<u>SUPPLEMENT INSTRUCTIONS</u>

The following instructions will help you answer Questions 1-19. If you answer "yes" to any of these questions, you must also fill out the supplemental pages. Read these instructions and the supplemental pages carefully. Your application may be delayed if you fail to provide all the information requested.

This portion of the application is not a public record, and is held as confidential information unless you expressly authorize the Board to release it to a particular party. Under the law, the Board may also share this information with legally designated agencies, such as other state licensing boards and law enforcement agencies. Designated agencies are required to maintain the confidentiality of this information consistent with the law.

1, 8-A and 8-B. Disciplinary action: A confidentiality agreement does not absolve you of your requirement to answer Question 1 or 8-A or 8-B. If you answer "Yes" you must also complete the supplement.

For the purpose of answering Question 1. 8-A or 8-B, the terms listed below have the following meanings:

An "<u>investigation</u>" is any inquiry conducted by a private or governmental authority concerning you.

This question includes, but is not limited to, investigations, reviews, and inquiries conducted by: hospitals, clinics, nursing homes, health insurers, medical malpractice insurers, professional associations, federal agencies, and state agencies. This question includes investigations, reviews, and inquiries conducted by the Massachusetts Board of Registration in Medicine and its sub-Committees, including the Data Repository Committee and the Complaint Committee.

You do not need to report investigations of an entire facility or department. For example, an annual departmental review of complication rates is not a reportable investigation within the meaning of this question because your activities have not been singled out for review.

A "<u>governmental authority</u>" refers to any federal, state, county, or municipal governmental entity, including but not limited to: any medical licensing board (including Massachusetts), any agency regulating health care quality, any medical assistance authority, any regulatory authority investigating insurance fraud, and any agency that regulates the possession, dispensing, and prescribing of any controlled substances.

A "<u>health care facility</u>" refers to any hospital (including federal, state, county, and municipal hospitals), clinic, prison infirmary, home for unwed mothers, nursing home, or health maintenance organization. For the purpose of this question, a health care facility includes a post-graduate training program.

"<u>Group practice</u>" refers to any association of healthcare professionals organized for the delivery of patient care of which you are a member or partner or by which you are employed or with which you have a contract for professional services, including a partnership or limited liability partnership, limited liability company, professional corporation, or other professional business organization.

"<u>Disciplinary action</u>," as defined in the Board's regulations, is an action which adversely affects a licensee. The action can be formal or informal, oral or written, and voluntary or involuntary.

Disciplinary actions that are always reportable to the Board include, but are not limited to, the following or their substantial equivalents: revocation of a right or privilege, suspension of a right or privilege, censure, written reprimand or admonition, fines, and required performance of public service.

Disciplinary actions that are sometimes reportable to the Board include, but are not limited to, the following or their substantial equivalents: restriction of a right or privilege, non-renewal of a right or privilege, denial of a right or privilege, resignation, leave of absence, withdrawal of an application, and termination or non-renewal of a contract. These actions are reportable to the Board if they arose, directly or indirectly, from the licensee's competence to practice medicine, or from a complaint or allegation regarding any violation of law, regulation, or bylaw.

For example, non-renewal of a medical license in another state based on the licensee's cessation of practice there is not a disciplinary action.

For example, a leave of absence taken for family reasons or for illness is not a disciplinary action.

For example, termination or non-renewal of an employment contract due to relocation is not a disciplinary action.

A course of education, training, counseling or monitoring is reportable to the Board as a disciplinary action only if it arose out of the filing of a complaint or other formal charges reflecting on the licensee's competence to practice.

2. Medical school and training program leaves and withdrawals: You must report **all** leaves of absence, withdrawals from medical school or post-graduate training programs, and failures to complete and requirements to repeat years of postgraduate training, regardless of the reason. Provide an explanation on the supplemental pages.

6-A. Medical license application withdrawal or denial of medical license: You should answer "yes" if you withdrew your application after learning that your license application probably would not be approved or would be approved only with conditions or restrictions. You do not need to answer "yes" if you withdrew your application solely because of a decision to relocate that was entirely unrelated to anticipated rejection of your application, or if you let your license lapse because you no longer practice medicine in that jurisdiction.

6-B. Voluntary surrender of license: You must report any surrender of a license to a licensing board or other governmental agency. You do not need to answer "yes" to this question if you let your license lapse because you no longer practice medicine in that jurisdiction.

8-A and 8-B. See 1 above.

9-A, 9-B, 9-C, and 9-D. Medical staff membership, status and privileges: You must answer these questions about your medical staff status at any health care facility at which you have ever had membership or privileges. You do not need to include information about your tenure at health care facilities as a medical student or resident.

10. Criminal proceedings: Being "charged with a criminal offense" includes being arrested, arraigned or indicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. You must also report: convictions for felonies and misdemeanors; *nolo contendere* pleas; matters where sufficient facts of guilt were found; matters that were continued without a finding even if they were ultimately dismissed; and any other plea bargain. A medical malpractice claim is a civil, not a criminal, matter. A charge of Driving Under the Influence is not a "minor traffic offense" and should be reported.

11. Controlled substances privileges: You do not need to answer "yes" if you permitted your state and/or federal license(s) to expire solely because you decided to relocate and your decision to relocate was entirely unrelated to allegations of wrongful or otherwise irregular prescription practices.

12, 13 and 14. Medicare, Medicaid and third party payors: If you have been restricted from participation in a state or federally funded health care plan or third party plan or if your membership has been terminated, you must answer "yes."

15-A. Malpractice claims: You must report all malpractice claims, whether or not they resulted in lawsuits and whether they are pending or have been resolved. You must answer "yes" even if you were named in a case or claim and subsequently dropped from it or the case or claim was dismissed with no finding against you or payment made on your behalf. You must report all cases or claims filed or heard in any state.

15-B. Non-malpractice lawsuits: You must report certain lawsuits filed against you even if they do not allege malpractice. Examples include, but are not limited to, lawsuits filed under consumer protection, antitrust, civil rights, fraud, or intentional tort (e.g. libel, interference with contractual relations) laws. You must report only those suits relating to your competency to practice medicine or your professional conduct in the practice of medicine.

16-A and 16-B. Medical condition: "Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, hearing and memory impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cerebrovascular disease, cognitive disorders, cancer, heart disease, diabetes, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments and learn and keep abreast of medical developments; and

2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one's functioning as a licensee, or within the past two years.

17. Use of Chemical Substances: "Chemical substances" is to be construed to include alcohol, drugs or medications, including those drugs or medications (controlled substances) taken pursuant to a valid prescription for legitimate medical purposes and in accordance with this direction, as well as those used illegally. Illegal use of controlled substances includes use of substances obtained illegally (for example, heroin or cocaine) as well as the use of substances in an illegal manner (for example, use of prescription drugs which are obtained without a valid prescription or taken not in accordance with the directions of a licensed health care practitioner).

18. Illegal use of drugs: See definitions above**.**
You have a right to elect not to answer the above question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of the Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment privilege, you must do so in writing. Your full license application will be processed if you claim the privilege.

19. Voluntary modification of scope of practice: Describe any voluntary modification of or limitation to your scope of practice not covered by Questions 16-A and 16-B, and the reasons for it.

<u>A Note to the Physician who is Chemically Dependent</u>

If you are chemically dependent, the Board encourages you to seek assistance voluntarily. When the Board receives notice of impairment or dependency, its policy is to protect the public but also to ensure rehabilitation through the physician's participation in approved treatment programs and supervised, structured aftercare. The Board's Chemically Dependent Physician Policy relies on cooperation between the Board and groups like the Massachusetts Medical Society's Physician Health Services to ensure successful rehabilitation.

PLEASE NOTE: If you answered "yes" to any of Questions 1-19, you must also fill out the supplemental pages.

SUPPLEMENT FORM

PRINT NAME: ____ DATE: _____/____/____

<u>IMPORTANT NOTE</u>: If you answer "yes" to any of these questions, you must provide the additional information on pages 4-10.

<u>QUESTIONS</u>		**<u>YES</u>**	**<u>NO</u>**
1.	Since your enrollment in college, have you been subject to any disciplinary action (see definition) at an academic institution?	☐	☐
2.	Have you ever been terminated or granted a leave of absence by a medical school or medical post-graduate training program or have you ever withdrawn from a medical school or medical postgraduate training program or had to repeat a year of postgraduate training?	☐	☐
3.	Have you ever applied for licensure or to sit for an examination or taken an examination under a different name? If so, previous name:________________________________	☐	☐
4.	Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?	☐	☐
5.	Have you ever failed any of the following examinations: FLEX, any State Board examination, any part of the National Boards, any Step of the USMLE, NBOME, or have you failed to gain certification from the National Board of Medical Examiners, any other certification body or any foreign licensing or certification body?	☐	☐
6-A.	Have you ever, for any reason, been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?	☐	☐
6-B.	Have you ever voluntarily surrendered a license to practice medicine or any healing art?	☐	☐
7.	Have you ever, for any reason, lost American Board of Medical Specialty or been denied required recertification by one or more specialty boards?	☐	☐
8-A.	Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).	☐	☐
8-B.	Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or professional medical society or association (national, state or local)?	☐	☐

Applicant's Signature:____ Date:____/____/____

		YES	NO
9-A.	Have you ever voluntarily relinquished any medical staff membership?	☐	☐
9-B.	Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?	☐	☐
9-C.	Have you ever been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?	☐	☐
9-D.	Have you ever, for any reason, withdrawn an application for hospital privileges or appointment?	☐	☐
10.	Have you ever been charged with any criminal offense, other than a minor traffic offense?	☐	☐
11.	Has your privilege to possess, dispense or prescribe controlled substances ever been suspended revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?	☐	☐
12.	Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?	☐	☐
13.	Have you ever been the subject of any suspension or probation proceedings instituted Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs?	☐	☐
14.	Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan?	☐	☐
15-A.	In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?	☐	☐
15-B.	In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?	☐	☐

Applicant's Signature:____ **Date:**____/____/____

CONFIDENTIAL MEDICAL INFORMATION

Before completing the following questions, refer to the instructions for definitions and additional information. If answering "yes" to any of the questions, you must provide details on the supplemental pages for questions #16-A to 19. For purposes of the following questions, "currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one's functioning as a licensee, or within the past two years of this application.

		YES	NO
16-A.	Since becoming a medical student, have you been diagnosed with or treated for a medical condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician?	☐	☐
16-B.	Do you currently have a medical condition which in any way limits or impairs your ability to practice medicine or to function as a physician?	☐	☐
17-A.	Within the past two years, have you engaged in the use of chemical substances with the result that your ability to practice medicine is currently impaired or limited?	☐	☐
17-B.	Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?	☐	☐
18.	Are you currently engaged in the illegal use of drugs or misuse of prescription drugs?	☐	☐
19.	Within the past five years, have you voluntarily modified or otherwise limited your scope of practice of medicine for any reason other than a medical condition?	☐	☐

If your responses to Questions 1-19 change while your application is pending, you must immediately notify the Board of the new information.

Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (*Note:* This applies even if you reside out of the state or out of the country.)

Pursuant to G.L.c. 62C, § 49A, to the best of my knowledge and belief, I am in compliance with G.L.c. 119A relating to withholding and remitting Child Support.

Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children. I will read the Board's regulations, 243 CMR 1.00 through 3.00. To the best of my knowledge, I meet the qualifications for full licensure in Massachusetts.

I certify under the penalties of perjury that all information on this form (front and back, and all attached pages) is true, to the best of my knowledge.

I authorize the Board of Registration in Medicine to access any and all criminal case information on me held by the Massachusetts Criminal History Systems Board.

Applicant's Signature:____ **Date:**____/____/____

PRINT NAME: ____

QUESTIONS #1, 8A, 8B – Disciplinary actions
Attach additional pages with same format where more than one action was taken or is pending, and where otherwise necessary.

Name of agency or institution taking action:____ Date: ____/___/___

Description:____

____

____

____

____

____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence related to the disciplinary action directly to the Board.

QUESTION #2 – Medical school and medical training program

Attach additional pages with same format where necessary.

Name of institution:____Date of action:___/___/____

Address: ____ City:____________________

State:______________________Zip:___________ Dates of attendance: From: ____/____/____ To: ____/____/_____

Description of events:

____

____

____

You must arrange for the appropriate agency or institution to submit all official documentation and correspondence regarding any termination, leave of absence, withdrawal, failure to complete or requirement to repeat directly to the Board.

QUESTION #4 & 5 – Examination failure; denial, improper conduct

Attach additional pages with same format where necessary.

Name of organization: ______________________________Name of exam: __________

Action:____Date of Action:____/___/___

____

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You must arrange for the appropriate agency or institution to submit all official documentation and correspondence regarding any examination, restriction or other examination abnormality directly to the Board.

Signature: ____ Date: ____/____/____

PRINT NAME: ____

<u>QUESTIONS #6A & 6B</u> – License application withdrawal, denial or license surrender

Attach additional pages with same format where necessary.

Describe circumstances under which license application was withdrawn or denied, or license was voluntarily surrendered.

____

____

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____

State: ________________________________Year: ____/_____/_____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding the withdrawal, denial or voluntary surrender directly to the Board. Such documentation must specify the reason(s) for denial of your license application, withdrawal or voluntary surrender of your license.

<u>QUESTION #7</u> – Lost or denied American Board of Medical Specialties certification

Specialty Board:____ Date of action: _____/____/____

Explain reason(s) for loss or denial:____

____

____

____

<u>QUESTIONS #9-A, 9-B, 9-C, 9-D</u> – Medical staff membership, status and/or privileges

Attach additional pages with same format where necessary. Describe circumstances leading to change in medical staff membership, status and privileges:

Name of facility:____ Date of action :_____/____/____

Address:________________________________City: ___________________ State: ________Zip:__________

Description____

____

____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding any affirmative responses to Questions 9-A through 9-D <u>directly</u> the Board.

Signature: ____ Date: ____/____/____

PRINT NAME: ____

<u>QUESTION #10</u> – Criminal proceedings

Attach additional pages with same format if more than one charge and where otherwise necessary.

Court:_____________________________________Charge: _______________________Date: ____/____/____

Please attach a detailed account of circumstances leading up to criminal proceedings.

____

____

____

____

____

Status:

____

You must arrange for your lawyer or the court officer to submit copies of the indictment, complaint and judgment or other disposition in any criminal proceedings in which you were a defendant <u>directly</u> to the Board.

<u>QUESTION #11</u> – Controlled substances privileges
Attach additional pages with same format where necessary.

Type of restriction:____ Date: ____/____/____

Circumstances of Restriction:

____

____

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You must arrange for the appropriate agency or institution to submit a copy of all official orders, findings of fact and correspondence related to any affirmative response <u>directly</u> to the Board.

<u>QUESTIONS #12, 13 & 14</u> – Liability insurance and provider restrictions, denial, and revocation

Name of Organization: ____ Date of Action: ____/____/____

Action:____

Explain reason(s) for action: ____

____

____

Signature: ____ Date: ____/____/____

PRINT NAME: ____

QUESTIONS #15-A & 15-B – Malpractice claims and other lawsuits

You must provide the following information on this form for each instance of alleged malpractice. You may photocopy this form and attach additional copies, if necessary. Please type or print. You must also complete the back of this form.

Claimant's name: ____ Date of incident: ___/____/____

Insurer's name:________________________________Insurer's Address: ___________________________

Description of claim (allegations only: this does not constitute an admission of fault or liability). See Table 5 attached. Basis codes must be completed.

Allegation:____________________ Allegation:__________________ Allegation:____________________

REQUISITE DESCRIPTIVE INFORMATION:

1. Patient's condition at point of your involvement:____
____
____
____

2. Patient's condition at end of treatment:____
____
____
____

3. The nature and extent of your involvement with the patient:______________________________________
____
____
____

4. Your degree of responsibility for the course of treatment leading to the claim: ___________________________
____
____
____

5. If incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:
____
____

Incident location (check one):

☐ 01 Emergency Room ☐ 02 Labor/Delivery ☐ 03 Laboratory/X-ray/Testing ☐ 04 Operating Room
☐ 05 Outpatient ☐ 06 Patient Room ☐ 07 Hospital-Other ☐ 08 Hospital-Unknown
☐ 09 HMO ☐ 10 Clinic ☐ 11 Nursing Home ☐ 12 Physician's Office
☐ 13 Walk-in Center ☐ 14 Other ☐ 15 Unknown

Your role (check one):

☐ 01 Anesthesiologist ☐ 02 Primary Care Physician ☐ 03 Referring Physician ☐ 04 Attending Physician
☐ 05 Consultant Specialist ☐ 06 Surgeon ☐ 07 Fellow ☐ 08 PGY 7
☐ 09 PGY 6 ☐ 10 PGY 5 ☐ 11 PGY 4 ☐ 12 PGY 3
☐ 13 PGY 2 ☐ 14 PGY 1 ☐ 22 Acupuncturist ☐ 26 On-call Physician
☐ 27 Worker's Comp Evaluator ☐ 28 Court Psychiatrist ☐ 24 Group Practitioner/Partner ☐ 99 Unknown
☐ 98 Other_____________

Signature: ________________________________ Date:____/____/____

(you must also complete page 11)

(All questions on the back of this form must be answered)

<u>QUESTION #15A & 15B</u>- Malpractice claims & other lawsuits, continued…

Legal representative's name: ____

Address: ____Telephone: _________________

City: ___________________________________ State: _____________________________ Zip: ____________

- **If a medical malpractice tribunal has heard your case, indicate the following:**

  Finding for: ☐ You ☐ Plaintiff Date: ____/____/____

- If the Court has heard your case, indicate the following:

  Decision determined by (check one): ☐ Judge ☐ Jury

  Decision:____ Award: _____________

- If your case was <u>appealed</u>, indicate the following:

  Date appeal was filed: ____/____/____ Date appeal was decided: ____/_____/____

- If your case was <u>settled</u>, indicate the following:

  Date of settlement: ____/____/____ Total settlement amount: $______________

  Amount of settlement paid on your behalf: $_____________

- Was the case dismissed against you? ☐ Yes ☐ No Against all defendants? ☐ Yes ☐ No

In addition to the information listed above, you must arrange for your lawyer or liability carrier to submit a copy of the following documents <u>directly</u> to the Board for the following malpractice cases:

<u>Open case</u> – a copy of the complaint naming the physician as a defendant.

<u>Closed case</u> – a copy of the complaint and final judgment, settlement and release or other final disposition of each claim, even if you were dismissed from the case by the court and/or if the case was closed with or without prejudice and the amount of monies paid on your behalf.

<u>Dismissed case</u> – a copy of the dismissal if you were dismissed <u>before</u> the case was reviewed by a tribunal or jury. The dismissal must include the name or initials of the patient and confirmation that no monies were paid on your behalf.

NOTE: Please be advised that the Board may request pertinent medical records or additional information.

Signature: ____ Date: ____/_____/____

PRINT NAME: ____

CONFIDENTIAL MEDICAL INFORMATION

QUESTION #16-A and 16-B – Medical condition

If you answered "yes" to Questions 16-A or 16-B, please set forth the specifics of your condition and any related treatment, including dates and diagnoses. In addition, set forth any adjustments or interventions you may have made or taken to ameliorate or address the impact of your medical condition on your current practice, including a change of specialty or field of practice, or participation in any supervised rehabilitation program, professional assistance or retraining program, or monitoring program. You must arrange for your physician to send directly to the Board an evaluation of your current medical status, noting diagnosis, prognosis, treatment plan, and impact of condition on ability to practice medicine. This evaluation must be performed no more than three (3) months prior to the date of your application. At a later date, you may be asked to submit additional information, including documentation of compliance with any monitoring program.

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QUESTION #17-A – Use of chemical substances

If you have obtained medical treatment related to your use of chemical substances, set forth the specifics of your treatment, including dates and diagnoses. In addition, set forth any adjustments or interventions you may have made or taken to ameliorate or address the impact of your use of chemical substances on your current practice, including participation in any supervised rehabilitation program or monitoring program. You must arrange for your physician to send directly to the Board an evaluation of your current medical status, noting diagnosis, prognosis, treatment plan, and impact of condition on ability to practice medicine. This evaluation must be performed no more than thirty (30) days prior to the date of your application. You must also arrange for the appropriate institutions to submit all discharge summaries regarding any alcohol or drug dependency directly to the Board. At a later date, you may be asked to submit additional information, including documentation of compliance with any monitoring program.

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Signature: ____ Date: ____/____/____

PRINT NAME: ____

QUESTION #17-B – Refusal to take screening test

If you answered "yes" to Question #17-B, please set forth a description of the circumstances leading to the refusal to take the screening test and any resulting criminal or disciplinary consequences.

____

____

____

QUESTION #18 – Illegal use or misuse of drugs

List chemical substances:

Describe frequency of usage: ____

____

____

____

Please note that additional information may be requested by the Board.

QUESTION #19 – Voluntary modification of scope of practice

Describe circumstances leading to modification of practice: __________________________

____

____

____

Describe modification of practice: ____

____

____

Dates: From: ____/____/____ To: _____/_____/_____

Please note that additional information may be requested by the Board.

Signature: ____ Date: ____/____/____

Supp.doc/10/10/2002

TABLE 5: BASIS FOR ALLEGATION

ABUSE OF (PATIENTS, EMPLOYEE(S)/PEER(S
Abuse of Employee(s) /Peer(s) - Physical
Abuse of Patient(s) - Physical
Sexual misconduct
Sexual misconduct - Verbal

ADMINISTRATIVE PROBLEMS
Academic research fraud
Billing for services not rendered
Billing fraud (not Medicaid/Medicare)
Breach of confidentiality
False or deceptive advertising
Inadequate documentation/patient records
Insurance balance billing (not Medicaid/Medicare)
Medicaid/Medicare
Medicaid/Medicare balance billing

SUPERVISION
Fully licensed physician
Limited licensee (e.g. resident)
Nurse or other employee
Physician's assistant

DIAGNOSIS RELATED
Delay in diagnosis
Failure to Diagnose
- Abdominal problems (not appendicitis or ulcer)
- AIDS/AIDS Related Complex/HIV
- Appendicitis
- Bladder problem
- Bone cancer
- Bowel problem
- Breast cancer
- Cancer (unspecified)
- Cardiac disorder (notmyocardial infarction)
- Circulatory problem
- Colon/rectal cancer
- Diabetes
- Eye disorder
- Fracture/Dislocation
- Gall Bladder disorder
- Genetic disorder
- Hemorrhage
- Hernia
- Hodgkin's disease
- Implanted foreign body
- Infection
- Kidney disorder
- Liver disorder
- Liver/kidney/pancreas cancer
- Lung cancer
- Lyme disease
- Meningitis
- Myocardial infarction
- Neurological disorder
- Orthopedic problem (not fracture/dislocation)
- Ovarian/cervical cancer
- Pneumonia/pneumothorax
- Respiratory problem
- Skin cancer
- Tendon injury
- Testicular torsion
- Testicular/prostate cancer
- Tumor
- Ulcer or complication(s) of ulcer

Failure to perform diagnostic test(s)
Lack of informed consent
Misdiagnosis
Ordering/performing unnecessary diagnostic tests/procedures

BIOMEDICAL EQUIPMENT/PRODUCT RELATED
Malfunction
Misuse

TREATMENT RELATED
Abandonment of patient
Delay in treatment
Failure to make referrals appropriately
Failure to monitor patient
Failure to notify patient of test results
Failure to take adequate patient history
Failure to treat
Failure to use consultants appropriately
Improper choice of treatment
Improper treatment of fracture/dislocation
Inappropriate admissions(s)
Inappropriate discharge(s)/transfer(s)
Lack of informed consent

Anesthesia Related
General
Allergic/adverse reaction
Failure to test improper use of equipment
Improper intubation
Improper positioning of patient
Lack of informed consent
Teeth damage
Wrong amount/type of anesthesia prescribed

Intravenous Related
CVP line
Dye reaction
General
Infiltration
Lack of informed consent

Medication Related
Drug side effect
Drug toxicity/overdose
Failure to diagnose drug addiction
Failure to diagnose drug related problem(s) (not addiction)
Failure to prescribe
General
Lack of informed consent
Prescribing to a known addict
Wrong dose of medication ordered/administered
Wrong medication ordered/administered

Mental Illness Related
Failure to diagnose mental disorder/illness/problem
Failure to warn third party(ies)
General
Improper commitment
Improper use of seclusion/restraints
Lack of informed consent
Suicide/suicide attempt by inpatient
Suicide/suicide attempt by outpatient

Obstetrics-Gynecology Related
Failed sterilization
Failure to diagnose ectopic pregnancy
Failure to diagnose Pregnancy, normal
Fetal death/stillbirth
Gynecology-general
Improper performance of abortion
Injury to child during labor/delivery
Injury to mother during labor/delivery
Lack of informed consent
Maternal death related to delivery
Obstetrics-general
Wrongful life/birth

Surgery Related
Delay in surgery
General
Failure to diagnose post-op complications
Improper treatment of post-op complication
Improper/negligent performance
Laceration/penetration not within scope of surgery
Lack of informed consent
Positioning-not anesthesia
Retained foreign bodies (e.g. needle, sponge)
Unnecessary surgery
Wrong body part or wrong patient

Specified Procedures/Specialties
Angiography/arteriography
Biopsy
CAT scan/MRI
Catheterization
Chemotherapy
Circumcision
Colonoscopy
Endoscopy
Injection/Immunization
Laparoscopy/laparotomy
Myelography
Neonatology
Neurology
Orthopedics
Pediatrics
Plastic/cosmetic surgery
Radiation therapy
Stress test
Suturing

TRANSFUSION RELATED
Caused AIDS/HIV
Caused hepatitis
Mismatch

MISCELLANEOUS
Improper utilization review
Improper Workmen's Compensation evaluation
Patient fall (in health carefacility/office)
Performance of autopsy without permission
Unauthorized DNR order
Vicarious liability for acts of another provider
Violation of patient's civil rights
Wrongful death of patient