

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538555
Claim Number :	ASG-SIR03-31604
Date Submitted :	12/5/2005

Insurer Information				
Insurer Name		Coverage Type		
LEXINGTON INSURANCE COMPANY		Primary		
Insurer FEIN		Professional License Number		
25-1149494				
Insurer Contact Information				
Type	First Name	MI	Last Name	
Individual	Roy		Higdon	
Street Address				
9821 Katy Freeway, Suite 600				
City		State	Zip	
Houston		TX	77024	
Phone	Ext	Fax	E-Mail Address	
(713) 935 - 8892	8892	(713) 243 - 7311	roy_higdon@ajg.com	

Insured Information				
Type	First Name	MI	Last Name	
Individual	EULOGIO	M	VIZCARRA	
Insurer Type	Street Address of Practice			
Licensed	721 W Jefferson St.			
City	State	Zip Code	County	
Perry	FL	32347	Taylor	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
679-1649	\$1,000,000		\$10,000,000	
Profession or Business		Other Profession or Business		
Medical Doctor				
License Number	Specialty Code & Classification	Certification Number		
ME30012	Family Physicians or General Practitioners - Minor Surgery			

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Taylor
Location where injury occurred		State	Zip Code
Prison		Other location where injury occurred	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Prison	
Date of Occurrence		Date Reported to Insurer	
6/6/2003		12/2/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Alleged forced application of scabies lotion.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Application of lotion for scabies.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
No misdiagnosis noted.
Principal Injury Giving Rise To The Claim
Allegd forced application of lotion for scabies.
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 5/18/2004
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
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	\$178
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.