

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200745834
Claim Number :	TH-LLFL-56416
Date Submitted :	6/11/2007

Insurer Information

Insurer Name		Coverage Type	
LEXINGTON INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
25-1149494			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Nancy	J	Thomas
Street Address			
9821 Katy Freeway			
City		State	Zip
Houston		TX	77024
Phone	Ext	Fax	E-Mail Address
(713) 935 - 8868		(713) 461 - 8130	nancy_thomas@ajg.com

Insured Information

Type	First Name	MI	Last Name
Individual	Sat		Punyani
Insurer Type	Street Address of Practice		
Licensed	11613 NW 5th Street		
City	State	Zip Code	County
Fort Lauderdale	FL	33325	Broward
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
6801420	\$250,000	\$750,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME33922	Emergency Medicine - No Major 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
		State	Zip Code
Location where injury occurred	Other location where injury occurred		
Emergency Room			
Name of Institution	Code		
MEMORIAL HOSPITAL PEMBROKE	100230		
Location of Institutional Injury	Other Location of Institutional Injury		
Radiology, Emergency Room			
Date of Occurrence	Date Reported to Insurer		
9/8/2004	11/15/2006		

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
CAUDA EQUINA
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
ALLEGED DELAY IN DIAGNOSIS AND TREATMENT
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
DELAY IN DIAGNOSIS AND TREATMENT
Principal Injury Giving Rise To The Claim
PARAPLEGIC, INCONTINENT
Severity Of Injury
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 6/8/2007
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made After arbitration is initiated or prior to suit being filed.	
Final Method of Claim Disposition Settled by parties	
Court Decision No Court Proceedings.	Other
Arbitration Claim subject to arbitration, but settlement reached in lieu of award.	
Date of Payment 3/26/2007	

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	\$9,021
All Other Loss Adjustment Expense Paid	\$12,787
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	<u>Anticipated</u>
Unknown. Payment made under self insured retention layer of policy by policyholder	

Updates
No updates found.