



Oregon Negligence/Malpractice Claim Report Form
Oregon Board of Optometry
 1500 Liberty Street SE, Suite 210 • Salem, Oregon 97302
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JUN 7 2021

Oregon Board of Optometry

Per ORS 742.400, claim "reporters" are required to submit claim information to the Oregon Board of Optometry within 90 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: Foremost Insurance Co Grand Rapids, MI NAIC #: _____ Claim File ID: 3013371297
 Contact Person: Lisa Ross Phone #: 541 734-4728
 Mailing address: PO Box 268994 City: Oklahoma City State: OK ZIP: 73126

Covered Practitioner (O.D. only):

License #: 2487ATI Name: Jay Wallace Walker Date of Birth: _____
 Address: 502 E Main St Phone: 503-730-1167
 City: Molalla State: OR Zip: 97038
 Board certified (code): _____ Specialty (code): _____ Other spec. (code): _____

Injury/Incident Data:

Injured person's name: Justin Cramer Age: 38 M F
 Date of injury: 3/16/2018 Date reported to insurer: 2/29/2020 If re-opened, date re-opened: _____
 Is Claim Court-Filed? Yes No If Yes, Date Filed in Court: March 10, 2020
 Place where injury occurred (code): _____ City: Molalla State: OR Zip: 97038
 Name of institution (if injury occurred in institution): Molalla Vision Clinic Location in institution (code): _____
 Total defendants involved in claim: 2 Derivative claim (code): _____
 Plaintiff attorney's name: Devin Flynn Address: 111 SW Fifth Ave, Suite 1900
 City: Portland State: OR Zip: 97204
 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 was treated for eye infection and received several refills of sterold eye drops without follow up eye exams. Patient claims that the eye drops caused him to develop cataracts in both eyes requiring surgery.

Closure Data:

Closure date: 5/24/2021 Claim disposition (code): settlement Settlement (code): _____
 Court (code): _____ Binding arbitration (code): _____ Review panel (code): _____

	Economic	Non-economic	Punitive	Unspecific
Indemnity insurer paid on behalf of defendant:	\$26500	\$60000	\$	\$
Other indemnity paid by/on behalf of defendant:	\$	\$	\$	\$
Indemnity paid by all parties (for all defendants):	\$86500	Additional Comments:		
Loss adjustment expense paid to defense counsel:	\$	25,211.90		
All other allocated loss adjustment expenses paid:	\$			