

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538775
Claim Number :	ASG-SIR02-0310
Date Submitted :	12/9/2005

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
680-1364	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME30012	Family Physicians or General Practitioners - No 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
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Prison			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Prison	
Date of Occurrence		Date Reported to Insurer	
5/19/1998		5/2/2002	

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

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Legal Information	
Date of Suit 4/15/2003	Circuit Court Case Number 4:01cv521-RH
County Suit Filed in Leon	Date of Final Disposition 10/8/2003
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
Final Method of Claim Disposition Disposed of by Court	
Court Decision Other	Other Dismissed
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	\$2,460
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
<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
No updates found.