

**SCHOUTEN, ROBERT**

**TRUCK INSURANCE EXCHANGE**

**MEDICAL MALPRACTICE PAYMENT REPORT**

**Date of Action: 11/17/2012**

**Initial Action**

**Basis for Initial Action**

- SETTLEMENT

- WRONG DIAGNOSIS OR MISDIAGNOSIS  
- FAILURE/DELAY IN REFERRAL OR CONSULTATION

**A. REPORTING ENTITY**

Entity Name: TRUCK INSURANCE EXCHANGE  
Address: 2245 SEQUOIA DRIVE  
City, State, Zip: AURORA, IL 60506  
Country:  
Name of Office: LORRAINE CASADOS  
Title or Department: DEPARTMENT COORDINATOR  
Telephone: (630) 907-3567  
Entity Internal Report Reference: 1018559925  
Type of Report: INITIAL

**B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)**

Subject Name: SCHOUTEN, ROBERT  
Other Name(s) Used:  
Gender: MALE  
Date of Birth: 01/19/1937  
Organization Name: DR SCHOUTEN  
Work Address: 1839 MOLALLA AVENUE  
City, State, ZIP: OREGON CITY, OR 97045  
Home Address: 9931 SE EASTMONT DRIVE  
City, State, ZIP: DAMASCUS, OR 97089  
Deceased: NO  
Social Security Numbers (SSN): \*\*\*-\*\*-XXXX  
Professional School(s) & Year(s) of Graduation: PACIFIC UNIVERSITY (1964)  
Occupation/Field of Licensure (Code): OPTOMETRIST  
State License Number, State of Licensure: 983AT, OR  
Drug Enforcement Administration (DEA) Numbers:  
Hospital Affiliation(s):

**C. INFORMATION REPORTED**

Date of Report: 11/26/2012  
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER  
**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**  
Amount of This Payment for This Practitioner: \$ 500,000.00  
Date of This Payment: 11/17/2012  
This Payment Represents: A SINGLE FINAL PAYMENT  
Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 500,000.00  
Payment Result of: SETTLEMENT  
Date of Judgment or Settlement, if Any: 10/31/2012  
Adjudicative Body Case Number:  
Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any  
Conditions, Including Terms of Payment:

SETTLEMENT THROUGH MEDIATION. CONFIDENTIALITY CLAUSE.  
SETTLEMENT ON BEHALF OF ROBERT SCHOUTEN OD. \$500,000 TO  
BE PAID TO PATIENT.

**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: \$ 500,000.00

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: 65 YEARS

Patient's Gender: FEMALE

Patient Type: OUTPATIENT

Description of the Medical Condition With Which the Patient  
Presented for Treatment:

PATIENT PRESENTED WITH LOSS OF VISION SIX WEEKS PRIOR TO  
VISIT TO DR SCHOUTEN. PATIENT REPORTED VISION COMING  
BACK BUT STILL HAD HAIRY APPEARANCE AND REQUESTED EXAM.  
PATIENT HAD HISTORY OF DIABETES.

Description of the Procedure Performed:

DR SCHOUTEN PERFORMED AN EYE EXAM BUT DID NOT DILATE  
PATIENT EYES. DR DIAGNOSED A RETINAL VEIN OCCLUSION N  
PATIENT'S LEFT EYE BUT MADE NO DIAGNOSIS OF RIGHT EYE.

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: WRONG DIAGNOSIS OR MISDIAGNOSIS (323)

Date of Event Associated With Allegation or Incident: 03/23/2009

Specific Allegation: FAILURE/DELAY IN REFERRAL OR CONSULTATION (601)

Date of Event Associated With Allegation or Incident: 03/23/2009

Outcome: MAJOR PERMANENT INJURY (07)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:

PATIENTS'S LOST COMPLETE VISION IN LEFT EYE AND LOST  
MOST OF HER VISION IN HER RIGHT EYE. PATIENT WAS  
DIAGNOSED BY SPECIALIST WITH ADVANCED STAGE DIABETIC  
RETINOPATY WHICH RESULTED IN DETACHED RETINAS AND WAS  
DETERMINED LEGALLY BLIND.

**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.

If box is checked, this report has been disputed by the subject identified in Section B.

- If box is checked, 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.
- If box is checked, 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: 11/26/2012  
Date of Most Recent Change: 11/26/2012

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**This report is maintained under the provisions of:** Title IV (NPDB)

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 as codified in 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.

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**END OF REPORT**

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