

BISHOP, DANIEL DAYTON

TRUCK INSURANCE EXCHANGE

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/04/2017

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO DIAGNOSE

A. REPORTING ENTITY

Entity Name: TRUCK INSURANCE EXCHANGE
Address: 2245 SEQUOIA DR
City, State, Zip: AURORA, IL 60506-6220
Country:
Name or Office: LORRAINE CASADOS
Title or Department: DEPARTMENT COORDINATOR
Telephone: (630) 907-3567
Entity Internal Report Reference: 3006620346
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: BISHOP, DANIEL DAYTON
Other Name(s) Used:
Gender: MALE
Date of Birth: 07/09/1955
Organization Name: EYECARE CENTER OF SALEM
Work Address: 660 CAPITOL ST NE
City, State, ZIP: SALEM, OR 97301-2504
Home Address: 4125 RIVERCREST DR N
City, State, ZIP: KEIZER, OR 97303-5910
Deceased: NO
Social Security Numbers (SSN): ***--**--XXX
Professional School(s) & Year(s) of Graduation: PACIFIC UNIVERSITY (1980)
Occupation/Field of Licensure (Code): OPTOMETRIST
State License Number, State of Licensure: OR 1472AT1, OR
Drug Enforcement Administration (DEA) Numbers: MB0978734
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 10/27/2017
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment for This Practitioner: \$ 400,000.00
Date of This Payment: 10/04/2017
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 400,000.00
Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 09/07/2017
Adjudicative Body Case Number:
Adjudicative Body Name:

DCN: 5500000128768517
Process Date: 10/27/2017
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Court File Number: 16CV40142

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: This was a confidential settlement through medication with 2 defendants. Total settlement is \$800,000 each agreeing to pay \$400,000.

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: \$ 400,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: 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: 64 YEARS
Patient's Gender: MALE
Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient Presented for Treatment: Patient presented to Optometrist due to complaints of bright spots breaking up in his vision in his left eye and that his left eye was bulging
Description of the Procedure Performed: Optometrist dilated and examined the eye but did not find anything wrong with the health of the eye so Optometrist referred back to his primary care physician.

Nature of Allegation: DIAGNOSIS RELATED (001)
Specific Allegation: FAILURE TO DIAGNOSE (101)

Date of Event Associated With Allegation or Incident: 12/15/2014
Outcome: MAJOR PERMANENT INJURY (07)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: Patient alleged the Optometrist failed to recognize symptoms of GCA and failed to diagnose it, failed to refer patient to Specialist on an emergency basis.

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.

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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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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: 10/27/2017

Date of Most Recent Change: 10/27/2017

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
