

Department File Number :	M200747379
Claim Number :	SH-TENET-56351
Date Submitted :	10/18/2007

Insurer Information			
Insurer Name		Coverage Type	
RDA Sterling Healthcare		Primary	
Insurer FEIN	Professional License Number		
00-000000	SI		
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Nancy		Thomas
Street Address			
2000 West Sam Houston Parkway South, 19th Floor; One Briarlake Plaza			
City		State	Zip
Houston		TX	77042-361
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	NOEMI		RIVERA
Insurer Type	Street Address of Practice		
Self-Insurer	1648 Blue Jay Circle		
City	State	Zip Code	County
Weston	FL	33327	Broward
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
4700000132-042	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME73359	Emergency Medicine - No Major Surgery		

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Dade
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			

Name of Institution	Code
PALMETTO GENERAL HOSPITAL	100187
Location of Institutional Injury	Other Location of Institutional Injury
Radiology, Emergency Room	
Date of Occurrence	Date Reported to Insurer
2/14/2006	10/2/2006

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Presented to ER on February 14, 2006 with complaints of right flank pain
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Patient treated and diagnostics ordered
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to diagnose
Principal Injury Giving Rise To The Claim
Loss of one fallopian tube
Severity Of Injury
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

Legal Information	
Date of Suit	Circuit Court Case Number
2/14/2007	06-26707 CA 27
County Suit Filed in	Date of Final Disposition
Dade	10/17/2007
Other Defendants Involved in this Claim	
Castellon, Celestino Palmetto General Hospital	
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 subject to arbitration, but settlement reached in lieu of award.	
Date of Payment	
9/19/2007	

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	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	Incurred to Date
	Anticipated
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
Diagnostics were ordered during patient's E.R. dept. visit	

Updates
No updates found.