



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

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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.

Insurer Name: Continental Casualty Company

Claim Representative: Kevin Olsvik

Claim File ID: HMA04722

WV

Covered Practitioner (DMD, DDS, RDH only):

License #: D5838 Name: Philip C Mills DMD Phone: (503)952-2315

Injury/Incident Data:

Name of the Person who filed Claim: MARY HILL

Date Claim Filed: 03/19/2013

Person filing claim reason or reasons:

Patient presented with a cracked tooth at #13. #12 extracted instead.

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.
[X] Settlement of Claim.