

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000068398263

Process Date: 05/17/2011

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SALZMAN, STEVEN LANCE M.D.

**SALZMAN, STEVEN LANCE M.D.****ADVOCATE HEALTH CARE INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 03/31/2011

**Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO DIAGNOSE

**A. REPORTING  
ENTITY**

Entity Name: ADVOCATE HEALTH CARE INSURANCE COMPANY \*

Address: 2025 WINDSOR DRIVE

City, State, Zip: OAK BROOK, IL 60523

Country:

Name or Office: JONG WON HYUN

Title or Department: DIRECTOR OF CLAIMS

Telephone: (630) 929-9267

Entity Internal Report Reference:

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/21/2019:

Entity Name: ADVOCATE HEALTH CARE INSURANCE COMPANY

Address: 3075 HIGHLAND PKWY FL 6

City, State, Zip: DOWNERS GROVE, IL 60515-5563

Country:

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: SALZMAN, STEVEN LANCE M.D.

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/23/1969

Organization Name: ADVOCATE CHRIST MEDICAL CENTER

Work Address: 4440 W. 95TH STREET

City, State, ZIP: OAK LAWN, IL 60453

Home Address: 512 N. MCCLURG COURT  
APT. 611

City, State, ZIP: CHICAGO, IL 60611

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-7860

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE (1994)  
ST. BARNABAS HOSPITAL (1995)  
OLYMPIA FIELDS OSTEOPATHIC MEDICAL CENTER (1999)  
COOK COUNTY HOSPITAL (2000)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 036096826, IL

Drug Enforcement Administration (DEA) Numbers: BS5665407

Hospital Affiliation(s): ADVOCATE CHRIST MEDICAL CENTER  
OAK LAWN, IL

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**C. INFORMATION  
REPORTED**

Date of Report: 05/17/2011

Relationship of Entity to

This Practitioner: SELF-INSURED ORGANIZATION

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 1,000,000.00

Date of This Payment: 03/31/2011

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 1,000,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 03/06/2011

Adjudicative Body Case Number: 2007 L 012140

Adjudicative Body Name: CIRCUIT COURT OF COOK COUNTY ILLINOIS

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: TOTAL SETTLEMENT \$4,500,000.00 (\$2,000,000.00 STRUCTURED  
AND \$2,500,000.00 CASH.**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 2,000,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 2

**PAYMENTS BY OTHERS FOR THIS PRACTITIONER**

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?:

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 42 YEARS

Patient's Gender: MALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

FRACTURE TO PELVIS/LACERATION OF BLADDER.

Description of the Procedure Performed:

TRAUMA CARE

Nature of Allegation:

DIAGNOSIS RELATED (001)

Specific Allegation:

FAILURE TO DIAGNOSE (101)

Date of Event Associated With Allegation or Incident:

11/01/2005

Outcome:

DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

PATIENT SUFFERED CRUSH INJURY TO PELVIS AND THE BLADDER  
WAS INJURED. FAILED TO DIAGNOSE BLADDER INJURY RESULTING  
IN SEPSIS AND DEATH. DR. SALZMAN WAS ATTENDING  
PHYSICIAN WHO FAILED TO SUPERVISE RESIDENTS.**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**



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**D. SUBJECT  
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/17/2011

Date of Most Recent Change: 05/17/2011

**This report is maintained under the provisions of: Title IV**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

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SALZMAN, STEVEN LANCE M.D.

**DISCLOSURE HISTORY**

Report Number: 5500000068398263

**F. DISCLOSURE HISTORY****Recipient(s) of the Current Version of this Report**

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

<u>Date Released</u>	<u>Entity Name</u>
05/17/2011	CHRIST HOSPITAL & MEDICAL CENTER 4440 W 95TH ST RM 190 OAK LAWN, IL 60453 (708) 684-5698
05/17/2011	ADVOCATE HEALTH PARTNERS 1701 GOLF RD STE 2-1100 ROLLING MEADOWS, IL 60008 (847) 635-4418
03/12/2013	AMITA HEALTH SAINT FRANCIS HOSPITAL EVANSTON 355 RIDGE AVE MEDICAL STAFF SERVICES EVANSTON, IL 60202 (847) 316-3904
05/02/2013	AMITA HEALTH SAINT FRANCIS HOSPITAL EVANSTON 355 RIDGE AVE MEDICAL STAFF SERVICES EVANSTON, IL 60202 (847) 316-3904
06/19/2015	AMITA HEALTH SAINT FRANCIS HOSPITAL EVANSTON 355 RIDGE AVE MEDICAL STAFF SERVICES EVANSTON, IL 60202 (847) 316-3904

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Date Released	Entity Name
11/02/2017	SELF-QUERIER
Date Released	Entity Name
11/12/2019	SELF-QUERIER

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SALZMAN, STEVE

**SALZMAN, STEVE****HEALTH CARE INDEMNITY, INC.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 12/09/2002

**Initial Action****Basis for Initial Action**

- SETTLEMENT

- DIAGNOSIS: FAILURE TO DIAGNOSE

**A. REPORTING  
ENTITY**

Entity Name: HEALTH CARE INDEMNITY, INC. \*

Address: ONE PARK PLAZA, BLDG 2, 4TH FLR.

P.O. BOX 555

City, State, Zip: NASHVILLE, TN 37202-0555

Country:

Name or Office: SUZANNE PRESA

Title or Department: DIRECTOR OF INSURANCE ACCOUNTING

Telephone: (615) 344-5807

Entity Internal Report Reference:

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/16/2019:

Entity Name: HEALTH CARE INDEMNITY, INC.

Address: 1100 DR MARTIN L KING JR BLVD STE 500

City, State, Zip: NASHVILLE, TN 37203-5743

Country:

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: SALZMAN, STEVE

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/23/1969

Organization Name: ADVOCATE CHRIST MEDICAL CENTER

Work Address: 4440 WEST 95TH

City, State, ZIP: OAK LAWN, IL 60453

Home Address: 1250 NORTH LASALLE #1109

City, State, ZIP: CHICAGO, IL 60610

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-7860

Professional School(s) &amp; Year(s) of Graduation: NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE (1994)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 036-096826, IL

Drug Enforcement Administration (DEA) Numbers: BS5665407

Hospital Affiliation(s): ADVOCATE CHRIST MEDICAL CENTER

OAK LAWN, IL

**C. INFORMATION  
REPORTED**

Date of Report: 01/07/2003

Act/Omission Code: DIAGNOSIS: FAILURE TO DIAGNOSE (010)

Date of Act/Omission: 06/10/1999

Payment Date: 12/09/2002

Multiple or Single Payment: SINGLE

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SALZMAN, STEVE

Amount of This Payment: \$ 827,500.00  
Total Amount of Judgment or Settlement: \$ 1,312,500.00  
Payment Result of: SETTLEMENT  
Number of Practitioners for Whom Payment is Made: 2  
Relationship of Entity to the Practitioner: INSURANCE COMPANY  
Date of Judgment/Settlement: 12/04/2002  
Adjudicative Case Number: 00L006264  
Adjudicative Body Name: CIRCUIT COURT OF COOK COUNTY  
Court File Number:  
Reporter's Description of Act or Omission: PT TREATED IN ER AFTER MVA. PT EXPERIENCED EPISODES OF DECREASED BLOOD PRESSURE, AN INCREASED PULSE, DECREASED URINARY OUTPUT, AND CONTINUED C/O ABDOMINAL PAIN. INTERNAL INJURY SUSPECTED, SR RESIDENT DECIDED DPL TOOK PRIORITY OVER CT. ONLY 150CC OF 1000CC INFUSION OF SALINE RETURNED AND WAS GROSSLY NEGLIGENT THE PRESENCE OF BLOOD. DPL NOT EXAMINED BY LAB FOR MICROSCOPIC PRESENCE OF BLOOD. CT REVEALED FLUID IN ABDOMEN CONSIDERED TO BE FROM DPL. PT ARRESTED AND EXPIRED 27 MINUTES AFTER RESUSCITATION. AUTOPSY REVEALED THREE LARGE IRREGULAR LACERATIONS IN THE MESENTERY (PERITONEAL FOLD) AND A TRANSECTION OF THE SMALL INTESTINE PRESUMABLY FROM SEAT BELT INJURY.  
Reporter's Description of the Judgment or Settlement: TOTAL SETTLEMENT OF \$1,312,500.00 . THE AMOUNT OF \$100,000.00 WAS PAID ON BEHALF OF THE HOSPITAL AND \$727,500.00 ON BEHALF OF DR STEVE SALZMAN.

**D. SUBJECT STATEMENT**

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**E. REPORT STATUS**

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- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 01/07/2003  
Date of Most Recent Change: 01/07/2003

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**END OF REPORT****CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**



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Report Number: 5500000028274200

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07/21/2003	CHRIST HOSPITAL & MEDICAL CENTER 4440 W 95TH ST RM 190 OAK LAWN, IL 60453 (708) 684-5698
07/24/2005	CHRIST HOSPITAL & MEDICAL CENTER 4440 W 95TH ST RM 190 OAK LAWN, IL 60453 (708) 684-5698
11/03/2005	FRANCISCAN HEALTH OLYMPIA FIELDS 20201 CRAWFORD AVE MEDICAL STAFF OFFICE OLYMPIA FIELDS, IL 60461 (708) 756-1000
07/25/2007	CHRIST HOSPITAL & MEDICAL CENTER 4440 W 95TH ST RM 190 OAK LAWN, IL 60453 (708) 684-5698
11/29/2007	CHRIST HOSPITAL & MEDICAL CENTER 4440 W 95TH ST RM 190 OAK LAWN, IL 60453 (708) 684-5698

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<u>Date Released</u>	<u>Entity Name</u>
07/18/2009	CHRIST HOSPITAL & MEDICAL CENTER 4440 W 95TH ST RM 190 OAK LAWN, IL 60453 (708) 684-5698

<u>Date Released</u>	<u>Entity Name</u>
09/01/2009	ADVOCATE HEALTH PARTNERS 1701 GOLF RD STE 2-1100 ROLLING MEADOWS, IL 60008 (847) 635-4418

<u>Date Released</u>	<u>Entity Name</u>
03/03/2011	CHRIST HOSPITAL & MEDICAL CENTER 4440 W 95TH ST RM 190 OAK LAWN, IL 60453 (708) 684-5698

<u>Date Released</u>	<u>Entity Name</u>
03/11/2011	ADVOCATE HEALTH PARTNERS 1701 GOLF RD STE 2-1100 ROLLING MEADOWS, IL 60008 (847) 635-4418

<u>Date Released</u>	<u>Entity Name</u>
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Date Released

11/02/2017

Entity Name

SELF-QUERIER

Date Released

11/12/2019

Entity Name

SELF-QUERIER

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