

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

<b>Department File Number :</b>	M200536386
<b>Claim Number :</b>	125880
<b>Date Submitted :</b>	8/17/2005

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
PRONATIONAL INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
38-2317569			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Michelle		Jimenez
<b>Street Address</b>			
2801 S.W. 149th Ave, Suite 200			
<b>City</b>		<b>State</b>	<b>Zip</b>
Miramar		FL	33027
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(954) 602 - 5863			mjimenez@ProAssurance.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Radha		Vallabhaneni
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	3080 NW 99 Ave, Suite 302		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Coral Springs	FL	33065	Broward
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
MP45619	\$250,000	\$750,000	
<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>	
ME81289	Neurology - including child - no surgery - All Other	0	

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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	Palm Beach
<b>Location where injury occurred</b>		<b>State</b>	<b>Zip Code</b>
Hospital Inpatient Facility		<b>Other location where injury occurred</b>	
<b>Name of Institution</b>		<b>Code</b>	
PALMS WEST HOSPITAL		110006	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Patients' Room		<b>Date of Occurrence</b>	
7/26/2002		<b>Date Reported to Insurer</b>	
		9/19/2003	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Confusional episodes and slurred speech following total hip replacement
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Alleged failure to recognize and treat in a timely manner patient's neurovascular condition
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
No misdiagnosis made of the patient's actual condition
<b>Principal Injury Giving Rise To The Claim</b>
Death
<b>Severity Of Injury</b>
Permanent: Death.

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

<b>Legal Information</b>	
<b>Date of Suit</b> 1/7/2004	<b>Circuit Court Case Number</b> 502003 CA 013765
<b>County Suit Filed in</b> Palm Beach	<b>Date of Final Disposition</b> 8/9/2005
<b>Other Defendants Involved in this Claim</b> Medical Diagnostic Center Matz, John Gunn, Dale BUTERA, LOUIS Witek, Joseph	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> Claim or suit abandoned.	
<b>Final Method of Claim Disposition</b> Settled by parties	
<b>Court Decision</b> Other	<b>Other</b> Voluntary dismissal
<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>	\$37,688												
<b>All Other Loss Adjustment Expense Paid</b>	\$12,719												
<b>Injured Person's Total Non-Economic Loss</b>	\$0												
<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;"><u>Incurred to Date</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Anticipated</u></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>		<u>Incurred to Date</u>	<u>Anticipated</u>	<b>Medical Expense</b>	\$0	\$0	<b>Wage Loss</b>	\$0	\$0	<b>Other Expenses</b>	\$0	\$0
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<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> Insured discussed claim with insurance personnel and medical experts													

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