



Oregon

Kate Brown, Governor

Medical Board
1500 S.W. 1st Ave., Suite 620
Portland, OR 97201
Voice (971) 673-2700
FAX (971) 673-2670
www.oregon.gov/OMB

September 7, 2016

Karen Myers
14566 NW 110th St.
Whitewater, KS 67154

Fax

REPORT NAME: **INDIVIDUAL MALPRACTICE SEARCH**
REPORT SUBJECT: **John Gilbert Buckmaster MD**
LICENSE #: **MD12764**

The Oregon Medical Board is responding to your inquiry regarding the malpractice history for the above-referenced Licensee. Per ORS 742.400, malpractice information is provided to the Board from malpractice carriers and other self insured entities. The Board is permitted to release information about closed claims only.

The result of our database search is indicated below:

- Information about closed malpractice claims on file with the Oregon Medical Board for this Licensee is enclosed.

If you have questions regarding malpractice information or this letter, please contact the Board's Investigations Department at (971) 673-2696, or toll free in Oregon at (877) 275-6263.

Sincerely,

JerrellAnn Farmer
Public Information Specialist

Enclosures



Oregon Medical Board

1500 SW 1st Avenue, Ste 620
Portland, Oregon 97201-5847
(971) 673-2700 • www.oregon.gov/omb

INDIVIDUAL MALPRACTICE REPORT

Malpractice claim information is compiled by the Oregon Medical Board from claim reports it receives from primary insurers; public bodies required to defend, save harmless and indemnify an officer, employee or agent of the public; self-insured entities; or health maintenance organizations. Claim reporting and disclosure requirements are governed by ORS 742.400.

LICENSEE / DEFENDANT

Licensee: John Gilbert Buckmaster MD
Specialty: Obstetrics and Gynecology

License #: MD12764
License Status: Active

Birth Year: 1955
First Licensed: 07/11/81

Practice Address: 300 N Graham St Ste 100 Portland, OR 97227

Practice Telephone #: 503-413-1122

INSURER

Insurer: Northwest Physicians Mutual – NAIC #43583 -
Claim ID#:0782-1

Claim Reported to Insurer: 07/21/89

Claim Reported to Board: 08/29/89

CLAIM

Claim Allegation:

Injured Person's Gender: Female
Plaintiff (if not injured Person): None Reported
Plaintiff Attorney: KENNETH BOURNE - PORTLAND, OR
Institution Where Injury Occurred: N/A - PORTLAND, OR
Institution Type / Location: (7) Other - (99) Not Applicable
Severity of Injury: (3) Temporary Minor - Infections
Issues Related to Diagnosis: (99) Not Applicable
Issues Related to Procedures: A - (99) Not applicable.
Others Contributing to Injury: B - (26) Patient
Associated Claim Issues: C - (47) Billing and collection.
Policy Coverage: (1) Policy covers claims made during the term of the policy.
Companion Claim(s) ID Number:

Injured Person's Age: 23
Date of Injury: 01/30/88
Total Defendants Involved in Claim: 1

SETTLEMENT

Claim Closed: 05/08/90
Settlement Process: (8) Claim or suit abandoned by plaintiff.
Court Decision: (0) No court proceedings were initiated.

Claim Disposition: (1) Settled by parties
Review Panel: (99) Not Applicable.
Binding Arbitration: N/A

	<u>Economic</u>	<u>Non-Economic</u>	<u>Punitive</u>	<u>Unspecific</u>
Indemnity insurer paid on behalf of defendant:	\$0	\$0	\$0	\$0
Other indemnity paid by/on behalf of defendant:	\$0	\$0	\$0	\$0
Indemnity paid by all parties (for all defendants):	\$0			
Loss adjustment expense paid to defense counsel:	\$0			
All other allocated loss adjustment expenses paid:	\$0			

Misc. Comments:



Oregon Medical Board

1500 SW 1st Avenue, Ste 620
Portland, Oregon 97201-5847
(971) 673-2700 • www.oregon.gov/omb

INDIVIDUAL MALPRACTICE REPORT

Malpractice claim information is compiled by the Oregon Medical Board from claim reports it receives from primary insurers; public bodies required to defend, save harmless and indemnify an officer, employee or agent of the public; self-insured entities; or health maintenance organizations. Claim reporting and disclosure requirements are governed by ORS 742.400.

LICENSEE / DEFENDANT

Licensee: John Gilbert Buckmaster MD
Specialty: Obstetrics and Gynecology

License #: MD12764
License Status: Active

Birth Year: 1955
First Licensed: 07/11/81

Practice Address: 300 N Graham St Ste 100 Portland, OR 97227

Practice Telephone #: 503-413-1122

INSURER

Insurer: Legacy Health System (SI) – NAIC #900001 -
Claim ID#: 5500-02804133

Claim Reported to Insurer: 06/13/95

Claim Reported to Board: 12/27/05

CLAIM

Claim Allegation: Alleged diagnosis - not otherwise classified.

Injured Person's Gender: Male

Injured Person's Age:

Date of Injury: 08/18/92

Plaintiff (if not injured Person): None Reported

Total Defendants Involved in Claim: 1

Plaintiff Attorney:

Institution Where Injury Occurred: Legacy Health Systems - Portland, OR

Institution Type / Location: (7) Other - (99) Not Applicable

Severity of Injury:

Issues Related to Diagnosis: (99) Not Applicable

Issues Related to Procedures: A - (99) Not applicable.

Others Contributing to Injury: B - (99) Not Applicable

Associated Claim Issues: C - (99) Not Applicable.

Policy Coverage: (1) Policy covers claims made during the term of the policy.

Companion Claim(s) ID Number:

SETTLEMENT

Claim Closed: 04/24/96

Claim Disposition: (2) Disposed of by a court

Settlement Process: (99) Not Applicable.

Review Panel: (99) Not Applicable.

Court Decision: (0) No court proceedings were initiated.

Binding Arbitration: N/A

	<u>Economic</u>	<u>Non-Economic</u>	<u>Punitive</u>	<u>Unspecific</u>
Indemnity insurer paid on behalf of defendant:	\$0	\$0	\$0	\$225,000
Other indemnity paid by/on behalf of defendant:	\$0	\$0	\$0	\$0
Indemnity paid by all parties (for all defendants):	\$225,000			
Loss adjustment expense paid to defense counsel:	\$0			
All other allocated loss adjustment expenses paid:	\$0			

Misc. Comments:



Oregon Medical Board

1500 SW 1st Avenue, Ste 620
Portland, Oregon 97201-5847
(971) 673-2700 • www.oregon.gov/omb

INDIVIDUAL MALPRACTICE REPORT

Malpractice claim information is compiled by the Oregon Medical Board from claim reports it receives from primary insurers; public bodies required to defend, save harmless and indemnify an officer, employee or agent of the public; self-insured entities; or health maintenance organizations. Claim reporting and disclosure requirements are governed by ORS 742.400.

LICENSEE / DEFENDANT

Licensee: John Gilbert Buckmaster MD
Specialty: Obstetrics and Gynecology

License #: MD12764
License Status: Active

Birth Year: 1955
First Licensed: 07/11/81

Practice Address: 300 N Graham St Ste 100 Portland, OR 97227

Practice Telephone #: 503-413-1122

INSURER

Insurer: OHSU – NAIC #900005 -
Claim ID#: OHSU028081

Claim Reported to Insurer: 03/22/05

Claim Reported to Board: 12/05/05

CLAIM

Claim Allegation:

Injured Person's Gender: Female
Plaintiff (if not injured Person): None Reported
Plaintiff Attorney:
Institution Where Injury Occurred: OHSU - Portland, OR
Institution Type / Location: (1) Hospital Inpatient Facility - (99) Not Applicable
Severity of Injury:
Issues Related to Diagnosis: (99) Not Applicable
Issues Related to Procedures: A - (99) Not applicable.
Others Contributing to Injury: B - (99) Not Applicable
Associated Claim Issues: C - (99) Not Applicable.
Policy Coverage: (1) Policy covers claims made during the term of the policy.
Companion Claim(s) ID Number: NW Phys.s

Injured Person's Age:
Date of Injury: 07/06/04
Total Defendants Involved in Claim: 1

SETTLEMENT

Claim Closed: 07/17/06
Settlement Process: (99) Not Applicable.
Court Decision: (9) All others

Claim Disposition: (2) Disposed of by a court
Review Panel: (99) Not Applicable.
Binding Arbitration: N/A

	<u>Economic</u>	<u>Non-Economic</u>	<u>Punitive</u>	<u>Unspecific</u>
Indemnity insurer paid on behalf of defendant:	\$0	\$0	\$0	\$0
Other indemnity paid by/on behalf of defendant:	\$0	\$0	\$0	\$0
Indemnity paid by all parties (for all defendants):	\$0			
Loss adjustment expense paid to defense counsel:	\$0			
All other allocated loss adjustment expenses paid:	\$0			

Misc. Comments:



Oregon Medical Board

1500 SW 1st Avenue, Ste 620
Portland, Oregon 97201-5847
(971) 673-2700 • www.oregon.gov/omb

INDIVIDUAL MALPRACTICE REPORT

Malpractice claim information is compiled by the Oregon Medical Board from claim reports it receives from primary insurers; public bodies required to defend, save harmless and indemnify an officer, employee or agent of the public; self-insured entities; or health maintenance organizations. Claim reporting and disclosure requirements are governed by ORS 742.400.

LICENSEE / DEFENDANT

Licensee: John Gilbert Buckmaster MD
Specialty: Obstetrics and Gynecology

License #: MD12764
License Status: Active

Birth Year: 1955
First Licensed: 07/11/81

Practice Address: 300 N Graham St Ste 100 Portland, OR 97227

Practice Telephone #: 503-413-1122

INSURER

Insurer: Northwest Physicians Insurance Company – NAIC #12486 -
Claim ID#: 10601-1-S

Claim Reported to Insurer: 03/28/05

Claim Reported to Board: 01/17/07

CLAIM

Claim Allegation:

Injured Person's Gender: Female
Plaintiff (if not injured Person): (1) Spouse
Plaintiff Attorney: Pro Se - Portland, OR
Institution Where Injury Occurred: Unreported - Portland, OR
Institution Type / Location: (7) Other - (99) Not Applicable
Severity of Injury: (3) Temporary Minor - Infections
Issues Related to Diagnosis: (99) Not Applicable
Issues Related to Procedures: A - (05) Improperly performed
Others Contributing to Injury: B - (99) Not Applicable
Associated Claim Issues: C - (18) Procedure exceeded consensual understanding.
Policy Coverage: (1) Policy covers claims made during the term of the policy.
Companion Claim(s) ID Number:

Injured Person's Age:
Date of Injury: 07/02/04
Total Defendants Involved in Claim: 1

SETTLEMENT

Claim Closed: 01/08/07
Settlement Process: (2) Before trial or hearing.
Court Decision: (9) All others

Claim Disposition: (2) Disposed of by a court
Review Panel: (99) Not Applicable.
Binding Arbitration: N/A

	<u>Economic</u>	<u>Non-Economic</u>	<u>Punitive</u>	<u>Unspecific</u>
Indemnity insurer paid on behalf of defendant:	\$0	\$0	\$0	\$0
Other indemnity paid by/on behalf of defendant:	\$0	\$0	\$0	\$0
Indemnity paid by all parties (for all defendants):	\$0			
Loss adjustment expense paid to defense counsel:	\$10,592			
All other allocated loss adjustment expenses paid:	\$354			

Misc. Comments: