

Department File Number :	M200849849
Claim Number :	001010543
Date Submitted :	6/12/2008

Insurer Information			
Insurer Name		Coverage Type	
LEGION INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
23-1892289			
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) 276 - 9419	bates@prms.com

Insured Information			
Type	First Name	MI	Last Name
Individual	GERARDO	P	SISON
Insurer Type	Street Address of Practice		
Licensed	34650 U.S. 19 North, #107		
City	State	Zip Code	County
Palm Harbor	FL	34684	Pinellas
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
PL5-262282	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME53725	Psychiatry - All Other		

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

	F	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	
5/21/2000	5/16/2002	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Depressive Disorder, Panic Disorder and Agoraphobia
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Outpatient psychotherapy and medication management
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
It is alleged that a combination of medications prescribed by the insured and other treaters caused respiratory depression and the ultimate death of the patient
Severity Of Injury
Permanent: Death.

Legal Information	
Date of Suit	Circuit Court Case Number
9/27/2002	02-3465 CI-13
County Suit Filed in	Date of Final Disposition
Pinellas	4/28/2008
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
4/28/2008

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?		Yes
Indemnity Paid by Insurer on behalf of Insured		\$25,000
Loss Adjust Expense Paid to Defense Counsel		\$29,238
All Other Loss Adjustment Expense Paid		\$0
Injured Person's Total Non-Economic Loss		\$25,000
Deductible		\$0
Injured Person's Total Economic Loss		
	<u>Incurred to Date</u>	<u>Anticipated</u>
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.