

DCN: 5500000195800290 Process Date: 09/08/2022

Page: 1 of 3 KREGER, RONALD For authorized use by:

OR STATE BOARD OF CHIROPRACTIC

EXAMINERS

KREGER, RONALD

ALLIED PROFESSIONALS' INSURANCE SERVICES

MEDICAL MALPRACTICE PAYMENT REPORT **Date of Action:** 08/10/2022

> **Initial Action Basis for Initial Action**

- OTHER, SEE SECTION C. OF THE REPORT FOR - SETTLEMENT

DETAILS

A. REPORTING **ENTITY**

Entity Name: ALLIED PROFESSIONALS' INSURANCE SERVICES

Address: 1100 w TOWN AND COUNTRY RD STE 1400

City, State, Zip: ORANGE, CA 92868-4655

Country:

Name or Office: HEATHER JOHNSEN Title or Department: CLAIMS ADMINISTRATOR

Telephone: (800) 860-8330

Entity Internal Report Reference: 21-038BZZ

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION

(INDIVIDUAL)

Subject Name:

KREGER, RONALD

Other Name(s) Used:

Gender: MALE

Date of Birth: 10/28/1953

Organization Name:

Work Address: 9818 E BURNSIDE ST City, State, ZIP: PORTLAND, OR 97216-2330

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: WESTERN STATES CHIROPRACTIC COLLEGE (1985)

Occupation/Field of Licensure:

CHIROPRACTOR 2098, OR

State License Number, State of Licensure: Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 09/08/2022

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

\$ 10,000.00 for This Practitioner: Date of This Payment: 08/10/2022

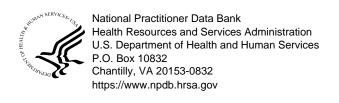
This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

\$ 10,000.00 This Payer for This Practitioner: Payment Result of: SETTLEMENT

Date of Settlement, if Any: 08/10/2022 Adjudicative Body Case Number: 21CV39236

> Adjudicative Body Name: CIRCUIT COURT OF THE STATE OF OREGON, COUNTY OF



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MULTNOMAH

Court File Number:

Description of Settlement and Any

Conditions, Including Terms of Payment: SETTLED FOR \$10,000.

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: \$ 10,000.00

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund
Make a Payment for This Practitioner in This Case?:
Amount Paid or Expected to Be Paid by the State Fund:
Did (or will) a Self-Insured Organization and/or Other Insurance
Company Make a Payment for This Practitioner in This Case?:
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: 35 YEARS

Patient's Gender: MALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: INJURIES RELATED TO MOTOR VEHICLE TRAUMA WITH

NECK, MID BACK AND LOW BACK INJURIES.

Description of the Procedure Performed: CHIROPRACTIC MANIPULATION, INTERFERENTIAL AND HEAT

THERAPY AND E-STIM.

Nature of Allegation: OTHER MISCELLANEOUS (090)

Specific Allegation: ALLEGATION - NOT OTHERWISE CLASSIFIED, SPECIFY

(999)

Other Specific Allegations: ALLEGATION OF BURN FROM TREATMENT.

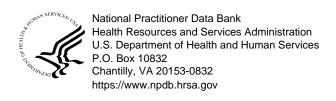
Date of Event Associated With Allegation or Incident: 09/17/2020

Outcome: Cannot be determined from available records (10)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: ALLEGATION OF BURN FROM TREATMENT.

Which the Action of Claim was based. Industrial of Both Their Industrial .		
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.	



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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. The Secretary's decision is shown below:		
	Date of Original Submission:	09/08/2022	
	Date of Most Recent Change:	09/08/2022	
SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK	The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.		
	National Provider Identifiers (NPI):	1962533596	

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.

END OF REPORT —