

Department File Number :	M200848117
Claim Number :	005060009
Date Submitted :	1/4/2008

Insurer Information			
Insurer Name		Coverage Type	
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA		Primary	
Insurer FEIN	Professional License Number		
25-0687550			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Jean	C	Bates
Street Address			
1515 Wilson Blvd. Suite 800			
City		State	Zip
Arlington		VA	22209
Phone	Ext	Fax	E-Mail Address
(703) 907 - 3828		(703) 267 - 9419	bates@prms.com

Insured Information			
Type	First Name	MI	Last Name
Individual	WOMESH		SAHADEO
Insurer Type	Street Address of Practice		
Licensed	1115 45th St. Ste. 1		
City	State	Zip Code	County
West Palm Beach	FL	33407	Palm Beach
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
PSC01-9547522	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME50472	Psychiatry - All Other		

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		M	Palm Beach
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Other Location		Pt.'s grandparent's home	
Name of Institution		Code	

Location of Institutional Injury	Other Location of Institutional Injury
Date of Occurrence	Date Reported to Insurer
12/8/2005	7/10/2006

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
Depression	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
Inpatient evaluation and treatment	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
*NR	
Principal Injury Giving Rise To The Claim	
The patient committed suicide within 24 hours of discharge	
Severity Of Injury	
Permanent: Death.	

Legal Information	
Date of Suit	Circuit Court Case Number
12/11/2006	50 2006 CA 13537
County Suit Filed in	Date of Final Disposition
Palm Beach	12/6/2007
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
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
12/6/2007	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$450,000
Loss Adjust Expense Paid to Defense Counsel	\$32,884

All Other Loss Adjustment Expense Paid		\$0
Injured Person's Total Non-Economic Loss		\$450,000
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		
None		

Updates
No updates found.