

















Name: Dr. Christopher F Milskowitz
Gender: Male

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SEARCH SCHEDULE CONNECT

Report Summary

	Criminal Offenses	 0 Found	None Reported
	Board Actions	 0 Found	None Reported
	Malpractice Claims	 5 Found	Cases Found See Below
	Patient Reviews	 15 Found	Reviews Detected Please See Below
	Specialties	 2 Found	Specialties Detected Please See Below
	Referred This Doctor	 167 Found	Referrals Detected Please See Below
	Average Price for Visit	 2 Found	New Patient: \$245.00 Existing Patient: \$152.52
	Medical School Ranking	 1 Found	#45 Best Medical Schools: Research

Practice Locations

<p>Name of Hospital Here 123 Sample Road Suit 305 AUSTIN, TX 73301 (512)123-4567 ext 0</p>	<p>Name of Hospital Here 456 Sample Street Suit 405 AUSTIN, TX 73301 (512)123-4567 ext 1</p>	<p>Name of Hospital Here 789 Sample Ave Suit 505 AUSTIN, TX 73301 (512)123-4567 ext 2</p>
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License Information

National Provider Identifier (NPI):	*****
Specialty:	Internal Medicine - Gastroenterology
Medical License(s):	FLORIDA: MEXXXXXXX (INTERNAL MEDICINE - GASTROENTEROLOGY)
Degree Type:	MD

Education

Medical School:	UNIVERSITY OF ****
Graduation Date:	1988
Board Certifications:	AMERICAN BOARD OF INTERNAL MEDICINE
Internship:	UNIVERSITY*****
Residency:	N/A
Fellowship:	UNIVERSITY*****
Languages:	ENGLISH

Hospital Affiliations / Privileges

Baptist Hospital Of *****, Doctors Hospital, ***** Hospital

Definition of Residency

Residency is a period of advanced training and medical specialty that normally follows graduation from a medical school (usually a D.O., M.D. degree) which can take two to five years depending on the specialty. This might include internship which is usually designed as PGY1 (post graduate year one) and goes up to PGY5 (post graduate year five). Medical or Surgical residency gives the doctor in depth training in a specific branch of medicine.

Definition of Fellowship

Fellowship is a period of medical training that follows residency specialty training. This usually lasts one or two years and may include academic research or further training in sub-specialty.

Definition of Hospital privileges

This is an authority granted to the physician by a hospital or medical staff governing board. Usually under the guidance of a credential committee, which do a background check on the individual physician's professional license, experience, and competence. They also follow up with the letters of recommendation and checks for prior disciplinary actions. The physician submits a list of privileges requested which will be granted as full or partial privileges according to the scope of his training. Emergency privileges may be granted by a medical staff, chief of medical staff, or chief executive officer of the hospital, in case of emergency without

Procedure Pricing Information

Medicare Procedure Rates:

HCPCS Code	Description	Average Charge	State	State Average Charge
G0121	COLON CA SCRIN NOT HI RSK IND	\$920.00	FL	\$1,024.25
45380	COLONOSCOPY AND BIOPSY	\$1,090.00	FL	\$1,073.15
45378	DIAGNOSTIC COLONOSCOPY	\$920.00	FL	\$959.96
43450	DILATE ESOPHAGUS	\$370.00	FL	\$559.68
45385	LESION REMOVAL COLONOSCOPY	\$1,230.00	FL	\$1,235.81
45384	LESION REMOVE COLONOSCOPY	\$1,080.00	FL	\$1,260.74
36415	ROUTINE VENIPUNCTURE	\$20.00	FL	\$12.43
43239	UPPER GI ENDOSCOPY BIOPSY	\$800.00	FL	\$847.18

Patient Referral Summary

Referred To This Doctor:

Specialty	Count	Patient Count	Same Day Count
DIAGNOSTIC RADIOLOGY	4950	1892	81
CARDIOVASCULAR DISEASE (CARDIOLOGY)	4119	606	5
PULMONARY DISEASE	1816	162	0
INTERNAL MEDICINE	1589	120	2
RHEUMATOLOGY	917	57	4
PAIN MANAGEMENT	852	48	0
HEMATOLOGY/ONCOLOGY	806	88	2
ENDOCRINOLOGY	777	66	2
DERMATOLOGY	630	122	0
NEUROLOGY	438	63	0
OPHTHALMOLOGY	415	70	0
INFECTIOUS DISEASE	368	24	0
OTOLARYNGOLOGY	345	31	0
PATHOLOGY	344	160	0
INTERVENTIONAL RADIOLOGY	129	39	0
CERTIFIED REGISTERED NURSE ANESTHETIST	105	60	63
UROLOGY	79	19	0

Referred By This Doctor:

Specialty	Count	Patient Count	Same Day Count
CARDIOVASCULAR DISEASE (CARDIOLOGY)	4670	616	15
DIAGNOSTIC RADIOLOGY	4279	1825	87
INTERNAL MEDICINE	1984	135	12
PULMONARY DISEASE	1812	116	4
PAIN MANAGEMENT	1134	48	0
RHEUMATOLOGY	1005	50	0
DERMATOLOGY	923	173	4
HEMATOLOGY/ONCOLOGY	626	96	0
PATHOLOGY	572	220	179
OPHTHALMOLOGY	487	92	2
NEUROLOGY	442	77	8
ENDOCRINOLOGY	424	55	8
OTOLARYNGOLOGY	249	41	3
UROLOGY	215	45	2
OBSTETRICS/GYNECOLOGY	190	22	6
FAMILY PRACTICE	133	34	0
SURGICAL ONCOLOGY	89	12	0
CARDIAC ELECTROPHYSIOLOGY	88	22	0
INTERVENTIONAL RADIOLOGY	87	54	0

Prescription Summary From Medicare Part D in 2011

Prescriptions Filled Including Refills:	952
Total Retail Price of All Prescriptions:	\$102,532.80
Average Price of a Prescription:	\$107.70
Percent of Brand Name Drugs Prescribed:	40%

This Prescriber's Drugs:

Drug Name	Prescriptions Filled Including Refills
OMEPRAZOLE	266
PANTOPRAZOLE SODIUM	96
NEXIUM	79
RANITIDINE HCL	63
DICYCLOMINE HCL	61
LANSOPRAZOLE	42
ONDANSETRON ODT	41
SUCRALFATE	31
CREON	27
DIPHENOXYLATE-ATROPINE	25
DEXILANT	22
CIPROFLOXACIN HCL	22
PEG-3350 WITH FLAVOR PACKS	15
SUPREP	14
LIALDA	14
FENTANYL	13
PAROXETINE HCL	13
OXYCODONE HCL-ACETAMINOPHEN	13
OXYBUTYNIN CHLORIDE	12
OMEPRAZOLE-SODIUM BICARBONATE	12
NIFEDIPINE	12
TRAMADOL HCL-ACETAMINOPHEN	12
AMITIZA	12
ASACOL HD	12
CELEBREX	12
APRISO	11
ASACOL	Less Than 10
ATENOLOL	Less Than 10
AZITHROMYCIN	Less Than 10
CLOTRIMAZOLE-BETAMETHASONE	Less Than 10
COLCHICINE	Less Than 10
COLCRYS	Less Than 10
CEPHALEXIN	Less Than 10
CHOLESTYRAMINE	Less Than 10
DOXYCYCLINE HYCLATE	Less Than 10
FAMOTIDINE	Less Than 10
FEXOFENADINE HCL	Less Than 10

FLUCONAZOLE	Less Than 10
GAVILYTE-C	Less Than 10
GAVILYTE-G	Less Than 10
GAVILYTE-N	Less Than 10
GENERLAC	Less Than 10
GLYCOPYRROLATE	Less Than 10
GOLYTELY	Less Than 10
HALFLYTELY-BISACODYL	Less Than 10
HYDROXYZINE PAMOATE	Less Than 10
HYOMAX-SL	Less Than 10
HYOSCYAMINE SULFATE	Less Than 10
INSULIN SYRINGE	Less Than 10
LIDOCAINE HCL VISCOUS	Less Than 10
LIPITOR	Less Than 10
MECLIZINE HCL	Less Than 10
MEGESTROL ACETATE	Less Than 10
MERCAPTOPURINE	Less Than 10
METHSCOPOLAMINE BROMIDE	Less Than 10
METOPROLOL SUCCINATE	Less Than 10
METOPROLOL TARTRATE	Less Than 10
METRONIDAZOLE	Less Than 10
MOVIPREP	Less Than 10
NAPROXEN SODIUM	Less Than 10
TRIAMTERENE-HCTZ	Less Than 10
TRILYTE WITH FLAVOR PACKETS	Less Than 10
URSODIOL	Less Than 10
XIFAXAN	Less Than 10
ZENPEP	Less Than 10
ZOLPIDEM TARTRATE	Less Than 10
PENTASA	Less Than 10
POLYETHYLENE GLYCOL 3350	Less Than 10
PREVACID	Less Than 10
PROCHLORPERAZINE MALEATE	Less Than 10
PROCTOSOL-HC	Less Than 10
PROCTOZONE-HC	Less Than 10
PROMETHAZINE HCL	Less Than 10
PURINETHOL	Less Than 10
NULYTELY WITH FLAVOR PACKS	Less Than 10
NYSTATIN	Less Than 10
LEVAQUIN	Less Than 10
LEVOFLOXACIN	Less Than 10
LEVOTHYROXINE SODIUM	Less Than 10
ONDANSETRON HCL	Less Than 10
OPIUM	Less Than 10
PEG 3350-ELECTROLYTE	Less Than 10
PEG-3350 AND ELECTROLYTES	Less Than 10
ACIPHEX	Less Than 10

Publications

No Publications Found.

Disciplinary Actions

No Disciplinary Actions Found.

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

No Criminal Offenses Found.

Malpractice Claims

File Number	Occurrence Date	Injury Severity	Disposition Method	Indemnity Paid	Final Disposition Date
Mxxxxxxx	2010-xx-xx	Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.	Settled by parties	\$250,000.00	2011-xx-xx
Mxxxxxxx	2002-xx-xx	Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.	Dropped before Action Filed	\$0.00	2005-xx-xx
Mxxxxxxx	2000-xx-xx	Permanent: Death.	Settled by parties	\$150,000.00	2004-xx-xx
Mxxxxxxx	2000-xx-xx	Permanent: Death.	Settled by parties	\$112,500.00	2007-xx-xx
Mxxxxxxx	1998-xx-xx	Permanent: Death.	Settled by parties	\$250,000.00	2005-xx-xx

Medical Malpractice Closed Claims Report

Department File Number : Mxxxxxxx
Claim Number : 1*****
Date Submitted : xx/xx/2011

Insurer Information

Insurer Name
SAMPLE INSURANCE COMPANY

Coverage Type
Primary

Insurer FEIN
XX-XXXXXX Insurer Contact Information

Professional License Number

Type
Entity

Entity Name
Sample Insurance Casualty Company

Street Address
222 Sample Street

City
Tampa

State **Zip**
FL 33618-2746

Phone
(xxx) xxx - xxxx

Ext **Fax**
(xxx) xxx - xxxx

E-Mail Address
sample@report.com

Insured Information

Type
Individual

First Name
Sample

MI
I

Last Name
Report

Insurer Type
Licensed

Street Address of Practice
123 Sample Report Dr, Suite 301

City
South Miami

State
FL

Zip Code

County
Dade

Policy Number
MPxxxxx

Per Claim Policy Limits
\$250,000

Aggregate Policy Limits
\$750,000

Profession or Business Medical

Other Profession or Business

License Number
MExxxxx

Specialty Code & Classification
Gastroenterology - Minor Surgery

Certification Number
00000

Medical Malpractice Closed Claims Report

Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Dade
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office		Code	
Name of Institution		Other Location of Institutional Injury	
Location of Institutional Injury		Date Reported to Insurer	
Date of Occurrence		11/2/2010	
8/11/2010			

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Gastroesophageal reflux disease.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Prescription of Reglan.

Diagnostic Code :

Misdiagnosis Made, If Any, Of Patient's Actual Condition

No misdiagnosis.

Principal Injury Giving Rise To The Claim

Long term administration of Reglan allegedly resulted in tardive dyskinesia.

Severity Of Injury

Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.

Medical Malpractice Closed Claims Report

Legal Information

Date of Suit
County Suit Filed in
 *NR
Other Defendants Involved in this Claim

Circuit Court Case Number
 *NR
Date of Final Disposition xx/xx/2011

Stage of Legal System at which Settlement was Reached or Award Made
 Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).

Final Method of Claim Disposition
 Settled by parties
Court Decision Other
 No Court Proceedings.
Arbitration
 Claim not subject to Arbitration.
Date of Payment
 7/12/2011

Financial Information

Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$250,000
Loss Adjust Expense Paid to Defense Counsel	\$10,460
All Other Loss Adjustment Expense Paid	\$4,002
Injured Person's Total Non-Economic Loss	\$250,000
Deductible	\$0
Injured Person's Total Economic Loss	

	Incurred to Date	Anticipated
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 expert and defense counsel.

Updates

Date of Change: xx/xx/2011 10:38:37 AM
 Reason for Change: Report updated to reflect date of payment, and to report additional legal fees and expenses paid.

Field Changed	Former Value	New Value
Amount of Loss Adjustment Expense Paid to Defense Counsel	1132	10460
All Other Loss Adjustment Expense Paid	2682	4002

*NR: Prior to 04/28/1999 this field was not required in submitted claims.

This page is not displaying certain sensitive information.

Medical Malpractice Closed Claims Report

Department File Number : MXXXXXXXXX
Claim Number : BXX-XXXXX-XX
Date Submitted : 1/19/2006

Insurer Information

Insurer Name

Sample Insurance COMPANY, INC

Coverage Type

Primary

Insurer FEIN

XX-XXXXXX

Professional License Number

Insurer Contact Information

Type

Individual

First Name

Sample

MI

M

Last Name

Report

Street Address

123 Mocking Bird Ln

City

Jacksonville

State

FL

Zip

32204

Phone

(555) 555 - 5555

Ext

5555

Fax

(555) 555 - 5555

E-Mail Address

sample@report.com

Insured Information

Type

Individual

First Name

MI Sample

Last Name

Report

Insurer Type

Licensed

Street Address of Practice

123 Mockingbird Ln

City

Miami

State

FL

Zip Code

33173

County

Dade

Policy Number

XXXXX

Per Claim Policy Limits

\$250,000

Aggregate Policy Limits

\$750,000

Profession or Business

Medical Doctor License

Other Profession or Business

Number MEXXXXX

Specialty Code & Classification

Gastroenterology - Minor Surgery

Certification Number

XXXXX

Medical Malpractice Closed Claims Report

Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Dade
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility		Code	
Name of Institution		100154	
Sample Hospital		Other Location of Institutional Injury	
Location of Institutional Injury			
Operating Suite		Date Reported to Insurer	
Date of Occurrence		x/xx/2004	
x/xx/2002			

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Upper right quadrant abdominal pain radiating into back.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Claimant underwent an ERCP and subsequent gallbladder removal (by other doctor), causing injury to his bile duct.

Diagnostic Code :

Misdiagnosis Made, If Any, Of Patient's Actual Condition

None.

Principal Injury Giving Rise To The Claim

Claimant had his gallbladder removed, and his bile duct was damaged/injured.

Severity Of Injury

Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

Medical Malpractice Closed Claims Report

Legal Information

Date of Suit **Circuit Court Case Number**
 *NR *NR

County Suit Filed in **Date of Final**
 *NR **Disposition** xx/xx/2005

Other Defendants Involved in this Claim
 Sample Doctor #2, M.D.,
 Sample Doctor #3, M.D.
 Sample Hospital

Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.

Final Method of Claim Disposition
 Dropped before Action Filed

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		\$0
All Other Loss Adjustment Expense Paid		\$3,100
Injured Person's Total Non-Economic Loss		\$0
Deductible		\$0
Injured Person's Total Economic Loss		
	Incurred to Date	Anticipated
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.

Updates

No updates found.

*NR: Prior to xx/xx/1999 this field was not required in submitted claims.

This page is not displaying certain sensitive information.

Medical Malpractice Closed Claims Report

Department File Number : MXXXXXXXXX
Claim Number : BXXXXXXXXX
Date Submitted : x/xx/2004

Insurer Information

Insurer Name

Sample Insurance Company

Insurer FEIN

XX-XXXXXXX

Insurer Contact Information

Type

Individual

Street Address

125 Sample Report Dr, City

Chicago

Phone

(555) 555 - 5555

Professional License Number

First Name

Sample

Coverage Type

Primary

MI

L

Last Name

Report

State

IL

Zip

XXXXX

Ext

Fax

(555) 555 - 5555

E-Mail Address

Insured Information

Type

Individual

Insurer Type

Licensed

City

MIAMI

Policy Number

HCF xxxxxxxx

Profession or

Business Medical

Doctor License Number

MEXXXXX

First Name

MI Sample

Street Address of Practice

125 Sample Report Dr.

State

FL

Zip Code

33173

Per Claim Policy Limits

\$1,000,000

Other Profession or Business

Specialty Code & Classification

Last Name

Report

County

Dade

Aggregate Policy Limits

\$3,000,000

Certification

Number

Medical Malpractice Closed Claims Report

Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	*NR
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility		Code	
Name of Institution		xxxxxx	
Hospital Name		Other Location of Institutional Injury	
Location of Institutional Injury			
Patients' Room		Date Reported to Insurer	
Date of Occurrence		x/xx/2001	
xx/xx/2000			

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Active duodenal ulcer

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

The patient had previously undergone knee surgery on xx/x/00 at another institution, followed by home health care. After syncopal episodes, he was taken to B****t on xx/xx/00 with a suspected upper GI bleed. Dr. X performed an upper endoscopy and found an active duodenal ulcer, which he cauterized. Post-operative orders included monitoring and specific instructions to administer packed red blood cells in the event that h/h levels reached a certain point. When Dr. X was out of the hospital later that evening, the patient experienced a sudden bleed in the area of the ulcer, deteriorated and expired.

Diagnostic Code :

Misdiagnosis Made, If Any, Of Patient's Actual Condition

none

Principal Injury Giving Rise To The Claim

death

Severity Of Injury

Permanent: Death.

Medical Malpractice Closed Claims Report

Legal Information

Date of Suit

xx/xx/2001

Circuit Court Case Number

xxxxxxx CAXx

County Suit Filed

in Dade

Date of Final**Disposition** x/xx/2004**Other Defendants Involved in this Claim**Lastname, Firstname
INSURANCE PROVIDER
SAMPLE HOSPITAL**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

Financial Information

Was there a settlement Resulting in payment to the Plaintiff?

Yes

Indemnity Paid by Insurer on behalf of Insured

\$150,000

Loss Adjust Expense Paid to Defense Counsel

\$164,000

All Other Loss Adjustment Expense Paid

\$0

Injured Person's Total Non-Economic Loss

\$150,000

Deductible

\$0

Injured Person's Total Economic Loss

	Incurred to Date	Anticipated
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

not applicable

Updates

No updates found.

*NR: Prior to xx/xx/1999 this field was not required in submitted claims.

This page is not displaying certain sensitive information.

Medical Malpractice Closed Claims Report

Department File Number : MXXXXXXXXX
Claim Number : XXXXX-XX
Date Submitted : x/xx/2007

Insurer Information

Insurer Name SAMPLE INSURANCE COMPANY, INC	Coverage Type Primary		
Insurer FEIN XX-XXXXXXX	Professional License Number		
Insurer Contact Information			
Type Individual	First Name Odessa	MI	Last Name Choice
Street Address 123 Mockingbird Ln			
City Jacksonville		State FL	Zip 32204
Phone (xxx) xxx - xxxx	Ext xxxx	Fax (xxx) xxx - xxxx	E-Mail Address XXXX.XXXXX@XXXX.com

Insured Information

Type Individual	First Name *****	MI	Last Name *****
Insurer Type Licensed	Street Address of Practice *** ***** Lane		
City Miami	State FL	Zip Code 33173	County *****
Policy Number *****	Per Claim Policy Limits \$500,000		Aggregate Policy Limits \$1,500,000
Profession or Business Medical Doctor	Other Profession or Business		
License Number ME*****	Specialty Code & Classification Surgery - Gastroenterology		Certification Number 80274

Medical Malpractice Closed Claims Report

Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Dade
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility		Code	
Name of Institution		*****	
***** HOSPITAL		Other Location of Institutional Injury	
Location of Institutional Injury			
Critical Care Unit		Date Reported to Insurer	
Date of Occurrence		**/**/2001	
//2000			

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Patient sought treatment for pneumonia and hepatitis.

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Patient was treated conservatively with supportive care.

Diagnostic Code :

Misdiagnosis Made, If Any, Of Patient's Actual Condition

It is alleged that the insured failed to promptly and intensively manage the patient's severe hepatitis.

Principal Injury Giving Rise To The Claim

Death.

Severity Of Injury

Permanent: Death.

Medical Malpractice Closed Claims Report

Legal Information

Date of Suit

//2002

Circuit Court Case Number

-**-CA**

County Suit Filed

in ****

Date of Final**Disposition** **/**/2007**Other Defendants Involved in this Claim**

***** Hospital of *****, Inc.

***** , M.D.

***** , A.R.N.P.

***** , M.D.

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

No Court Proceedings.

Other

Arbitration

Claim not subject to Arbitration.

Date of Payment

//2007

Financial Information

Was there a settlement Resulting in payment to the Plaintiff?

Yes

Indemnity Paid by Insurer on behalf of Insured

\$112,500

Loss Adjust Expense Paid to Defense Counsel

\$117,087

All Other Loss Adjustment Expense Paid

\$40,016

Injured Person's Total Non-Economic Loss

\$112,500

Deductible

\$0

Injured Person's Total Economic Loss**Medical Expense**

Incurred to Date

\$0

Anticipated

\$0

Wage Loss

\$0

\$0

Other Expenses

\$0

\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate.

Updates

No updates found.

This page is not displaying certain sensitive information.

Medical Malpractice Closed Claims Report

Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	****
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Hospital Inpatient Facility		Code	
Name of Institution		*****	
Sample		Other Location of Institutional Injury	
Location of Institutional Injury			
Patients' Room		Date Reported to Insurer	
Date of Occurrence		xx/xx/2001	
xx/xx/1998			

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

The patient had varicella (chicken pox).

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Many consultants were involved, and many tests performed to determine the cause of this patient's problems. When varicella was diagnosed, oral antibiotics were ordered.

Diagnostic Code :

Misdiagnosis Made, If Any, Of Patient's Actual Condition

Plaintiff alleges that the wrong consultants were involved, and that oral antibiotics were insufficient to treat the plaintiff's varicella.

Principal Injury Giving Rise To The Claim

Death.

Severity Of Injury

Permanent: Death.

Medical Malpractice Closed Claims Report

Legal Information

Date of Suit

xx/xx/2001

Circuit Court Case Number

01-**** CA**

County Suit Filed in

Date of Final**Disposition** xx/xx/2005**Other Defendants Involved in this Claim**

***** Hospital of *****

K***, K****

B****, M*****

S****, C*****

**** ***** Emergency Physicians

Stage of Legal System at which Settlement was Reached or Award MadeMore 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

Other

Dismissal

Arbitration

Claim not subject to Arbitration.

Date of Payment

xx/xx/2005

Financial Information

Was there a settlement Resulting in payment to the Plaintiff?

Yes

Indemnity Paid by Insurer on behalf of Insured

\$250,000

Loss Adjust Expense Paid to Defense Counsel

\$449,396

All Other Loss Adjustment Expense Paid

\$0

Injured Person's Total Non-Economic Loss

\$0

Deductible

\$0

Injured Person's Total Economic Loss

	Incurred to Date	Anticipated
Medical Expense	\$0	\$0
Wage Loss	\$0	\$250,000
Other Expenses	\$0	\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

unknown

Updates

No updates found.

This page is not displaying certain sensitive information.

Patient Referral Details

Referred To This Doctor:

Name	Specialty	NPI	Count	Patient Count	Same Day Count
L***** B*****	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXX	429	37	0
M**** C*****	INTERNAL MEDICINE	XXXXXXXXX	406	26	0
J***** *	RHEUMATOLOGY	XXXXXXXXX	378	22	3
M***** *	RHEUMATOLOGY	XXXXXXXXX	290	19	0
M***** *	PAIN MANAGEMENT	XXXXXXXXX	284	16	0
G**** *	HEMATOLOGY/ONCOLOGY	XXXXXXXXX	282	32	1
F**** *	OTOLARYNGOLOGY	XXXXXXXXX	275	20	0
M**** *	ENDOCRINOLOGY	XXXXXXXXX	265	16	0
R**** *	PULMONARY DISEASE	XXXXXXXXX	261	17	0
S***** *	RHEUMATOLOGY	XXXXXXXXX	249	16	1
R***** *	INTERNAL MEDICINE	XXXXXXXXX	241	13	0
H. **** *	INFECTIOUS DISEASE	XXXXXXXXX	184	12	0
D**** *	ENDOCRINOLOGY	XXXXXXXXX	168	23	2
J**** *	PULMONARY DISEASE	XXXXXXXXX	149	16	0
S***** *	PATHOLOGY	XXXXXXXXX	147	85	0
D***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	143	68	12
D**** *	INTERNAL MEDICINE	XXXXXXXXX	137	11	1
L**** *	OPHTHALMOLOGY	XXXXXXXXX	137	11	0
F**** *	OPHTHALMOLOGY	XXXXXXXXX	136	25	0
E***** *	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXX	123	11	0
H**** *	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXX	121	13	0
L**** *	HEMATOLOGY/ONCOLOGY	XXXXXXXXX	121	12	0
D**** *	DERMATOLOGY	XXXXXXXXX	107	22	0
C**** *	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXX	99	19	1
S***** *	NEUROLOGY	XXXXXXXXX	94	13	0
J**** *	DERMATOLOGY	XXXXXXXXX	93	17	0
A**** *	DERMATOLOGY	XXXXXXXXX	91	14	0
L***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	90	33	6
R***** *	PULMONARY DISEASE	XXXXXXXXX	88	15	0
J***** *	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXX	82	19	0
J*** *	UROLOGY	XXXXXXXXX	79	19	0
L** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	79	33	0
P**** *	ENDOCRINOLOGY	XXXXXXXXX	79	11	0
D**** *	NEUROLOGY	XXXXXXXXX	78	12	0
H** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	76	28	0
E**** *	PATHOLOGY	XXXXXXXXX	75	25	0
L**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	71	23	4
B**** *	OTOLARYNGOLOGY	XXXXXXXXX	70	11	0
P**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	68	21	0
M*** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	64	25	0
N**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	63	21	0
S**** *	INTERNAL MEDICINE	XXXXXXXXX	62	11	0
J**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXXX	61	19	0

K**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	61	23	2
A**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	60	17	0
P**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	56	21	0
M**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	55	17	0
H**** *	OPHTHALMOLOGY	XXXXXXXX	54	11	0
J***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	54	21	1
I*** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	51	18	0
R**** *	PATHOLOGY	XXXXXXXX	47	25	0
E***** *	OPHTHALMOLOGY	XXXXXXXX	46	11	0
M**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	46	20	0
J*** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	44	16	1
I** *	INTERVENTIONAL RADIOLOGY	XXXXXXXX	43	13	0
J***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	43	18	0
A***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	42	17	0
C**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	42	14	0
R**** *	OPHTHALMOLOGY	XXXXXXXX	42	12	0
N***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	40	23	0
A** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	39	12	0
B**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	39	13	0
E***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	39	17	0
V**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	36	17	0
J**** *	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXX	35	12	0
K**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	35	11	1
P**** *	CERTIFIED REGISTERED NURSE ANESTHETIST	XXXXXXXX	35	20	21
D**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	34	14	2
J**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	34	15	0
K***** *	DERMATOLOGY	XXXXXXXX	34	11	0
A**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	30	14	0
M***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	30	11	0
M***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	30	12	0
R**** *	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXX	30	11	0
W***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	28	12	3
K**** *	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXX	27	11	0
M**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	27	15	2
J***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	25	14	0

Referred By This Doctor:

Name	Specialty	NPI	Count	Patient Count	Same Day Count
J***** *	RHEUMATOLOGY	XXXXXXXX	481	21	0
L***** *	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXX	427	39	0
M*** *	INTERNAL MEDICINE	XXXXXXXX	382	32	0
M***** *	PAIN MANAGEMENT	XXXXXXXX	378	16	0
M***** *	RHEUMATOLOGY	XXXXXXXX	312	15	0
R***** *	PULMONARY DISEASE	XXXXXXXX	274	15	0
S**** *	PATHOLOGY	XXXXXXXX	268	135	137
R***** *	INTERNAL MEDICINE	XXXXXXXX	244	13	4
D**** *	INTERNAL MEDICINE	XXXXXXXX	243	14	0
S***** *	RHEUMATOLOGY	XXXXXXXX	212	14	0

G**** *****	HEMATOLOGY/ONCOLOGY	XXXXXXXXXX	208	32	0
F**** *****	OTOLARYNGOLOGY	XXXXXXXXXX	182	29	2
J***** *****	PULMONARY DISEASE	XXXXXXXXXX	179	14	1
C***** *****	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXXX	170	29	0
M**** *****	ENDOCRINOLOGY	XXXXXXXXXX	169	17	4
J*** *****	UROLOGY	XXXXXXXXXX	157	23	0
D**** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	151	55	0
F**** *****	OPHTHALMOLOGY	XXXXXXXXXX	136	24	0
L**** *****	OPHTHALMOLOGY	XXXXXXXXXX	129	11	0
S***** *****	INTERNAL MEDICINE	XXXXXXXXXX	128	12	0
J**** *****	DERMATOLOGY	XXXXXXXXXX	119	15	1
J***** *****	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXXX	117	18	2
P*** *****	HEMATOLOGY/ONCOLOGY	XXXXXXXXXX	105	16	0
D**** *****	DERMATOLOGY	XXXXXXXXXX	104	21	1
C***** *****	OBSTETRICS/GYNECOLOGY	XXXXXXXXXX	95	11	3
E**** *****	PATHOLOGY	XXXXXXXXXX	95	21	6
J*** *****	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXXX	91	12	1
D**** *****	NEUROLOGY	XXXXXXXXXX	89	16	1
R**** *****	SURGICAL ONCOLOGY	XXXXXXXXXX	89	12	0
H*** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	88	34	7
S**** *****	NEUROLOGY	XXXXXXXXXX	88	15	2
D**** *****	ENDOCRINOLOGY	XXXXXXXXXX	86	21	0
E***** *****	OPHTHALMOLOGY	XXXXXXXXXX	86	13	0
H**** *****	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXXX	85	11	0
D**** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	77	24	0
A**** *****	DERMATOLOGY	XXXXXXXXXX	73	13	0
L***** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	73	31	0
B*** *****	OTOLARYNGOLOGY	XXXXXXXXXX	67	12	1
B*** *****	DERMATOLOGY	XXXXXXXXXX	64	12	0
A**** *****	DERMATOLOGY	XXXXXXXXXX	60	11	0
R***** *****	PATHOLOGY	XXXXXXXXXX	60	21	22
H***** *****	OPHTHALMOLOGY	XXXXXXXXXX	58	18	2
P**** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	58	20	0
L**** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	57	28	0
K***** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	56	18	0
R**** *****	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXXX	55	11	0
L**** *****	FAMILY PRACTICE	XXXXXXXXXX	53	12	0
M***** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	51	15	0
N***** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	51	27	1
P**** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	51	25	4
A**** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	49	13	0
C***** ***** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	49	16	3
M**** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	48	18	0
B***** ***** F***** *****	CARDIOVASCULAR DISEASE (CARDIOLOGY)	XXXXXXXXXX	45	12	0
*****	CARDIAC ELECTROPHYSIOLOGY	XXXXXXXXXX	44	11	0
V**** *****	DIAGNOSTIC RADIOLOGY	XXXXXXXXXX	42	18	6
T**** *****	OPHTHALMOLOGY	XXXXXXXXXX	42	13	0

J**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	41	18	0
J***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	40	21	0
M***** *	FAMILY PRACTICE	XXXXXXXX	40	11	0
J*** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	39	13	0
J**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	38	17	1
K***** *	DERMATOLOGY	XXXXXXXX	38	12	0
M**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	38	13	0
N** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	38	18	2
L** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	37	18	0
J***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	36	18	0
R***** *	OPHTHALMOLOGY	XXXXXXXX	36	13	0
W***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	35	15	0
A***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	30	15	1
C***** *	UROLOGY	XXXXXXXX	29	11	1
I** *	INTERVENTIONAL RADIOLOGY	XXXXXXXX	29	18	0
K***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	28	11	0
A***** *	PATHOLOGY	XXXXXXXX	27	11	4
C***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	27	15	0
V**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	26	15	0
E***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	26	17	1
S***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	25	11	1
M**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	21	11	0
J***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	20	13	2
L** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	20	11	0
M*** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	20	13	0
N**** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	18	11	0
A***** *	DIAGNOSTIC RADIOLOGY	XXXXXXXX	16	11	1

Patient Reviews



DR. *** MD** Internal Medicine -
Gastroenterology • MALE Patient Satisfaction



11 Responses

Overall Rating:

4.5

DR. *** OFFICE & STAFF**

Ease of scheduling urgent appointments	 11 Responses Above National Average
Office environment, cleanliness, comfort, etc.	 11 Responses Above National Average
Staff friendliness and courteousness	 11 Responses Above National Average
Total wait time (waiting & exam rooms)	10 - 15 Minutes 11 Responses Same As National Average

EXPERIENCE WITH DR. Dr. ***rr**

Level of trust in provider's decisions	 11 Responses Above National Average
How well provider explains medical condition(s)	 11 Responses Above National Average
How well provider listens and answers questions	 11 Responses Above National Average
Spends appropriate amount of time with patients	 11 Responses Above National Average



DR. ***** MD Internal Medicine

- Gastroenterology • MALE Patient

Satisfaction



Responses

Overall Rating:

5.0

User Rating

Overall Rating: <h1>5.0</h1>	Staff	
	Punctuality	
	Helpfulness	
	Knowledge	

Tuesday, June 3, 2014

Dr. ***** has treated me for more than 30 years for a rare GI motility disorder. His expertise, and that of his staff, has made it possible for me to maintain a worthwhile life, notwithstanding the need to take disability retirement. He has also maintained a network with my other providers to ensure my coordinated care, and has interceded on many occasions to assist me during hospitalizations and medical emergencies.

User Rating

Overall Rating: <h1>4.5</h1>	Staff	
	Punctuality	
	Helpfulness	
	Knowledge	

Wednesday, October 28, 2009

He is our gastro MD. Excellent doctor. Polite and very sensitive to your needs. Works with patients and listens to you before communicating his plan for your care.



DR. *** MD** Internal
 Medicine - Gastroenterology • MALE
 Patient Satisfaction



2 Responses

Overall Rating:
4.5

Overall Ratings Details

It was easy to get an appointment.	
The wait time was short during my visit.	
The staff was professional and friendly.	
My problem was accurately diagnosed.	
The doctor spent enough time with me.	
There was appropriate follow up after my visit.	

User Rating

Overall Rating: 4.0 	It was easy to get an appointment.	
	The wait time was short during my visit.	
	The staff was professional and friendly.	
	My problem was accurately diagnosed.	
	The doctor spent enough time with me.	
	There was appropriate follow up after my visit.	

August 29, 2014

User Rating

<p>Overall Rating:</p> <h1>5.0</h1> <p>★★★★★</p>	It was easy to get an appointment.	★★★★★
	The wait time was short during my visit.	★★★★★
	The staff was professional and friendly.	★★★★★
	My problem was accurately diagnosed.	★★★★★
	The doctor spent enough time with me.	★★★★★
	There was appropriate follow up after my visit.	★★★★★

September 13, 2012

- I waited for about 5 minutes at the office before seeing the doctor.
- I recommend this doctor.

SAMPLE