



KREGER, RONALD

ALLIED PROFESSIONALS' INSURANCE SERVICES

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 08/10/2022

Initial Action

Basis for Initial Action

- SETTLEMENT

- OTHER, SEE SECTION C. OF THE REPORT FOR 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
State License Number, State of Licensure: 2098, OR
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 for This Practitioner: \$ 10,000.00
Date of This Payment: 08/10/2022
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 10,000.00
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



National Practitioner Data Bank
 Health Resources and Services Administration
 U.S. Department of Health and Human Services
 P.O. Box 10832
 Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000195800290
Process Date: 09/08/2022
Page: 2 of 3
 KREGER, RONALD
 For authorized use by:
 OR STATE BOARD OF CHIROPRACTIC
 EXAMINERS

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: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund
 Make a Payment for This Practitioner in This Case?: NO

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?: NO

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.

**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.



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000195800290
Process Date: 09/08/2022
Page: 3 of 3
KREGER, RONALD
For authorized use by:
OR STATE BOARD OF CHIROPRACTIC
EXAMINERS

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

**F. 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