



Oregon Negligence/Malpractice Claim Report Form
Oregon Board of Optometry
 1500 Liberty Street SE, Suite 210 • Salem, Oregon 97302
 (503) 399-0662 • www.oregonobo.org

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: Foremost Signature Insurance Co. NAIC #: _____ Claim File ID: 3006429112-11
 Contact Person: Matt Overholt Phone #: 503-682-3794
 Mailing address: PO Box 268994 City: Oklahoma City State: OK ZIP: 73126

Covered Practitioner (O.D. only):

License #: 2497ATD Name: Dr. Brett Agost Date of Birth: _____
 Address: _____ Phone: _____
 City: Happy Valley State: OR Zip: 97086
 Board certified (code): _____ Specialty (code): _____ Other spec. (code): _____

Injury/Incident Data:

Injured person's name: _____ Age: _____ M F
 Date of injury: 3/2/2016 Date reported to insurer: 6/16/2016 If re-opened, date re-opened: _____
 Is Claim Court-Filed? Yes No If Yes, Date Filed in Court: _____
 Place where injury occurred (code): _____ City: Gresham State: OR Zip: 97030
 Name of institution (if injury occurred in institution): Gresham Vision Ctr Location in institution (code): _____
 Total defendants involved in claim: 1 Derivative claim (code): _____
 Plaintiff attorney's name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 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)

There are different strengths of dilating eyedrops available. Mr. Soto was given a stronger drop than what is normally used for routine dilation.

Closure Data:

Closure date: 6/17/2016 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>4025</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:	\$			