



## Oregon Negligence/Malpractice Claim Report Form

# Oregon Board of Dentistry

1600 SW 4th Avenue, Suite 770 • Portland, Oregon 97201

(971) 673-3200 • [www.oregon.gov/Dentistry](http://www.oregon.gov/Dentistry)

ORS 742.400(2) Within 30 days after receiving notice of a claim a reporter listed in ORS 742.400(1)(d)(A)(B)(C) and (D) shall report the disposition of the claim to the appropriate Board. ORS 742.400(1)(a) defines a claim as a written demand for payment for an injury alleged to have been caused by professional negligence that is made in a complaint filed with a court of appropriate jurisdiction. Disposition of a claim means:

- A. A judgment or award against the covered practitioner by a court, jury or an arbitrator.
- B. A withdrawal or dismissal of the claim.
- C. A settlement of the claim.

### Covered Practitioner (DMD, DDS, RDH only):

License #: D5634

Name: MICHAEL BAGAASON

Phone: (541 ) 746.8295

### Injury/Incident Data:

Name of the Person who filed Claim: JOHN MCCASH

Date Claim Filed:

4/23/13

### Person filing claim reason or reasons:

PATIENT FILED SMALL CLAIMS LAWSUIT ALLEGING "FAULTY DENTAL WORK".

### Closure Data:

If Claim is closed, check appropriate box below:

- Judicial Findings.
- Admission of Liability.
- Money Judgement, Award Against Practitioner by Court, Jury, or Arbitration.
- Withdrawal or Dismissal of Claim.
- Settlement of Claim.