

DCN: 5500000243162119 Process Date: 08/03/2024

Page: 1 of 3 SHELDON, TODD For authorized use by:

OREGON BOARD OF OPTOMETRY

SHELDON, TODD

HALLMARK SPECIALTY INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 07/03/2024

Initial Action

Basis for Initial Action

- SETTLEMENT

- DELAY IN TREATMENT

A. REPORTING **ENTITY**

Entity Name: HALLMARK SPECIALTY INSURANCE COMPANY

Address: 5420 LYNDON B JOHNSON FWY STE 1100

TWO LINCOLN CENTER

City, State, Zip: DALLAS, TX 75240-2345

Country:

Name or Office: DAVID MARSHALL

Title or Department: VP CLAIMS Telephone: (214) 217-1040

Entity Internal Report Reference: 7740KY117961

Customer Use: 2425070 Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SHELDON, TODD

Other Name(s) Used:

Gender: MALE

Date of Birth:

Organization Name: CENTRAL OREGON EYECARE IN REDMOND

Work Address: 1000 SW INDIAN AVE City, State, ZIP: REDMOND, OR 97756-3024

Home Address:

City, State, ZIP:

Deceased:

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation:

UNIVERSITY OF HOUSTON COLLEGE OF OPTEMETRY (1997)

BRIGHAM YOUNG UNIVERSITY (1995)

Occupation/Field of Licensure:

OPTOMETRIST 2823, OR

State License Number, State of Licensure:

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report:

08/03/2024

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

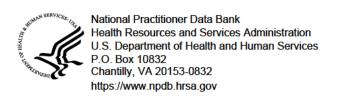
for This Practitioner: \$ 1,000,000.00 Date of This Payment: 07/03/2024

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 1,000,000.00 Payment Result of: SETTLEMENT Date of Settlement, if Any: 06/28/2024

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



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Adjudicative Body Case Number: Adjudicative Body Name: Court File Number:

Description of Settlement and Any

Conditions, Including Terms of Payment:

Plaintiff sustained eye damage in her right eye after a delay in diagnosing high intraocular eye

pressure.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 1,000,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case:

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?: Amount Paid or Expected to Be Paid by the State Fund: Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?: Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 73 YEARS

Patient's Gender: FEMALE Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Plaintiff sustained right eye damage and blindness Presented for Treatment:

after a delay in diagnosing high intraocular eye

pressure.

Evaluation of Plaintiff's right eye pressure, Description of the Procedure Performed:

which yielded intraocular pressure of 43mmHg, which led to vision loss. Plaintiff did not complain of vision loss prior to the 11/9/22

visit.

Nature of Allegation: DIAGNOSIS RELATED (001) Specific Allegation: DELAY IN TREATMENT (202)

Date of Event Associated With Allegation or Incident: 11/09/2022

> Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon

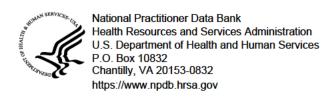
Which the Action or Claim Was Based:

Plaintiff asserts that on 11/9/22, a high intraocular pressure level of 43mmHG was

identified, where there was no intervention by Dr. Sheldon, which resulted in blindness in the right

eye.

D. SUBJECT STATEMENT	If the subject identified in Section B of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	Unless a box below is checked, the subject of this report identified in Section B has not contested this report. This report has been disputed by the subject identified in Section B.



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the U.S. Depart	ment of Health ar	tified in Section B, this report is being reviewed by the Secretary of all Human Services to determine its accuracy and/or whether it ents. No decision has been reached.
U.S. Departmen	nt of Health and H	tified in Section B, this report was reviewed by the Secretary of the uman Services and a decision was reached. The subject has ensider the original decision.
		tified in Section B, this report was reviewed by the Secretary of the uman Services. The Secretary's decision is shown below:
Date of Original Subi	mission:	08/03/2024
Date of Most Recent	Change:	08/03/2024
This report is maintained under the provisi	ons of: Title IV	
provisions of Title IV of Public Law 99-660, as used only for the purpose for which it was disc	amended, and closed. Disclosu	lational Practitioner Data Bank for restricted use under the 45 CFR Part 60. All information is confidential and may be re or use of confidential information for other purposes is a confidential the reporting entity identified in Section A

END OF REPORT —