



National Practitioner Data Bank
 Health Resources and Services Administration
 U.S. Department of Health and Human Services
 P.O. Box 10832
 Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

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: [REDACTED]
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: NO
Social Security Numbers (SSN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY (1997)
 BRIGHAM YOUNG UNIVERSITY (1995)
Occupation/Field of Licensure: OPTOMETRIST
State License Number, State of Licensure: 2823, OR
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



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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: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?: NO
 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?: NO
 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 Presented for Treatment: Plaintiff sustained right eye damage and blindness after a delay in diagnosing high intraocular eye pressure.
 Description of the Procedure Performed: Evaluation of Plaintiff's right eye pressure, 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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- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/03/2024

Date of Most Recent Change: 08/03/2024

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT