



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:** 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

- 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:**  
**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**