



Oregon Negligence/Malpractice Claim Report Form
 Oregon Board of Chiropractic Examiners
 3218 Pringle Road SE # 150 • Salem, Oregon 97302-6311
 (503) 378-5816 • www.oregon.gov/OBCE

Per ORS 742.400 as amended by HB 2240, 2009 Oregon Legislature, claim "reporters" (chiropractic malpractice insurers) are required to submit claim information to the Oregon Board of Chiropractic Examiners within 30-days of notice to them, and again when the claim is resolved, including claims closed without payment. **The form below should be completed for every claim received by the reporting entity.** This form is designed for reporters to fill out electronically. Please send the printed, completed form to Oregon Board of Chiropractic Examiners, Attn. Dave McTeague, Executive Director, at the address above.

Reporting Entity Information:

Reporting Entity: NCMIC Insurance Company NAIC #: 263815865 Claim File ID: 74488
 Contact Person: Michelle Gould Phone #: 515-313-4558
 Mailing address: 14001 University Avenue City: Clive State: IA ZIP: 50325

Covered Practitioner (Chiropractic Physician only):

License #: 5065 Name: Adam Meisenhelder Date of Birth: _____
 Address: 11385 SW Scholls Ferry Road Phone: () ()
 City: Beaverton State: OR Zip: 97008
 Board certified (code): _____ Specialty (code): 80410 Other spec. (code): _____

Injury/Incident Data:

Injured person's name: Jeff Gard Age: _____ M F
 Date of injury: 12/14/2017 Date reported to insurer: 12/10/2019 If re-opened, date re-opened: _____
 Is Claim Court-Filed? Yes No If Yes, Date Filed in Court: _____
 Place where injury occurred (code): 5 City: Beaverton State: OR Zip: 97008
 Name of clinic (if injury occurred in clinic): Back in Motion Chiropractic
 Total defendants involved in claim: 2 Derivative claim (code): _____
 Plaintiff attorney's name: Marc Johnston Address: 222 SW Columbia Ste 1111
 City: Portland State: OR Zip: 97201
 Severity of injury (code): 6 Misadventures in procedures (code): _____ Misadventures in diagnosis (code): _____
 Others contributing to injury (code): _____ Associated issues (code): _____ Coverage (code): 1
 Companion claim file identification: _____

Allegations and reasons for claim. State patient's actual, original, abnormal condition and any material diagnosis, procedure, planning error, medical injury or other allegation: (Please be as detailed as possible, attach page if needed.)

Vicarious Liability only - alleged CVA

Closure Data:

Closure date: 5/4/2022 Claim disposition (code): 2 Settlement (code): 2
 Court (code): 9 Binding arbitration (code): _____ Review panel (code): _____

	Economic	Non-economic	Punitive	Unspecific
Indemnity insurer paid on behalf of defendant:	\$	\$	\$	\$ 0
Other indemnity paid by/on behalf of defendant:	\$	\$	\$	\$ 0
Indemnity paid by all parties (for all defendants):	\$ 0	Additional Comments:		
Loss adjustment expense paid to defense counsel:	\$ 49,837.08			
All other allocated loss adjustment expenses paid:	\$ 0			

Date Board Received Claim: _____