

NPDBP.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

DCN: 5500000104881073
 Process Date: 03/28/2016
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 VIRDEN, CHARLES P
 For authorized use by:
 THE DOCTORS' COMPANY

VIRDEN, CHARLES P**THE DOCTORS' COMPANY****CORRECTION TO MEDICAL MALPRACTICE PAYMENT
REPORT****Date of Action: 03/28/2016****Initial Action****- SETTLEMENT****Basis for Initial Action****- DELAY IN DIAGNOSIS****A. REPORTING
ENTITY**

Entity Name: THE DOCTORS' COMPANY

Address: 185 GREENWOOD RD
PO BOX 2900

City, State, Zip: NAPA, CA 94558-6270

Country:

Name or Office: RANDALL TURNER

Title or Department: INSURANCE OPERATIONS

Telephone: (707) 226-0205

Entity Internal Report Reference: 312512

Customer Use: Cynthia Christman

Type of Report: CORRECTION

Previous Report Number: 5500000104880488 (Please destroy all copies of the
previous report)**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)****NOTE: Information marked with an asterisk (*) was added, corrected, or removed.**

Subject Name: VIRDEN, CHARLES P

Other Name(s) Used:

Gender: MALE

Date of Birth: 06/28/1958

Organization Name:

Work Address:

City, State, ZIP:

Home Address: 7530 BRIARGATE CT

City, State, ZIP: RENO, NV 89523-4808

Deceased: NO

Social Security Numbers (SSN): ***-**-8311

Professional School(s) & Year(s) of Graduation: UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE
(1987)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)

State License Number, State of Licensure: NV 7420, NV

* Occupation/Field of Licensure (Code): PHYSICIAN (MD)

* State License Number, State of Licensure: 65828, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

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**C. INFORMATION
REPORTED**

Date of Report: 03/28/2016

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 125,000.00

Date of This Payment: 03/28/2016

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 125,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 03/28/2016

Adjudicative Body Case Number: CV13-02716

Adjudicative Body Name: DISTRICT COURT OF NEVADA, WASHOE COUNTY

Court File Number: CV13-02716

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: THIS MATTER WAS SETTLED ON BEHALF OF THE INSURED
PHYSICIAN FOR A LUMP SUM PAYMENT OF \$125,000.00.**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: \$ 125,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: 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: 55 YEARS

Patient's Gender: FEMALE

Patient Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: THE PATIENT PRESENTED TO THE INSURED FOR CONSULTATION
FOLLOWING A DIAGNOSIS OF BILATERAL DERMATOCHOLASIS.

Description of the Procedure Performed: THE INSURED PERFORMED UPPER LID BLEPHAROPLASTY.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: DELAY IN DIAGNOSIS (200)

Date of Event Associated With Allegation or Incident: 12/28/2012

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: THE 55 YEAR-OLD FEMALE PATIENT WITH A DIAGNOSIS OF
BILATERAL DERMATOCHOLASIS BY OTHERS UNDERWENT UPPER LID
BLEPHAROPLASTY PERFORMED BY THE INSURED 12/28/12. THE
INSURED DOCUMENTED THE PROCEDURE WAS WITHOUT INCIDENT.
AT THE SECOND POST OP FOLLOW UP VISIT, THE PATIENT
COMPLAINED OF HEADACHE AND BLURRY VISION. THE INSURED
CONTINUED TO FOLLOW THE PATIENT. SHE WAS SUBSEQUENTLY
REFERRED TO AN OPHTHALMOLOGIST. THE SPECIALIST DIAGNOSED
A LACERATED CORNEAL AND TOOK THE PATIENT TO SURGERY
LATER THAT EVENING TO PERFORM THE REPAIR.

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**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.
- ☐ 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: 03/28/2016

Date of Most Recent Change: 03/28/2016

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