

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200538671
<b>Claim Number :</b>	ASG-SIR02-0526-EV
<b>Date Submitted :</b>	12/7/2005

### Insurer Information

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

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Eulogio		Vizcarra
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	721 W Jefferson St.		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Perry	FL	32347	Taylor
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
680-1364	\$1,000,000	\$3,000,000	
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>	<b>Certification Number</b>	
ME30012	General Preventative Medicine - No Surgery		

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<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
<b>City</b>		M	Taylor
<b>Location where injury occurred</b>		<b>State</b>	<b>Zip Code</b>
Prison		<b>Other location where injury occurred</b>	
<b>Name of Institution</b>		<b>Code</b>	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Other		Prison	
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
9/13/2001		8/6/2002	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Alleged failure to treat hernia resulting in pain and suffering.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Failure to treat.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
No misdiagnosis noted.
<b>Principal Injury Giving Rise To The Claim</b>
Alleged failure to treat hernia.
<b>Severity Of Injury</b>
Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b> *NR
<b>County Suit Filed in</b> *NR	<b>Date of Final Disposition</b> 11/18/2003
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
<b>Final Method of Claim Disposition</b> No Payment Made	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b>	

<b>Financial Information</b>	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	No
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$0
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$297
<b>All Other Loss Adjustment Expense Paid</b>	\$0
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<b>Deductible</b>	\$0
<b><u>Injured Person's Total Economic Loss</u></b>	
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b><u>Anticipated</u></b>	<b>\$0</b>
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> Unknown	

<b>Updates</b>
No updates found.