



Oregon Negligence/Malpractice Claim Report Form

Oregon Board of Optometry

1500 Liberty Street SE, Suite 210 • Salem, Oregon 97302
(971) 701-1194 Optometry.Board@obo.oregon.gov Fax: 503-914-5142

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: Landmark American Insurance Company NAIC #: 33138 Claim File ID: 9030011395
Contact Person: Jesse Wilbanks Phone #: 404-682-7635
Mailing address: 945 E Paces Ferry Rd, Ste City: Atlanta State: GA ZIP: 30326

Covered Practitioner (O.D. only):

License #: 3394 Name: Christina Vogel Date of Birth: 01/08/1976
 Address: 3148 N Highway 97 Phone: 541-516-1208
 City: Bend State: OR Zip: 97703
 Board certified (code): _____ Specialty (code): _____ Other spec. (code): _____

Injury/Incident Data:

Injured person's name: Julie Hayden Age: 52 M F

Date of injury: 12/21/2018 Date reported to insurer: 10/30/2020 If re-opened, date re-opened: _____

Is Claim Court-Filed? Yes No **If Yes, Date Filed in Court:** 10/12/2020

Place where injury occurred (code): _____ City: Bend State: OR Zip: 97703

Name of institution (if injury occurred in institution): Eyemart Express Location in institution (code): _____

Total defendants involved in claim: 2 Derivative claim (code): _____

Plaintiff attorney's name: Brian Dretke Address: 63152 NW Via Cambri

City: Bend State: OR Zip: 97703

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)

The patient sought treatment with her optometrist in connection with symptoms of floaters and flashes of light she was experiencing. The patient alleges the optometrist failed to diagnose her properly or refer her to an ophthalmologist for further evaluation. The patient alleges she suffered a detached retina that has impaired her vision.

Closure Data:

Closure date: 04/12/2023 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:	\$ 200,000	\$ -	\$ -	\$ -
Other indemnity paid by/on behalf of defendant:	\$ -	\$ -	\$ -	\$ -
Indemnity paid by all parties (for all defendants):	\$ 400,000	Additional Comments: RECEIVED		
Loss adjustment expense paid to defense counsel:	\$ 127,316	-		
All other allocated loss adjustment expenses paid:	\$ 39,101	-		

APR 24 2023

Date Board Received Claim: _____

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