

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200643422
Claim Number :	1000665
Date Submitted :	12/7/2006

Insurer Information

Insurer Name		Coverage Type	
FLORIDA MEDICAL MALPRACTICE JUA		Primary	
Insurer FEIN	Professional License Number		
59-1625412			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	SUSAN		SPIELMAN
Street Address			
5814 Reed Street			
City		State	Zip
Fort Wayne		IN	46835
Phone	Ext	Fax	E-Mail Address
(260) 486 - 0340		(260) 486 - 0782	SUSAN.SPIELMAN@MEDPRO.COM

Insured Information

Type	First Name	MI	Last Name
Individual	Raymond		Failer
Insurer Type	Street Address of Practice		
Licensed	1065 NE 125TH ST STE 409		
City	State	Zip Code	County
NORTH MIAMI	FL	33161-5834	Dade
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
FL004575	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Osteopathic Physician			
License Number	Specialty Code & Classification		Certification Number
OS1920	Family Physicians or General Practitioners - No Surgery		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Broward
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility		Code	
Name of Institution		110068	
ATLANTIC SHORES HOSPITAL		Other Location of Institutional Injury	
Location of Institutional Injury		Date Reported to Insurer	
Patients' Room		5/12/2005	
Date of Occurrence			
1/25/2004			

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Drug addiction
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
In house rehabilitation
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Administration of methadone and valium
Principal Injury Giving Rise To The Claim
Death on 1/25/04 from cardiopulmonary arrest
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
11/2/2005	0516002 (12)
County Suit Filed in	Date of Final Disposition
Broward	11/27/2006
Other Defendants Involved in this Claim	
Flaherty DO, David H Atlantic Shores Hospital Compass Health Systems Inc Raymond Failer DO PA	
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	Other
No Court Proceedings.	
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		\$150,000
Loss Adjust Expense Paid to Defense Counsel		\$35,625
All Other Loss Adjustment Expense Paid		\$5,814
Injured Person's Total Non-Economic Loss		\$0
Deductible		\$0
<u>Injured Person's Total Economic Loss</u>		
	<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		
N/A		

Updates
No updates found.