

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200641473
Claim Number :	101878
Date Submitted :	6/29/2006

Insurer Information				
Insurer Name		Coverage Type		
OPHTHALMIC MUTUAL INSURANCE COMPANY (A R.R.G.)		Primary		
Insurer FEIN		Professional License Number		
94-3047990				
<u>Insurer Contact Information</u>				
Type	First Name	MI	Last Name	
Individual	MARITZA		MORENO	
Street Address				
2655 LeJeune Road, Suite 803				
City		State	Zip	
Coral Gables		FL	33134	
Phone	Ext	Fax	E-Mail Address	
(305) 447 - 4513		(305) 447 - 4514	MMORENO@MRCG.ORG	

Insured Information				
Type	First Name	MI	Last Name	
Individual	Andrew		Zorbis	
Insurer Type	Street Address of Practice			
Licensed	502 East New Haven Avenue			
City	State	Zip Code	County	
Melbourne	FL	32901	Brevard	
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits	
OMC0009529	\$1,000,000		\$3,000,000	
Profession or Business		Other Profession or Business		
Medical Doctor				
License Number	Specialty Code & Classification		Certification Number	
ME35703	Surgery - Ophthalmology			

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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
Location where injury occurred		State	Zip Code
Physician's Office		Other location where injury occurred	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
3/14/2002		5/14/2004	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Astigmatism, epithelial ingrowth and corneal scarring.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Lasik surgery
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
None.
Principal Injury Giving Rise To The Claim
Reduced best spectacle corrected visual acuity.
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 10/3/2004	Circuit Court Case Number 05-2004-CA-026393
County Suit Filed in Brevard	Date of Final Disposition 6/26/2006
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	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$75,000
Loss Adjust Expense Paid to Defense Counsel	\$83,829
All Other Loss Adjustment Expense Paid	\$18,392
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
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Insured discussed case with insurance carrier personnel and medical experts.	

Updates
No updates found.