

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200537644
Claim Number :	237532
Date Submitted :	12/21/2006

Insurer Information					
Insurer Name	DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE)			Coverage Type	Primary
Insurer FEIN	Professional License Number				
95-3014772					
<u>Insurer Contact Information</u>					
Type	First Name	MI	Last Name		
Individual	Angela		LaFrance		
Street Address					
13450 W. Sunrise Blvd., Suite 160					
City			State	Zip	
Sunrise			FL	33323	
Phone	Ext	Fax	E-Mail Address		
(954) 858 - 0216		(954) 838 - 7480	alafrance@thedoctors.com		

Insured Information				
Type	First Name	MI	Last Name	
Individual	RIGOBERTO		RODRIGUEZ	
Insurer Type	Street Address of Practice			
Licensed	7400 N. Kendall Drive, Suite 205			
City	State	Zip Code	County	
Miami	FL	33156	Dade	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
18187	\$500,000		\$1,500,000	
Profession or Business		Other Profession or Business		
Medical Doctor				
License Number	Specialty Code & Classification		Certification Number	
ME47391	Psychiatry - All Other			

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

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		
Hospital Inpatient Facility			
Name of Institution	Code		
BAPTIST HOSPITAL OF MIAMI	100008		
Location of Institutional Injury	Other Location of Institutional Injury		
Patients' Room			
Date of Occurrence	Date Reported to Insurer		
5/16/2002	5/26/2004		

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition right-sided pain, nausea & vomiting due to hydronephrosis secondary to distal ureteral stone, multiple kidney stones, pyelonephritis and sepsis</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury failure to timely notify staff and primary physician of patient's acute mental status changes, failure to timely implement Fall Protocol</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition *NR</p> <p>Principal Injury Giving Rise To The Claim Right hip fracture</p> <p>Severity Of Injury Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.</p>

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 11/18/2004
Other Defendants Involved in this Claim	
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	\$8,900			
Injured Person's Total Non-Economic Loss	\$0			
Deductible	\$0			
<u>Injured Person's Total Economic Loss</u>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Incurred to Date</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Anticipated</u></td> </tr> </table>		<u>Incurred to Date</u>	<u>Anticipated</u>
	<u>Incurred to Date</u>	<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			
Date of Change:	12/21/2006 1:51:09 PM		
Reason for Change:	Per limit policy amount was entered incorrectly. Corrected to \$500,000.		
	Field Changed	Former Value	New Value
	Per Claim Policy Limits	5000000	500000