

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200639901
<b>Claim Number :</b>	20035-01
<b>Date Submitted :</b>	3/13/2006

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
AMERICAN PHYSICIANS ASSURANCE CORPORATION		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
38-2102867			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Nancy		Kirsch
<b>Street Address</b>			
327 Plaza Real, Suite 319			
<b>City</b>		<b>State</b>	<b>Zip</b>
Boca Raton		FL	33432
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(561) 362 - 3332		(561) 417 - 6125	nkirsch@acaponline.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	ABUL	F	MOHAMMED ALI
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	225 NE 19TH DRIVE		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
OKEECHOBEE	FL	34972	Okeechobee
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
126316	\$500,000	\$1,000,000	
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>	<b>Certification Number</b>	
ME60462	Neurology - Including Child - No Surgery		

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<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
<b>City</b>		F	Okeechobee
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Other Hospital/Institution		RAULERSON HOSPITAL	
<b>Name of Institution</b>		<b>Code</b>	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Patients' Room			
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
11/25/2002		6/20/2003	

<b>Diagnostic Information</b>
<p><b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> The claimant presented with a three day history of facial drooping on the right as well as weakness in the right arm and leg.</p> <p><b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> Insured performed a neurological evaluation and referred the claimant for various studies to rule out an acute cerebral vascular event.</p> <p><b>Diagnostic Code :</b></p> <p><b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> Insured misdiagnosed claimant with Bells palsy. Claimant actually was undergoing acute cerebral bascular event.</p> <p><b>Principal Injury Giving Rise To The Claim</b> It is alleged that the insured mistook an evolving CVA for a Bells palsy and thus denied the patient possible further treatment which resulted in the condition to worsen to a semi-comatose state.</p> <p><b>Severity Of Injury</b> Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.</p>

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<b>Legal Information</b>	
<b>Date of Suit</b> 4/5/2004	<b>Circuit Court Case Number</b> 2004CA123
<b>County Suit Filed in</b> Okeechobee	<b>Date of Final Disposition</b> 3/13/2006
<b>Other Defendants Involved in this Claim</b> RAULERSON HOSPITAL PICERNE, STEVEN D DIAGNOSTIC IMAGING SERVICES, P.A.	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b> Settled by parties	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b> 3/13/2006	

<b>Financial Information</b>													
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes												
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$250,000												
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$76,184												
<b>All Other Loss Adjustment Expense Paid</b>	\$22,685												
<b>Injured Person's Total Non-Economic Loss</b>	\$0												
<b>Deductible</b>	\$0												
<b>Injured Person's Total Economic Loss</b>													
	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Incurred to Date</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Anticipated</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Medical Expense</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>Wage Loss</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>Other Expenses</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> </tbody> </table>		<u>Incurred to Date</u>	<u>Anticipated</u>	<b>Medical Expense</b>	\$0	\$0	<b>Wage Loss</b>	\$0	\$0	<b>Other Expenses</b>	\$0	\$0
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<b>Wage Loss</b>	\$0	\$0											
<b>Other Expenses</b>	\$0	\$0											
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> Insured consulted with claims personnel and defense counsel. \$250,000.00 was paid in full and final settlement of all claims on behalf of the insured.													

<b>Updates</b>
No updates found.