

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200639104
Claim Number :	220582
Date Submitted :	1/5/2006

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			
The Doctors Company, 13450 West Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 858 - 0202		(954) 838 - 7480	JMaldonado@thedoctors.com

Insured Information

Type	First Name	MI	Last Name
Individual	Vijaykumar		Bhujang
Insurer Type	Street Address of Practice		
Licensed	473 Springlake Drive		
City	State	Zip Code	County
Melbourne	FL	32940	Brevard
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
CAP-04137	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor Public Psychiatry			
License Number	Specialty Code & Classification	Certification Number	
ME50534	Psychiatry - All Other		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Seminole
Location where injury occurred		State	Zip Code
Physician's Office		Other location where injury occurred	
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Physician's Office	
Date of Occurrence		Date Reported to Insurer	
3/6/2002		4/15/2002	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Physical and verbal aggression, non-compliance, property destruction, disruptive behavior, tantrums, lying and stealing.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Improper management of medication.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged improper management of medication.
Principal Injury Giving Rise To The Claim
Seizure disorder/exacerbation of psychiatric condition as a result of prescribing Zyprexa 10mg to a five year old.
Severity Of Injury
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

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Legal Information	
Date of Suit 1/6/2004	Circuit Court Case Number A000218-0
County Suit Filed in Orange	Date of Final Disposition 12/29/2005
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 Settled by parties	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment 12/24/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$100,000
Loss Adjust Expense Paid to Defense Counsel	\$170,000
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$60,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$40,000
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.