

Department File Number :	M200953104
Claim Number :	26363
Date Submitted :	4/1/2009

Insurer Information			
Insurer Name		Coverage Type	
MAG MUTUAL INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
58-1449198			
Insurer Contact Information			
Type		Entity Name	
Entity		MAG Mutual Insurance Company	
Street Address			
8427 South Park Circle Suite 130			
City		State	Zip
Orlando		FL	32819
Phone	Ext	Fax	E-Mail Address
(407) 370 - 3813		(407) 370 - 2247	cwehner@magmutual.com

Insured Information			
Type	First Name	MI	Last Name
Individual	Rasiah		Subramaniam
Insurer Type	Street Address of Practice		
Licensed	477 Dover Circle		
City	State	Zip Code	County
Englewood	FL	34223	Sarasota
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
PSL 1600805 04	\$250,000		\$750,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME31933	Family Physicians or General Practitioners - No Surgery		

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

		Occurred
	M	Sarasota
City	State	Zip Code
Location where injury occurred	Other location where injury occurred	
Physician's Office		
Name of Institution	Code	
Location of Institutional Injury	Other Location of Institutional Injury	
Patients' Room		
Date of Occurrence	Date Reported to Insurer	
2/16/2005	10/18/2007	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Back strain
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Prescription of narcotics
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
Alleged failure to properly diagnose injury and overprescribing of narcotics
Principal Injury Giving Rise To The Claim
Drug dependency
Severity Of Injury
Emotional Only - Fright, no physical damage

Legal Information	
Date of Suit	Circuit Court Case Number
3/13/2008	2008CA22995C
County Suit Filed in	Date of Final Disposition
Sarasota	3/4/2009
Other Defendants Involved in this Claim	
North Port Family Health Center	
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
3/9/2009

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?		Yes
Indemnity Paid by Insurer on behalf of Insured		\$100,000
Loss Adjust Expense Paid to Defense Counsel		\$14,472
All Other Loss Adjustment Expense Paid		\$9,576
Injured Person's Total Non-Economic Loss		\$100,000
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		
Risk management has counseled insured		

Updates
No updates found.