

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200642561
Claim Number :	ASG-SIR05-37844-AS
Date Submitted :	10/10/2006

Insurer Information

Insurer Name		Coverage Type	
LEXINGTON INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
25-1149494			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Nancy	J	Thomas
Street Address			
9821 Katy Freeway			
City		State	Zip
Houston		TX	77024
Phone	Ext	Fax	E-Mail Address
(713) 935 - 8868		(713) 461 - 8130	nancy_thomas@ajg.com

Insured Information

Type	First Name	MI	Last Name
Individual	Andrew		Safron
Insurer Type	Street Address of Practice		
Licensed	105 WESTPARK DR		
City	State	Zip Code	County
BRENTWOOD	TN	37027-5010	Out of state
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
679-3309	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Osteopathic Physician			
License Number	Specialty Code & Classification		Certification Number
OS6931	Psychiatry - 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	Monroe
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Prison			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
11/15/2004		4/26/2005	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Various injuries from assault
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Inmate alleging denial of medical treatment
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Treatment related
Principal Injury Giving Rise To The Claim
Alleged pain and suffering
Severity Of Injury
Emotional Only - Fright, no physical damage

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Legal Information	
Date of Suit	Circuit Court Case Number
3/10/2005	05-10019-Civ-Moore
County Suit Filed in	Date of Final Disposition
Monroe	10/9/2006
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	
Disposed of by Court	
Court Decision	Other
Other	Motion to Dismiss Granted
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	
Loss Adjust Expense Paid to Defense Counsel	\$2,596
All Other Loss Adjustment Expense Paid	\$0
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>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Motion to Dismiss Granted	

Updates
No updates found.