

Department File Number :	M200952532
Claim Number :	155362
Date Submitted :	2/10/2009

Insurer Information			
Insurer Name		Coverage Type	
PROASSURANCE CASUALTY COMPANY		Primary	
Insurer FEIN		Professional License Number	
38-2317569			
Insurer Contact Information			
Type		Entity Name	
Entity		ProNational Insurance Company	
Street Address			
13919 Carrollwood Village Run			
City		State	Zip
Tampa		FL	33618-2746
Phone	Ext	Fax	E-Mail Address
(813) 969 - 2010		(813) 969 - 2120	SNorris@ProAssurance.com

Insured Information			
Type	First Name	MI	Last Name
Individual	Kenneth	P	Pages
Insurer Type	Street Address of Practice		
Licensed	508 South Habana Avenue, Suite 320		
City	State	Zip Code	County
Tampa	FL	33609	Hillsborough
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
MP64472	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME76178	Psychiatry - All Other		00000

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Hillsborough
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility			
Name of Institution		Code	
TAMPA GENERAL HOSPITAL		100128	

Location of Institutional Injury	Other Location of Institutional Injury
Patients' Room	
Date of Occurrence	Date Reported to Insurer
7/22/2008	7/28/2008

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
Chronic depression and borderline personality disorder.	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
Admission for adjustment of psychiatric medications.	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
No misdiagnosis.	
Principal Injury Giving Rise To The Claim	
Plaintiff alleged insured failed to order 1:1 monitoring of suicidal patient, resulting in patient committing suicide.	
Severity Of Injury	
Permanent: Death.	

Legal Information	
Date of Suit	Circuit Court Case Number
11/7/2008	08-26409
County Suit Filed in	Date of Final Disposition
Hillsborough	1/29/2009
Other Defendants Involved in this Claim	
Kenneth P. Pages, M.D., P.A.	
Stage of Legal System at which Settlement was Reached or Award Made	
Within 90 days of suit being filed.	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
2/5/2009	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$1,000,000
Loss Adjust Expense Paid to Defense Counsel	\$6,288
All Other Loss Adjustment Expense Paid	\$2,394

Injured Person's Total Non-Economic Loss			\$1,000,000
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			
Insured has discussed case with insurance company personnel, medical experts and defense counsel.			

Updates
No updates found.