



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: ProSelect Insurance Company NAIC #: 10638 Claim File ID: 189304
 Contact Person: Aidan Walters Phone #: 617-526-0346
 Mailing address: One Financial Center, 13th Floor City: Boston State: MA ZIP: 02111

Covered Practitioner (O.D. only):

License #: 3387AT Name: Michael Majerczyk Date of Birth: Unknown
 Address: 1501 NE Medical Center Dr Phone: () n/a
 City: Bend State: OR Zip: 97701-6051
 Board certified (code): _____ Specialty (code): 80254_Allergy - No Surgery Other spec. (code): _____

Injury/Incident Data:

Injured person's name: Stacey Dean Age: Unknown M F
 Date of injury: 01/01/2006 Date reported to insurer: 05/15/2024 If re-opened, date re-opened: _____
Is Claim Court-Filed? Yes No **If Yes, Date Filed in Court:** 04/23/2024
 Place where injury occurred (code): _____ City: 1080 Bend Bachelor Dr, Bend State: OR Zip: 97702
 Name of institution (if injury occurred in institution): Bend Memorial Clinic Location in institution (code): Clinic
 Total defendants involved in claim: 4 Derivative claim (code): _____
 Plaintiff attorney's name: Marilyn Heiken Address: 975 Oak Street, Suite 1050
 City: Eugene State: OR Zip: 97401
 Severity of injury (code): Permanent Minor 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)

Alleged negligent prescription of Plaquenil resulting in permanent diminished vision.

Closure Data:

Closure date: _____ 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:	\$	\$	\$	\$
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:	\$			

Date Board Received Claim: _____

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