

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200746609
Claim Number :	34836-01
Date Submitted :	8/17/2007

Insurer Information			
Insurer Name		Coverage Type	
FIRST PROFESSIONALS INSURANCE COMPANY, INC		Primary	
Insurer FEIN	Professional License Number		
59-6614702			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Odessa		Choice
Street Address			
1000 Riverside Avenue, Suite 800			
City		State	Zip
Jacksonville		FL	32204
Phone	Ext	Fax	E-Mail Address
(800) 741 - 3742	3045	(904) 358 - 6728	odessa.choice@fpic.com

Insured Information			
Type	First Name	MI	Last Name
Individual	Guillermo	W	Cosma
Insurer Type	Street Address of Practice		
Licensed	1305 S. Ft. Harrison Ave, Bldg F		
City	State	Zip Code	County
Clearwater	FL	33756	Pinellas
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
3392	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME18063	Psychiatry - Including Child	80249	

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Pinellas
Location where injury occurred		State	Zip Code
Other Hospital/Institution		Other location where injury occurred	
Name of Institution		Barrington Terrace Assisted Living Facil	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room		Code	
Date of Occurrence		Date Reported to Insurer	
9/1/2004		10/26/2006	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Alzheimer's dementia.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
None.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to appropriately treat dementia.
Principal Injury Giving Rise To The Claim
Death due to suicide.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 7/24/2007
Other Defendants Involved in this Claim Barrington Terrace Assisted Living	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition Dropped before Action Filed	
Court Decision No Court Proceedings.	Other
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	\$1,000
All Other Loss Adjustment Expense Paid	\$310
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
<u>Anticipated</u>	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.	

Updates
No updates found.