

<b>Department File Number :</b>	<b>M200849858</b>
<b>Claim Number :</b>	<b>005050513</b>
<b>Date Submitted :</b>	<b>6/12/2008</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., Suite 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	STEPHEN		MOSKOWITZ
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	1881 University Dr., #210		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Coral Springs	FL	33071	Broward
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>	<b>Aggregate Policy Limits</b>	
PSC03-0629675	\$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>	
ME21863	Psychiatry - Child and Adolescent 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	Broward
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>	
Physician's Office		
<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>	
5/6/2004	7/18/2006	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Bipolar Disorder
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Outpatient psychotherapy 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>
The patient alleged she developed diabetes from the use of Seroquel and that the insured was negligent in prescribing the drug without performing appropriate diagnostic studies before and during treatment. Discovery revealed that Lab work was ordered but the results were not in the record.
<b>Severity Of Injury</b>
Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
12/12/2006	0620179
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Broward	5/13/2008
<b>Other Defendants Involved in this Claim</b>	
Moskowitz, P.A., Stephen	
<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>	
5/13/2008	

<b>Financial Information</b>		
Was there a settlement Resulting in payment to the Plaintiff?		
		Yes
Indemnity Paid by Insurer on behalf of Insured		\$300,000
Loss Adjust Expense Paid to Defense Counsel		\$27,679
All Other Loss Adjustment Expense Paid		\$0
Injured Person's Total Non-Economic Loss		\$300,000
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. Payment was made on behalf of Stephen Moscovitz, PA, not Stephen Moskowitz, MD		

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