

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538955
Claim Number :	230886
Date Submitted :	12/16/2005

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	Josie		Maldonado
Street Address			
13450 West Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0480		(954) 838 - 7480	JMaldonado@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	Michael	J	Price
Insurer Type	Street Address of Practice		
Licensed	640 Brevard Avenue, Suite 104		
City	State	Zip Code	County
Cocoa	FL	32922	Brevard
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
56779	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME60925	Surgery - Neurology - Including Child		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Brevard
		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Hospital Inpatient Facility			
Name of Institution	Code		
WUESTHOFF MEMORIAL HOSPITAL	23960034		
Location of Institutional Injury	Other Location of Institutional Injury		
Patients' Room			
Date of Occurrence	Date Reported to Insurer		
9/6/2001	7/25/2003		

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Nutritional deficiencies
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Alleged failure to consider nutritional deficiencies and Wernicke's encephalopathy.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to diagnose Wernicke's encephalopathy.
Principal Injury Giving Rise To The Claim
Death
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit 2/18/2004	Circuit Court Case Number 05-2004-CA07011
County Suit Filed in Brevard	Date of Final Disposition 12/9/2005
Other Defendants Involved in this Claim Tenewitz, M.D., F. Edward Omni Healthcare, P.A.	
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 No Payment Made	
Court Decision Other	Other Dismissal with Prejudice
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	\$87,000
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<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	

Updates
No updates found.