

Department File Number :	M200952549
Claim Number :	20072221
Date Submitted :	2/11/2009

Insurer Information			
Insurer Name		Coverage Type	
DARWIN NATIONAL ASSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
56-0997452			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Myrna		Nieves
Street Address			
9 Farm Spring Road.			
City		State	Zip
Farmington		CT	06032
Phone	Ext	Fax	E-Mail Address
(860) 284 - 1332		(860) 284 - 1333	mnieves@darwinpro.com

Insured Information			
Type	First Name	MI	Last Name
Individual	JEANNE		GIFFORD
Insurer Type	Street Address of Practice		
Licensed	22 Lake Beauty Dr., Ste. 301		
City	State	Zip Code	County
Orlando	FL	32806	Orange
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
0001-3060	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor Limited to Mayo Clinic			
License Number	Specialty Code & Classification	Certification Number	
ME10680	Psychiatry - Including Child		

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

	F	Orange
City	State	Zip Code
Location where injury occurred	Other location where injury occurred	
Patient's Home		
Name of Institution	Code	
N/A		
Location of Institutional Injury	Other Location of Institutional Injury	
Other		
Date of Occurrence	Date Reported to Insurer	
9/8/2006		
	11/1/2007	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
substance abuse and depression
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
psychatry
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
patient suicide
Severity Of Injury
Permanent: Death.

Legal Information	
Date of Suit	Circuit Court Case Number
	*NR
County Suit Filed in	Date of Final Disposition
*NR	1/23/2009
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
Claim or suit abandoned.	
Final Method of Claim Disposition	
No Payment Made	
Court Decision	Other
No Court Proceedings.	
Arbitration	

Claim not subject to Arbitration.

Date of Payment

Financial Information

Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$1,008
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
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

worked with attorney to resolve case. Claim was abandoned.

Updates

No updates found.