

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200537364
Claim Number :	233014
Date Submitted :	10/13/2005

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	Michelle		Santiago
Street Address			
13450 West Sunrise Blvd, Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0210		(954) 838 - 7480	msantiago@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	DANIEL		MANDRI
Insurer Type	Street Address of Practice		
Licensed	701 LINCOLN RD		
City	State	Zip Code	County
MIAMI BEACH	FL	33139-2879	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
17001	\$500,000		\$1,500,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME34257	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
Other Hospital/Institution		Other location where injury occurred	
Name of Institution		Mental Institution	
DOUGLAS GARDENS HOSPITAL		Code	
Location of Institutional Injury		100197	
Patients' Room		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
6/1/2002		9/24/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Having visions, hearing things, smelled funny odors and felt people following her
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Medication given
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Pharmacologically induced neuro-muscular disorder due to improper medication regimen
Severity Of Injury
Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 3/8/2004
Other Defendants Involved in this Claim Olti-Weissbrun, M.D., Vivian	
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 No Court Proceedings.	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	\$0
All Other Loss Adjustment Expense Paid	\$5,172
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 Unknown	

Updates
No updates found.