

Department File Number :	M200848767
Claim Number :	278742
Date Submitted :	1/12/2009

Insurer Information			
Insurer Name		Coverage Type	
MEDICAL PROTECTIVE COMPANY (THE)		Primary	
Insurer FEIN	Professional License Number		
35-0506406			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Mary		Osborn
Street Address			
5814 Reed Rd			
City		State	Zip
Fort Wayne		IN	46835
Phone	Ext	Fax	E-Mail Address
(800) 463 - 3776	6604	(260) 486 - 0785	Mary.Osborn@medpro.com

Insured Information			
Type	First Name	MI	Last Name
Individual	RAGHU	V	DEVABHAKTUNI
Insurer Type	Street Address of Practice		
Licensed	13908 LAKESHORE BLVD STE 210		
City	State	Zip Code	County
HUDSON	FL	34667	Pasco
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
583347	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME61245	Psychiatry - All Other		

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

	M	Pinellas
City	State	Zip Code
Location where injury occurred	Other location where injury occurred	
Patient's Home		
Name of Institution	Code	
Location of Institutional Injury	Other Location of Institutional Injury	
Date of Occurrence	Date Reported to Insurer	
7/2/2004	3/26/2007	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
ANXIETY, DEPRESSION & PANIC ATTACKS
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
OFFICE EXAM AND PRESCRIPTION MEDICATIONS
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
FAILURE TO PROPERLY TREAT DEPRESSION
Principal Injury Giving Rise To The Claim
DEATH
Severity Of Injury
Permanent: Death.

Legal Information	
Date of Suit	Circuit Court Case Number
2/28/2007	51-07-CA-1001WS
County Suit Filed in	Date of Final Disposition
Pasco	2/11/2008
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
2/20/2008

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?	Yes	
Indemnity Paid by Insurer on behalf of Insured	\$35,000	
Loss Adjust Expense Paid to Defense Counsel	\$34,892	
All Other Loss Adjustment Expense Paid	\$21,051	
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		
N/A		

Updates			
□			
Date of Change:	1/12/2009 1:38:38 PM		
Reason for Change:	UPDATING ALE ON THIS CASE.		
	Field Changed	Former Value	New Value
	All Other Loss Adjustment Expense Paid	14630	21051
	Amount of Loss Adjustment Expense Paid to Defense Counsel	27140	34892