

<b>Department File Number :</b>	<b>M200848116</b>
<b>Claim Number :</b>	<b>005030490</b>
<b>Date Submitted :</b>	<b>1/4/2008</b>

<b>Insurer Information</b>			
<b>Insurer Name</b>		<b>Coverage Type</b>	
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
25-0687550			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Jean	C	Bates
<b>Street Address</b>			
1515 Wilson Blvd. Ste. 800			
<b>City</b>		<b>State</b>	<b>Zip</b>
Arlington		VA	22209
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(703) 907 - 3828		(703) 276 - 9419	bates@prms.com

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	ALBERT	L	RAY
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	8603 S. Dixie Hwy., Ste. 401		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Miami	FL	33143	Dade
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
PSC01-00298505	\$1,000,000	\$3,000,000	
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>	<b>Certification Number</b>	
ME26578	Psychiatry - Addiction Psychiatry		

<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
		F	Dade
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Patient's Home			
<b>Name of Institution</b>		<b>Code</b>	

<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>
5/12/2003	7/26/2004

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Chronic Pain
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Outpatient therapy and medication management
Diagnostic Code :
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
*NR
<b>Principal Injury Giving Rise To The Claim</b>
Death due to oxycodone toxicity
<b>Severity Of Injury</b>
Permanent: Death.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
3/21/2005	0505503CA32
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Dade	12/6/2007
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	
<b>Arbitration</b>	
Claim not subject to Arbitration.	
<b>Date of Payment</b>	
12/6/2007	

<b>Financial Information</b>	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$825,000
Loss Adjust Expense Paid to Defense Counsel	\$276,279

All Other Loss Adjustment Expense Paid		\$0
Injured Person's Total Non-Economic Loss		\$825,000
Deductible		\$0
<b>Injured Person's Total Economic Loss</b>		
	<b>Incurred to Date</b>	<b>Anticipated</b>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>		
None		

<b>Updates</b>
No updates found.