

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200639302
Claim Number :	A03-29303-03
Date Submitted :	1/26/2006

Insurer Information

Insurer Name		Coverage Type	
FIRST PROFESSIONALS INSURANCE COMPANY, INC		Primary	
Insurer FEIN	Professional License Number		
59-6614702			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Cheri	M	Montague
Street Address			
1000 Riverside Drive, Suite 800			
City		State	Zip
Jacksonville		FL	32204
Phone	Ext	Fax	E-Mail Address
(800) 741 - 3742	3043	(904) 358 - 6728	montague@fpic.com

Insured Information

Type	First Name	MI	Last Name
Individual	Wali	U	Khan
Insurer Type	Street Address of Practice		
Licensed	6748 Gall Blvd, Ste 130		
City	State	Zip Code	County
Zephyrhills	FL	33541	Pasco
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
58063	\$500,000	\$1,500,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME41877	Cardiovascular Disease - Minor Surgery	80422	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Pasco
Location where injury occurred		State	Zip Code
Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution		Code	
PASCO COMMUNITY HOSPITAL		100211	
Location of Institutional Injury		Other Location of Institutional Injury	
Critical Care Unit		Date Reported to Insurer	
Date of Occurrence		9/16/2003	
7/18/2003			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Patient presented with complaints of chest pain and suffered acute myocardial infarction, resulting in death.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
None.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to diagnose and treat an ST elevation myocardial infarction.
Principal Injury Giving Rise To The Claim
Death.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	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 Claim or suit abandoned.	
Final Method of Claim Disposition Settled by parties	
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	\$2,500
All Other Loss Adjustment Expense Paid	\$1,948
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>	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

Updates
No updates found.