

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

|                                 |            |
|---------------------------------|------------|
| <b>Department File Number :</b> | M200535942 |
| <b>Claim Number :</b>           | 122436     |
| <b>Date Submitted :</b>         | 7/20/2005  |

| <b>Insurer Information</b>         |                                    |                  |                          |
|------------------------------------|------------------------------------|------------------|--------------------------|
| <b>Insurer Name</b>                | PRONATIONAL INSURANCE COMPANY      |                  | <b>Coverage Type</b>     |
|                                    |                                    |                  | Primary                  |
| <b>Insurer FEIN</b>                | <b>Professional License Number</b> |                  |                          |
| 38-2317569                         |                                    |                  |                          |
| <u>Insurer Contact Information</u> |                                    |                  |                          |
| <b>Type</b>                        | <b>Entity Name</b>                 |                  |                          |
| Entity                             | ProNational Insurance Company      |                  |                          |
| <b>Street Address</b>              |                                    |                  |                          |
| 13919 Carrollwood Village Run      |                                    |                  |                          |
| <b>City</b>                        |                                    | <b>State</b>     | <b>Zip</b>               |
| Tampa                              |                                    | FL               | 33618-2746               |
| <b>Phone</b>                       | <b>Ext</b>                         | <b>Fax</b>       | <b>E-Mail Address</b>    |
| (813) 969 - 2010                   |                                    | (813) 969 - 2120 | SNorris@ProAssurance.com |

| <b>Insured Information</b>    |  |                                     |                                |
|-------------------------------|--|-------------------------------------|--------------------------------|
| <b>Type</b>                   | <b>First Name</b>                          | <b>MI</b>                           | <b>Last Name</b>               |
| Individual                    | K  | M                                   | KEIL                           |
| <b>Insurer Type</b>           | <b>Street Address of Practice</b>          |                                     |                                |
| Licensed                      | 5728 Major Blvd., Suite 604                |                                     |                                |
| <b>City</b>                   | <b>State</b>                               | <b>Zip Code</b>                     | <b>County</b>                  |
| Orlando                       | FL   | 32819                               | Orange                         |
| <b>Policy Number</b>          | <b>Per Claim Policy Limits</b>             |                                     | <b>Aggregate Policy Limits</b> |
| PNFL-3000875-00               | \$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>    |
| ME45407                       | Emergency Medicine - No Major Surgery      |                                     | 00000                          |

## 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> |
|   |           | M   | Orange                              |
| <b>City</b>                             |           | <b>State</b>                                  | <b>Zip Code</b>                     |
|   |           |   |                                     |
| <b>Location where injury occurred</b>   |           | <b>Other location where injury occurred</b>   |                                     |
| Emergency Room                          |           |   |                                     |
| <b>Name of Institution</b>              |           | <b>Code</b>                                   |                                     |
| FLORIDA HOSPITAL - APOPKA               |           | 120003  |                                     |
| <b>Location of Institutional Injury</b> |           | <b>Other Location of Institutional Injury</b> |                                     |
| Radiology, Emergency Room               |           |   |                                     |
| <b>Date of Occurrence</b>               |           | <b>Date Reported to Insurer</b>               |                                     |
| 1/2/2001                                |           | 4/29/2003                                     |                                     |

| <b>Diagnostic Information</b>  |
|--|
| <p><b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b><br/>Premature birth.</p> <p><b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b><br/>Patient seen in ER for abdominal pain was referred to her OB/GYN.</p> <p><b>Diagnostic Code :</b></p> <p><b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b><br/>Alleged premature labor although birth occurred 5 days later.</p> <p><b>Principal Injury Giving Rise To The Claim</b><br/>Premature birth.</p> <p><b>Severity Of Injury</b><br/>Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.</p> |

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

| <b>Legal Information</b>   |                                  |
|--|----------------------------------|
| <b>Date of Suit</b>  | <b>Circuit Court Case Number</b> |
| 8/21/2003  | 03-CA-7687                       |
| <b>County Suit Filed in</b>  | <b>Date of Final Disposition</b> |
| Orange   | 3/1/2005                         |
| <b>Other Defendants Involved in this Claim</b>   |                                  |
| Florida Emergency Physicians Kang & Associates, M.D., P.A.<br>Adventist Healthcare System/Sunbelt, Inc. d/b/a Florida Hosp |                                  |
| <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>   |                                  |
| Disposed of by Court   |                                  |
| <b>Court Decision</b>  | <b>Other</b>                     |
| No Court Proceedings.  |                                  |
| <b>Arbitration</b>   |                                  |
| Claim not subject to Arbitration.  |                                  |
| <b>Date of Payment</b>   |                                  |

| <b>Financial Information</b>  |                         |
|---|-------------------------|
| <b>Was there a settlement Resulting in payment to the Plaintiff?</b>                              | No                      |
| <b>Indemnity Paid by Insurer on behalf of Insured</b>   | \$0                     |
| <b>Loss Adjust Expense Paid to Defense Counsel</b>  | \$51,560                |
| <b>All Other Loss Adjustment Expense Paid</b>   | \$3,026                 |
| <b>Injured Person's Total Non-Economic Loss</b>   | \$0                     |
| <b>Deductible</b>   | \$0                     |
| <u>Injured Person's Total Economic Loss</u>   |                         |
|   | <u>Incurred to Date</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>            |                         |
| Insured has discussed case with insurance company personnel, medical experts and defense counsel. |                         |

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