

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200744794
Claim Number :	551 01 833755
Date Submitted :	3/14/2007

Insurer Information

Insurer Name		Coverage Type	
CHICAGO INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
36-6042949			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Ruby		Thompson
Street Address			
33 West Monroe			
City		State	Zip
Chicago		IL	60603
Phone	Ext	Fax	E-Mail Address
(312) 456 - 5227		(312) 577 - 9507	rthomps2@ffic.com

Insured Information

Type	First Name	MI	Last Name
Individual	Serge		Thys
Insurer Type	Street Address of Practice		
Licensed	2151 45th Street		
City	State	Zip Code	County
West Palm Beach	FL	33407	Palm Beach
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
PSP 3000774	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME59794	Psychiatry - All Other		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Palm Beach
Location where injury occurred		State	Zip Code
Emergency Room		Other location where injury occurred	
Name of Institution		Code	
COLUMBIA HOSPITAL		100234	
Location of Institutional Injury		Other Location of Institutional Injury	
Radiology, Emergency Room			
Date of Occurrence		Date Reported to Insurer	
2/8/2001		11/7/2002	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Suicidal Tendencies, Depression, auditory hallucinations
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Insured treated patient with Risperdal and Zoloft.
Diagnostic Code : 325
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Plaintiffs allege patient developed tardive Dyskinesia, and eventually committed suicide.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
10/16/2003	2003CA011108
County Suit Filed in	Date of Final Disposition
Palm Beach	3/6/2007
Other Defendants Involved in this Claim	
Columbia Hospital Agresti, Mark G	
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	
No Payment Made	
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?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$38,028
All Other Loss Adjustment Expense Paid	\$10,486
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	
none	

Updates
No updates found.