

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200537208
Claim Number :	231154
Date Submitted :	10/11/2005

Insurer Information

Insurer Name		Coverage Type	
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE)		Primary	
Insurer FEIN	Professional License Number		
95-3014772			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Josie		Maldonado
Street Address			
The Doctors Company, 13450 West Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0202		(954) 838 - 7480	JMaldonado@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	Jeffrey	S	Gerson
Insurer Type	Street Address of Practice		
Licensed	2701 S. Bayshore Drive, Suite 305		
City	State	Zip Code	County
Coconut Grove	FL	33133	Dade
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
17087	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME42714	Psychiatry - All Other		

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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
Location where injury occurred		State	Zip Code
Physician's Office		Other location where injury occurred	
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Physician's office	
Date of Occurrence		Date Reported to Insurer	
1/1/2002		8/7/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Maintenance and dispensation of medication
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Paxil medication given
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Exacerbation of mental condition as a result of inappropriate maintenace and dispensation of Paxil.
Severity Of Injury
Emotional Only - Fright, no physical damage

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Legal Information	
Date of Suit 7/30/2003	Circuit Court Case Number 0316590CA04
County Suit Filed in Dade	Date of Final Disposition 2/28/2005
Other Defendants Involved in this Claim Alonso, LCSW, Susan	
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 No Payment Made	
Court Decision Other	Other Dismissed without Prejudice
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	\$0
All Other Loss Adjustment Expense Paid	\$8,700
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>	
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.