

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538777
Claim Number :	ASG-SIR03-17198-MA
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	MICHAEL	D	ARMSTRONG
Insurer Type	Street Address of Practice		
Licensed	3228 Gun Club Rd		
City	State	Zip Code	County
West Palm Beach	FL	33406	Palm Beach
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
679-1649	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME67536	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	Palm Beach
		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	
2/1/2003		6/18/2003	

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Alleged failure to provide proper Prozac dosage.</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Failure to administer proper drug dosage.</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition No misdiagnosis noted.</p> <p>Principal Injury Giving Rise To The Claim Wrong drug dosage.</p> <p>Severity Of Injury Emotional Only - Fright, no physical damage</p>

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 9/17/2003
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	\$786
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>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</u>	<u>Anticipated</u>
Unknown	

Updates
No updates found.