



Oregon Negligence/Malpractice Claim Report Form

Oregon Board of Optometry

1500 Liberty Street SE, Suite 210 • Salem, Oregon 97302

(503) 399-0662 • _____

Received
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Per ORS 742.400, claim "reporters" are required to submit claim information to the Oregon 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: Farmers Insurance NAIC #: 21709 Claim File ID: 30006145701
Contact Person: Houli Avale Phone #: 9259248218
Mailing address: PO Box 268994 City: Oklahoma City State: OK ZIP: 73126

Covered Practitioner (O.D. only):

License #: 3001ATI Name: Demy J. Delplanche Date of Birth: [REDACTED]
Address: 4280 SW Cedar Hills Blvd. Phone: (503)6445665
City: Beaverton State: OR Zip: 97005
Board certified (code): _____ Specialty (code): _____ Other spec. (code): _____

Injury/Incident Data:

Injured person's name: Francisco Acosta Villalta Age: [REDACTED] M F
Date of injury: 10/29/15 Date reported to insurer: 5/9/16 If re-opened, date re-opened: _____
Is Claim Court-Filed? Yes No If Yes, Date Filed in Court: _____
Place where injury occurred (code): _____ City: Beaverton State: OR Zip: 97005
Name of institution (if injury occurred in institution): _____ Location in institution (code): _____
Total defendants involved in claim: 1 Derivative claim (code): _____
Plaintiff attorney's name: North West Law Center Address: 405 NW 18th Ave
City: Portland State: OR Zip: 97209
Severity of injury (code): _____ Misadventures in procedures (code): _____ Misadventures in diagnosis (code): _____
Others contributing to injury (code): _____ Associated issues (code): _____ Coverage (code): _____
Companion claim file identification: _____

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)

Patient had vision exam for glasses. Doctor placed wrong eye drops to dilate patient's eyes (drops were too strong). Patient's eyes were dilated for 5-7 days. Patient had blurry vision and couldnt

Closure Data:

Closure date: 10/21/16 Claim disposition (code): _____ Settlement (code): _____
Court (code): _____ Binding arbitration (code): _____ Review panel (code): _____

	Economic	Non-economic	Punitive	Unspecific
Indemnity insurer paid on behalf of defendant:	\$ <u>6500</u>	\$	\$	\$
Other indemnity paid by/on behalf of defendant:	\$	\$	\$	\$
Indemnity paid by all parties (for all defendants):	Additional Comments:			
Loss adjustment expense paid to defense counsel:	\$			
All other allocated loss adjustment expenses paid:	\$			