



# Oregon Negligence/Malpractice Claim Report Form

## Oregon Board of Optometry

P.O. Box 13967 • Salem, Oregon 97309-0967

(503) 399-0662 • [www.oregonobo.org](http://www.oregonobo.org)

Per ORS 742.400, claim "reporters" are required to submit claim information to the Oregon State Board of Optometry within 30-days of notice to them, and again when the claim is resolved, including claims closed without payment. **The form below should be completed for every claim received by the reporting entity.** This form is designed for reporters to fill out electronically. Please send the printed, completed form to the Oregon Board of Optometry at the address above.

Reporting Entity Information:				
Reporting Entity: Continental Casualty Company	NAIC #: 20443	Claim File ID: HMA06309		
Contact Person: CNA Global Specialty Lines Legal & Regulatory Compliance		Phone #: 312-822-1596		
Mailing address: 333 S. Wabash Ave, 26th Floor	City: Chicago	State: IL	Zip: 60604	
Covered Practitioner (O.D. only):				
License #: 2786ATI/OR	Name: E. Winter Lewis	Date of Birth: 08/25/1973		
Address: 2450 NE Mary Rose Place, Suite 110		Phone: (541) 318-8388		
City: Bend	State: OR	Zip: 97701		
Board certified (code):	Specialty (code): 80994	Other spec.(code):		
Injury/Incident Data:				
Injured person's name: Jerald Gardner	Age: 81	<input checked="" type="radio"/> M <input type="radio"/> F		
Date of injury: 06/27/2012	Date reported to insurer: 04/15/2013	If re-opened, date re-opened:		
Is Claim Court-Filed? <input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes, Date Filed in Court: 08/01/2013			
Place where injury occurred (code): 2	City: BEND	State: OR	Zip: 97701	
Name of institution (if injury occurred in institution): In Focus Eye Care LLC	Location in institution (code): 6			
Total defendants involved in claim: 3	Derivative claim (code): 5			
Plaintiff attorney's name: JENNIFER L. COUGHLIN	Address: 974 NW Riverside Blvd			
City: Bend	State: OR	Zip: 97701		
Severity of injury (code): 6	Misadventures in procedures (code): 99	Misadventures in diagnosis (code): 2		
Others contributing to injury (code): 15	Associated issues (code): 99	Coverage (code): 1		
Companion claim file identification:				
<b>Allegations and reasons for claim. State patient's actual , original, abnormal condition and any material diagnosis, procedure, planning error, medical injury or other allegation : (Please be as detailed as possible)</b>				
SU:Alleged failure to diagnose temporal arteritis; blindness				
Closure Data:				
Closure date: 02/05/2014	Claim disposition (code): 1	Settlement (code):	2	
Court (code): 0	Binding arbitration (code): 0	Review panel (code):	99	
Indemnity insurer paid on behalf of defendant: Other indemnity paid by/on behalf of defendant: Indemnity paid by all parties (for all defendants): Loss adjustment expense paid to defense counsel: All other allocated loss adjustment expenses paid:	Economic	Non-economic	Punitive	Unspecific
				25,000.00
	925,000.00	Additional Comments:		
	42,214.44			
	12,095.00			

Date Board Received Claim:

Received

MAR 20 2014

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