

Department File Number :	M200747355
Claim Number :	99M18618
Date Submitted :	10/17/2007

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

Insured Information			
Type	First Name	MI	Last Name
Individual	stephen		szabo
Insurer Type	Street Address of Practice		
Licensed	1502 w. busch blvd. suite h		
City	State	Zip Code	County
tampa	FL	33612	Hillsborough
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
Cm0501480	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor Public Psychiatry			
License Number	Specialty Code & Classification		Certification Number
ME24588	Psychiatry - Child and Adolescent Psychiatry		

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury

		Occurred
	F	Hillsborough
City	State	Zip Code
Location where injury occurred	Other location where injury occurred	
Physician's Office		
Name of Institution	Code	
Location of Institutional Injury	Other Location of Institutional Injury	
Patients' Room		
Date of Occurrence	Date Reported to Insurer	
8/1/1997	11/29/1999	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
anger issues, suicide ideation, depression
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
counseling with medication
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
there was no misdiagnosis
Principal Injury Giving Rise To The Claim
alleged failure of lack of informed consent re: side effects of navane, failure to monitor lithium levels or to monitor levels in kidney and liver resulting in permanent movement disorder, failure to properly monitor lithium levels causing plaintiff to have polyursa renal insufficiency
Severity Of Injury
Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

Legal Information	
Date of Suit	Circuit Court Case Number
7/13/2000	00-5208
County Suit Filed in	Date of Final Disposition
Hillsborough	10/4/2007
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
Other	settlement with contribution
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
10/17/2007	

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?	Yes	
Indemnity Paid by Insurer on behalf of Insured	\$75,000	
Loss Adjust Expense Paid to Defense Counsel	\$32,206	
All Other Loss Adjustment Expense Paid	\$16,592	
Injured Person's Total Non-Economic Loss	\$0	
Deductible	\$0	
Injured Person's Total Economic Loss		
	Incurred to Date	Anticipated
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely		
the insured has consulted with defense counsel, medical experts and claims personnel regarding this matter.		

Updates
No updates found.