

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200746914
Claim Number :	59-134801
Date Submitted :	9/11/2007

Insurer Information

Insurer Name		Coverage Type	
PHYSICIANS INSURANCE COMPANY		Primary	
Insurer FEIN		Professional License Number	
13-4235490			
Insurer Contact Information			
Type		Entity Name	
Entity		Physicians Insurance Company	
Street Address			
3200 NE 14th Street			
City		State	Zip
Pompano Beach		FL	33062
Phone	Ext	Fax	E-Mail Address
(954) 788 - 5473	5610		claims@picinsurance.com

Insured Information

Type	First Name	MI	Last Name
Individual	JAMES	P	WEINER
Insurer Type	Street Address of Practice		
Licensed	12700 CREEKSIDE LN		
City	State	Zip Code	County
FORT MYERS	FL	33919-3356	Lee
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
132393	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME76902	Physical Medicine and Rehabilitation		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Lee
Location where injury occurred		State	Zip Code
Physician's Office		Other location where injury occurred	
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
1/26/2006		11/27/2006	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Chronic Pain
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Outpatient Monitoring of a Morphine Pump
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
This case did not involve an allegation of a Misdiagnosis.
Principal Injury Giving Rise To The Claim
This case involved an allegation from a 57 y/o married male patient that our insured contributed to a morphine pump replacement infection.
Severity Of Injury
Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 8/31/2007
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition No Payment Made	
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	\$4,228
All Other Loss Adjustment Expense Paid	\$243
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	
This case has been discussed with Defense Counsel and the Claims department.	

Updates
No updates found.