

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200744995
Claim Number :	001990086
Date Submitted :	3/28/2007

Insurer Information

Insurer Name		Coverage Type	
LEGION INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
23-1892289			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Jean	C	Bates
Street Address			
1515 Wilson Blvd., Suite 800			
City		State	Zip
Arlington		VA	22209
Phone	Ext	Fax	E-Mail Address
(703) 907 - 3828		(703) 276 - 9419	Bates@prms.com

Insured Information

Type	First Name	MI	Last Name
Individual	EMANUEL		MARTINEZ
Insurer Type	Street Address of Practice		
Licensed	31 Nelimar Ave.		
City	State	Zip Code	County
St. Augustine	FL	32084	Duval
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
P12-264337	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME68758	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		F	Duval
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Other Hospital/Institution		Ten Broeck Hospital	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
9/24/1999		9/28/1999	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Bipolar Disorder
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Suicide
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Death
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
11/19/2001	0107696
County Suit Filed in	Date of Final Disposition
Duval	3/9/2007
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	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
3/9/2007	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$55,000
Loss Adjust Expense Paid to Defense Counsel	\$16,162
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$55,000
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	
None	

Updates
No updates found.