AMERICAN HOME ASSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
13-5124990			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Gwendolyn		Jones
Street Address			
70 Pine Street			
City		State	Zip
New York		NY	10270
Phone	Ext	Fax	E-Mail Address
(212) 770 - 1600		(212) 742 - 7955	gwendolyn.jones@aig.com

Insured Information

Type	First Name	MI	Last Name
Individual	JORGE		LIEVANO
Insurer Type	Street Address of Practice		
Licensed	7600 SW 57TH AVE STE 225		
City	State	Zip Code	County
SOUTH MIAMI	FL	33143-5408	Dade
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
6510140	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor Public Psychiatry			
License Number	Specialty Code & Classification	Certification Number	
ME27519	Psychiatry - All Other	ME27519	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Dade
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Other Location		Gas station	
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Gas station	
Date of Occurrence		Date Reported to Insurer	
12/30/1999		5/25/2000	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Death
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Psychology
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Misdiagnosis of mental issues
Principal Injury Giving Rise To The Claim
Death
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit 5/25/2000	Circuit Court Case Number 00-28525CA11
County Suit Filed in Dade	Date of Final Disposition 4/8/2002
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made After court verdict and prior to filing of notice of appeal.	
Final Method of Claim Disposition Settled by parties	
Court Decision Judgment notwithstanding the verdict for defendant.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$1,000,000
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$1,000,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
unknown	

Updates
No updates found.