

Department File Number :	M200643383
Claim Number :	59-132901
Date Submitted :	12/5/2006

Insurer Information			
Insurer Name		Coverage Type	
PHYSICIANS INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
13-4235490			
Insurer Contact Information			
Type		Entity Name	
Entity		Physicians Insurance Company	
Street Address			
3200 NE 14th street			
City		State	Zip
Pompano Beach		FL	33062
Phone	Ext	Fax	E-Mail Address
(954) 788 - 5473	5610		claims@picinsurance.com

Insured Information			
Type	First Name	MI	Last Name
Individual	Rossana		Lopez
Insurer Type	Street Address of Practice		
Licensed	777 E 25th Street #516		
City	State	Zip Code	County
Hialeah	FL	33013	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
131375	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME64156	Internal Medicine - No Surgery		

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred

	F	Dade
City	State	Zip Code
Location where injury occurred	Other location where injury occurred	
Hospital Inpatient Facility		
Name of Institution	Code	
HIALEAH HOSPITAL	100053	
Location of Institutional Injury	Other Location of Institutional Injury	
Patients' Room		
Date of Occurrence	Date Reported to Insurer	
2/10/2005	8/17/2006	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Hypertension, Asthma, Hypothyroidism and Osteoporosis.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Inpatient admission to evaluate for shortness of breath and possible pulmonary emboli.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
There was no allegation of a misdiagnosis in this case.
Principal Injury Giving Rise To The Claim
This case involved an allegation from a then 59 y/o married female patient that our insured failed to timely recognize a complication of the administration of lovenox which resulted in a retroperitoneal bleed, multi-organ failure and death.
Severity Of Injury
Permanent: Death.

Legal Information	
Date of Suit	Circuit Court Case Number
	*NR
County Suit Filed in	Date of Final Disposition
*NR	11/6/2006
Other Defendants Involved in this Claim	
Gonzalez M.D., Rene D Fernandez M.D., Louis A Lawson M.D., Rodolfo E Hialeah Hospital	
Stage of Legal System at which Settlement was Reached or Award Made	
Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
Final Method of Claim Disposition	

Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
11/27/2006	

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?	Yes	
Indemnity Paid by Insurer on behalf of Insured	\$250,000	
Loss Adjust Expense Paid to Defense Counsel	\$0	
All Other Loss Adjustment Expense Paid	\$3,417	
Injured Person's Total Non-Economic Loss	\$250,000	
Deductible	\$0	
Injured Person's Total Economic Loss		
	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely		
This case was discussed with the claims department.		

Updates
No updates found.