



Policy No.: ES2123  
ClientID(s): All

Harris Medical Associates, LLC

Loss Run

AS OF 4/14/2020

(INCLUDES FIRST NOTICE, INCIDENT, CLAIM, PRESUIT, SUIT, LEGAL DEFENSE, MEDPAY)

Open, Reopen, Closed Files

| <u>ISSUE</u><br><u>COMPANY</u> | <u>CLAIM</u><br><u>NO</u> | <u>REPORT</u><br><u>DATE</u> | <u>LOSS</u><br><u>DATE</u> | <u>CLOSE</u><br><u>DATE</u> | <u>INSURED</u><br><u>NAME</u> | <u>PATIENT</u><br><u>NAME</u> | <u>CURRENT</u><br><u>TYPE</u> | <u>CURRENT</u><br><u>STATUS</u> | <u>LOSS</u><br><u>PAID</u> | <u>LOSS</u><br><u>INCURRED</u> | <u>ALAE</u><br><u>PAID</u> | <u>ALAE</u><br><u>INCURRED</u> | <u>LOSS</u><br><u>DED REC</u> | <u>ALAE</u><br><u>DED REC</u> |
|--------------------------------|---------------------------|------------------------------|----------------------------|-----------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|----------------------------|--------------------------------|----------------------------|--------------------------------|-------------------------------|-------------------------------|
|--------------------------------|---------------------------|------------------------------|----------------------------|-----------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|----------------------------|--------------------------------|----------------------------|--------------------------------|-------------------------------|-------------------------------|

POLICY NO.: ES2123

Policy Start Date: 4/29/2019

|   |        |          |          |                           |                   |                 |      |      |                        |      |      |                            |      |      |
|---|--------|----------|----------|---------------------------|-------------------|-----------------|------|------|------------------------|------|------|----------------------------|------|------|
| ProAssurance<br>Specialty<br>Insurance<br>Company, Inc. | 246941 | 3/2/2020 | 1/2/2020 | Shelli Lynn Tuck,<br>N.P. | Teresa<br>Winkler | FIRST<br>NOTICE | OPEN | 0.00 | 0.00                   | 0.00 | 0.00 | 0.00                       | 0.00 | 0.00 |
|   |        |          |          |                           |                   |                 |      |      | DED TYPE: Ded Ind/ALAE |      |      | INC / AGG: 5,000.00 / 0.00 |      |      |

Branch: Okemos, MI                      Claims Specialist: Adam R. Gruszczynski, J.D.

61 YOF c/o loss of appetite, chest pain, loose stool & dizziness for 3 days. Sent home by insured & died later that day. Atty request for records received.

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|                          |           |      |      |      |      |      |      |
|--------------------------|-----------|------|------|------|------|------|------|
| Total Policy Start Date: | 4/29/2019 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL POLICY NO:         | ES2123    | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Total Files: 1



# GREENHILL

## INSURANCE SERVICES

Insured Name: **Harris Medical Associates, LLC; Harris Medical Hospitalists, LLC**

Report Date: **October 15, 2020**

|   | Report Date | Loss Date  | Involved Insured                               | Claimant       | Category | Loss Type           | Status | Indemnity Reserve  | Indemnity Paid | Expense Reserve     | Expense Paid        | Total Incurred      |
|---|-------------|------------|--|----------------|----------|---------------------|--------|--------------------|----------------|---------------------|---------------------|---------------------|
| Policy Number: <b>GH-LOC-22908-180429</b><br>Effective Dates: <b>04/29/2018 - 04/29/2019</b>  | 02/19/2019  | 10/23/2018 | Harris Medical Associates (Dr. Astwani),       | Doe, John      | Incident | Failure to Diagnose | Closed | \$0.00             | \$0.00         | \$0.00              | \$0.00              | \$0.00              |
|   | 09/25/2018  | 03/04/2016 | Dr. James Murtagh - Harris Medical Associates, | Barber, Caylen | Suit     | Failure to Diagnose | OPEN   | \$50,000.00        | \$0.00         | \$154,964.63        | \$145,035.37        | \$350,000.00        |
| Policy Number: <b>GH-LOC-001-170429</b><br>Effective Dates: <b>04/29/2017 - 04/29/2018</b><br>Description:<br><br><b>THERE HAVE BEEN NO CLAIMS FOR THE ABOVE POLICY PERIOD.</b> |             |            |  |                |          |                     |        |                    |                |                     |                     |                     |
| Policy Number: <b>GH-LOC-001-160429</b><br>Effective Dates: <b>04/29/2016 - 04/29/2017</b><br>Description:<br><br><b>THERE HAVE BEEN NO CLAIMS FOR THE ABOVE POLICY PERIOD.</b> |             |            |  |                |          |                     |        |                    |                |                     |                     |                     |
| Policy Number: <b>GH-LOC-001-150429</b><br>Effective Dates: <b>04/29/2015 - 04/29/2016</b><br>Description:<br><br><b>THERE HAVE BEEN NO CLAIMS FOR THE ABOVE POLICY PERIOD.</b> |             |            |  |                |          |                     |        |                    |                |                     |                     |                     |
| <b>Harris Medical Associates, LLC; Harris Medical Hospitalists, LLC Total</b>   |             |            |  |                |          |                     |        | <b>\$50,000.00</b> | <b>\$0.00</b>  | <b>\$154,964.63</b> | <b>\$145,035.37</b> | <b>\$350,000.00</b> |

Completed by: Greenhill User

This report is provided for information purposes only



## Loss Run for LHC744875 - HARRIS MEDICAL ASSOCIATES LLC

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|               |                                      |            |             |       |                       |              |               |
|---------------|--------------------------------------|------------|-------------|-------|-----------------------|--------------|---------------|
| Insured Name: | <b>HARRIS MEDICAL ASSOCIATES LLC</b> | Policy No: | LHC744875 0 | Term: | 4/29/2014 - 4/29/2015 | Underwriter: | Apel, Rebecca |
| Policy Limit: | \$1,000,000                          |            |             |       |                       | Claim Prof:  | N/a           |
| Deductible:   | Deductible / Per Claim / \$5000      |            |             |       |                       |              |               |

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*No claims exist for this policy year.*

|                      |             |                |                 |
|----------------------|-------------|----------------|-----------------|
| Total Gross Incurrec | <u>Paid</u> | <u>Reserve</u> | <u>Incurred</u> |
| <u>Indemnity</u>     | \$0.00      | \$0.00         | \$0.00          |
| <u>Expense</u>       | \$0.00      | \$0.00         | \$0.00          |
| <u>Total</u>         | \$0.00      | \$0.00         | \$0.00          |