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MAY 2 2012

Oregon Board of Optometry

Oregon Medical/Dental Negligence Claim Report Form

A separate form for each claimant-insured pair is to be completed for each claim within 30 days of notice to insurer and again when closed, including claims closed without payment.

Send completed forms to the appropriate licensing boards: Board of Medical Examiners, Oregon Board of Optometry, Oregon Board of Dentistry, or Board of Naturopathic Examiners. ORS 742.400

NAIC no.: 22810 Claim file ID: 005 10 815956

Physician/Surgeon/Dentist/Dental Hygienist/Optomtrist/Naturopath

License no.: 2826ATI Name: NANCY E. BUSET Age: 38

Address: Phone: ()

City: SANDY State: OR ZIP: 97055

Profession/business (code): 2 Specialty (code): 80994

Board certified (code): 1 Other spec. (code):

Practice type (code): 6 Foreign medical graduate? Yes X No Country (if yes):

Injury Data

Injured person's name: ROBERT GOLDEN Age: 47 X M F

Date of injury: 10/28/08 Date reported to insurer: 12/21/10 Date reopened: N/A

Place where injury occurred (code): 7 City: TROUTDALE State: OR ZIP: 97060

Name of institution (if injury occurred in institution): TROUTDALE VISION CLINIC Location in institution (code): 99

Total defendants involved in claim: 2 Derivative claim (code): N/A

Plaintiff attorney's name: JARED B. KAHN

City: PORTLAND State: OR ZIP: 97286

Severity of injury (code): 5 Misadventures in procedures (code): 99 Misadventures in diagnosis (code): 2

Others contributing to injury (code): 99 Associated issues (code): Coverage (code): 2

Companion claim file identification: N/A

Allegations and reasons for claim. State patient's actual, original, abnormal condition and any material diagnosis, procedure, or planning error, medical injury or other allegation:

THE PATIENT PRESENTED WITH COMPLAINTS OF A SPOT IN THE VISION OF HIS RIGHT EYE. AN EYE EXAMINATION WAS PERFORMED. IT IS ALLEGED THAT NANCY BUSET MISDIAGNOSED THE PATIENT WITH A VITREOUS FLOATER, AND FAILED TO DIAGNOSE AND TREAT MELANOMA IN RIGHT EYE. AS A RESULT, THE PATIENT ALLEGES LOSS OF VISION IN HIS RIGHT EYE.

Closure Data

Closure date: 04/18/12 Claim disposition (code): 1 Settlement (code): 2

Court (code): 9 Binding arbitration (code): 0 Review panel (code): 99

Table with 4 columns: Economic, Non-economic, Punitive, Unspecific. Rows for Indemnity you paid on behalf of defendant and Other indemnity paid by/on behalf of defendant.

D E

Indemnity paid by all parties (for all defendants): \$ 60,000

Loss adjustment expense paid to defense counsel: \$ 3,479

All other allocated loss adjustment expense you paid: \$ 0

Type or print name of contact person: MEG OTTE Phone: (215) 836-4360

Mailing address: 33 W. MONROE ST., STE. 1200 City: CHICAGO State: IL ZIP: 60603