

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200744857
<b>Claim Number :</b>	96M05382
<b>Date Submitted :</b>	3/19/2007

### Insurer Information

<b>Insurer Name</b>		<b>Coverage Type</b>	
FRONTIER INSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
13-2559805			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Nina	L	Gorton
<b>Street Address</b>			
195 lake louise marie road			
<b>City</b>		<b>State</b>	<b>Zip</b>
rock hill		NY	12775
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(845) 796 - 2100	5062	(845) 807 - 4985	NGorton@ftr.com

### Insured Information

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	OTSENRE		MATOS
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	5330 GEORGE STREET		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
NEW PORT RICHEY	FL	34652	Pasco
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
KM0009544	\$1,000,000		\$3,000,000
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor Public Psychiatry			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME22865	Psychiatry - All Other		

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<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
<b>City</b>		M	Hillsborough
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Patient's Home			
<b>Name of Institution</b>		<b>Code</b>	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
2/5/1992		3/8/1996	

<b>Diagnostic Information</b>
<p><b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> DEPRESSION AFTER CAR ACCIDENT WHEREING PATIENT LOST RIGHT LEG</p> <p><b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b> COUNSELING, MEDICATIONS</p> <p><b>Diagnostic Code :</b></p> <p><b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b> ALLEGED FAILURE TO RECOGNIZE PATIENTS WARNING OF SUICIDE</p> <p><b>Principal Injury Giving Rise To The Claim</b> ATTEMPTED SUICIDE</p> <p><b>Severity Of Injury</b> Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.</p>

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<b>Legal Information</b>	
<b>Date of Suit</b> 7/9/1996	<b>Circuit Court Case Number</b> 963386CA
<b>County Suit Filed in</b> Pasco	<b>Date of Final Disposition</b> 12/4/1998
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b> Settled by parties	
<b>Court Decision</b> Judgment for the plaintiff.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b> 9/23/1998	

<b>Financial Information</b>	
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	Yes
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$960,000
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$558,730
<b>All Other Loss Adjustment Expense Paid</b>	\$16,378
<b>Injured Person's Total Non-Economic Loss</b>	\$0
<b>Deductible</b>	\$0
<b><u>Injured Person's Total Economic Loss</u></b>	
	<u>Incurred to Date</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
	<u>Anticipated</u>
<b>Medical Expense</b>	\$0
<b>Wage Loss</b>	\$0
<b>Other Expenses</b>	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> THE INSURED HAS CONSULTED WITH DEFENSE COUNSEL, MEDICAL EXPERTS AND CLAIMS PERSONNEL REGARDING THIS MATTER.	

<b>Updates</b>
No updates found.