

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

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|---------------------------------|------------|
| Department File Number : | M200538238 |
| Claim Number : | 228239 |
| Date Submitted : | 11/11/2005 |

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 | 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 | Eduardo | | Ragolta |
| Insurer Type | Street Address of Practice | | |
| Licensed | 7500 SW 8th Street, Suite 204 | | |
| City | State | Zip Code | County |
| Miami | FL | 33144 | Dade |
| Policy Number | Per Claim Policy Limits | Aggregate Policy Limits | |
| 0004090 | \$1,000,000 | \$3,000,000 | |
| Profession or Business | Other Profession or Business | | |
| Medical Doctor | | | |
| License Number | Specialty Code & Classification | Certification Number | |
| ME53249 | 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 | | M | 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 | | Therapy room | |
| Date of Occurrence | | Date Reported to Insurer | |
| 3/3/1999 | | 4/14/2003 | |

| Diagnostic Information |
|--|
| Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition |
| Psychosis |
| Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury |
| Inpatient psychiatric therapy including family therapy, individual therapy, group therapy |
| Diagnostic Code : |
| Misdiagnosis Made, If Any, Of Patient's Actual Condition |
| *NR |
| Principal Injury Giving Rise To The Claim |
| Psychological injuries from alleged failure to timely diagnose and treat seizure disorder |
| Severity Of Injury |
| Emotional Only - Fright, no physical damage |

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| Legal Information | |
|--|---|
| Date of Suit | Circuit Court Case Number *NR |
| County Suit Filed in *NR | Date of Final Disposition 3/29/2004 |
| 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 | \$7,064 |
| All Other Loss Adjustment Expense Paid | \$0 |
| 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 |
| Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely | <u>Anticipated</u> |
| Unknown | \$0 |

| Updates |
|-------------------|
| No updates found. |