

## RESPONSE TO INFORMATION DISCLOSURE REQUEST

### A. REQUESTOR IDENTIFICATION

Requestor ID Number: [REDACTED]  
Requestor Name: UNITED STATES ARMY MEDICAL COMMAND  
Address: 2050 WORTH RD MCHO-Q  
BLDG 2792 RM 104  
FT SAM HOUSTON, TX 78234-6010  
Telephone: (210) 221-6195  
Authorized Agent:  
Agent Phone:  
Authorized Submitter - Name: JANIS SCHWEIGER  
Title: QUALITY MANAGEMENT ASSISTANT

### B. SUBJECT ON WHOM DISCLOSURE IS REQUESTED

Subject Name: [REDACTED]  
Gender: MALE  
Date of Birth: 12/04/1952  
Other Name Used:  
Organization Name: U.S. ARMY MEDICAL COMMAND  
Organization Type: (304) FEDERAL HOSPITAL  
Organization Desc:  
Work Address: ATTN MCHO-Q  
2050 WORTH RD STE 26  
FT SAM HOUSTON, TX 78234-6026  
Home Address:  
Social Security #: [REDACTED]  
Professional School(s) & Grad. Year: UNIVERSITY OF OHIO (1977)  
Occupation/Field of Licensure (Code): ALLOPATHIC PHYSICIANS (MD) (010)  
License #, State: 0101055640 VA  
Other, as specified:  
Specialty: ALLOPATHIC PHYSICIANS (MD) (010)  
025779 GA

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National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

www.npdb-hipdb.com

DCN# 5500000019589061  
Process Date: 11/08/2000, 10:22  
Page: 2 of 2

For authorized use by:  
UNITED STATES ARMY MEDICAL COMMAND

Drug Enforcement # (DEA #):

National Provider Identifier (NPI)(s):

Federal Employer Identification Number:

Unique Physician Identification Number (UPIN)(s):

**C SEARCH  
RESULT**

Based on the subject identification information provided by you in Section B above, a search of the NPDB has located the following 0 report(s).

Recipients should verify that the subject identified in Section B is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended. Recipients should verify that the subject identified in Section B of the report(s) is, in fact, the subject of interest. Information from the NPDB is confidential and must be used solely for the purpose for which it was disclosed. Any person who violates the confidentiality provisions as specified in Title IV is subject to a civil money penalty of up to \$11,000 for each violation. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

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DCN# 5500000019589061  
Process Date: 11/08/2000, 10:22  
Page: 1 of 1

For authorized use by:  
UNITED STATES ARMY MEDICAL COMMAND

**To:** JANIS SCHWEIGER  
QUALITY MANAGEMENT ASSISTANT  
UNITED STATES ARMY MEDICAL COMMAND

2050 WORTH RD MCHO-Q  
BLDG 2792 RM 104  
FT SAM HOUSTON, TX 78234-6010

**From:** Healthcare Integrity and Protection Data Bank

**Re:** Response to Your Request for Information Disclosure

The enclosed information is released by Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

Section 1128E of the Social Security Act was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. This legislation established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers, collecting and releasing information related to adverse licensure actions, health care-related convictions and judgments, exclusions from Federal and State health care programs, and other adjudicated actions or decisions. Responsibility for operating the HIPDB resides with the Secretary of U.S. Department of Health and Human Services, Office of Inspector General, and the HRSA, Division of Quality Assurance. Regulations governing the HIPDB are codified at 45 CFR part 61.

Reports from the HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges, or in making employment affiliation, contracting, or licensure decisions. The HIPDB is a flagging system and a report may be included for a variety of reasons which do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Subjects of reports who obtain information about themselves from the HIPDB are permitted to share that information with anyone they choose.

If you require further assistance, please contact the NPDB-HIPDB web site at [www.npdb-hipdb.com](http://www.npdb-hipdb.com), or  
The NPDB-HIPDB Help Line at  
1-800-767-6732 (TDD: 1-703-802-9395).

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### A. REQUESTOR IDENTIFICATION

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Address: 2050 WORTH RD MCHO-Q  
BLDG 2792 RM 104  
FT SAM HOUSTON, TX 78234-6010  
Telephone: (210) 221-6195  
Authorized Agent:  
Agent Phone:  
Authorized Submitter - Name: JANIS SCHWEIGER  
Title: QUALITY MANAGEMENT ASSISTANT

### B. SUBJECT ON WHOM DISCLOSURE IS REQUESTED

Subject Name: [REDACTED]  
Gender: MALE  
Date of Birth: 12/04/1952  
Other Name Used:  
Organization Name: U.S. ARMY MEDICAL COMMAND  
Organization Type: (304) FEDERAL HOSPITAL  
Organization Desc:  
Work Address: ATTN MCHO-Q  
2050 WORTH RD STE 26  
FT SAM HOUSTON, TX 78234-6026  
Home Address:  
Social Security #: [REDACTED]  
Professional School(s) & Grad. Year: UNIVERSITY OF OHIO (1977)  
Occupation/Field of Licensure (Code): ALLOPATHIC PHYSICIANS (MD) (010)  
License #, State: 0101055640 VA  
Other, as specified:  
Specialty:  
ALLOPATHIC PHYSICIANS (MD) (010)  
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Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
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www.npdb-hipdb.com

DCN# 5500000019589061  
Process Date: 11/08/2000, 10:22  
Page: 2 of 2

For authorized use by:  
UNITED STATES ARMY MEDICAL COMMAND

Drug Enforcement # (DEA #):

National Provider Identifier (NPI)(s):

Federal Employer Identification Number:

Unique Physician Identification Number (UPIN)(s):

**C. SEARCH  
RESULT**

Based on the subject identification information provided by you in Section B above, a search of the NPDB has located the following 0 report(s).

Recipients should verify that the subject identified in Section B is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended. Recipients should verify that the subject identified in Section B of the report(s) is, in fact, the subject of interest. Information from the NPDB is confidential and must be used solely for the purpose for which it was disclosed. Any person who violates the confidentiality provisions as specified in Title IV is subject to a civil money penalty of up to \$11,000 for each violation. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

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## RESPONSE TO INFORMATION DISCLOSURE REQUEST

**A. REQUESTOR IDENTIFICATION**

Requestor ID Number: [REDACTED]  
Requestor Name: [REDACTED]  
Address: [REDACTED]  
Telephone: [REDACTED]  
Authorized Agent:  
Agent Phone: [REDACTED]  
Authorized Submitter - Name: [REDACTED]  
Title: ASSISTANT CREDENTIALS COORDINATOR

**B. SUBJECT ON WHOM DISCLOSURE IS REQUESTED**

Subject Name: [REDACTED] D  
Gender: MALE  
Date of Birth: 04/29/1954  
Other Name Used:  
Organization Name:  
Organization Type: (304) FEDERAL HOSPITAL  
Organization Desc:  
Work Address: [REDACTED]  
Home Address:  
Social Security #: [REDACTED]  
Professional School(s) & Grad. Year: MEDICAL UNIV OF SOUTH CAROLINA (1979)  
Occupation/Field of Licensure (Code): ALLOPATHIC PHYSICIANS (MD) (010)  
License #, State: 44241 MI  
Other, as specified:  
Specialty: 81 GENERAL SURGERY  
ALLOPATHIC PHYSICIANS (MD) (010)  
R6N61 MO  
81 GENERAL SURGERY

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Drug Enforcement # (DEA #): AB1289873

National Provider Identifier (NPI)(s):

Federal Employer Identification Number:

Unique Physician Identification Number (UPIN)(s):



Based on the subject identification information provided by you in Section B above, a search of the NPDB has located the following 12 report(s).

Type of Report	Report Number
Medical Malpractice Payment Report	1019910500230000
Medical Malpractice Payment Report	1019922720321000
Medical Malpractice Payment Report	1019930670404000
Medical Malpractice Payment Report	5500000002926481
Medical Malpractice Payment Report	1019950930111000
Adverse Action Report	0119951070108000
Adverse Action Report	0119951250125000
Adverse Action Report	0119951250126000
Adverse Action Report	5500000005388051
Adverse Action Report	5500000001924360
Adverse Action Report	0119951250127000
Adverse Action Report	5500000008772280

Recipients should verify that the subject identified in Section B is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended. Recipients should verify that the subject identified in Section B of the report(s) is, in fact, the subject of interest. Information from the NPDB is confidential and must be used solely for the purpose for which it was disclosed. Any person who violates the confidentiality provisions as specified in Title IV is subject to a civil money penalty of up to \$11,000 for each violation. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

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# ADVERSE ACTION REPORT

## CLINICAL PRIVILEGES ACTION

Report # 0119951070108000

This report is maintained in :  The National Practitioner Data Bank  
 The Healthcare Integrity and Protection Data Bank

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. For additional information or clarification, contact the reporting entity identified in Section A.

### A. REPORTING ENTITY IDENTIFICATION

Entity Name: RESEARCH MEDICAL CENTER  
Address: 2316 EAST MEYER BOULEVARD  
KANSAS CITY, MO 64132-  
Telephone: (816) 276-4256

Authorized Agent:  
Agent Phone:

Authorized Submitter's Name: PAT DOYEL, CMSC  
Authorized Submitter's Title: MEDICAL STAFF COORDINATOR

### B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Name: [REDACTED]

Other Name Used:

Gender:

Organization Name: [REDACTED]  
Address: [REDACTED]

Home Address: [REDACTED]

Social Security Number(s): [REDACTED]

Date of Birth: 04/29/1954

Deceased:

School(s) & Year(s) of Graduation: MEDICAL UNIV. OF SO. CAROLINA (1979)

Occupation/Field of Licensure (Code): ALLOPATHIC PHYSICIANS (MD) (010)  
License #, State: R6N61 MO

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Drug Enforcement Administration(DEA)(s): AB1289873

**C. INFORMATION REPORTED**

Date of the Report: 04/12/1995  
Report Type: INITIAL REPORT  
Type of Action Taken: CLINICAL PRIVILEGES (C)  
Action Classification: PRIVS SUSPENDED: ALCOHOL AND/OR OTHER SUBSTANCE ABUSE (63001)  
  
Date of the Action: 03/08/1995  
Length of Action: INDEFINITE  
Effective Date: 03/08/1995

Reporter's Description of Action:

A SUMMARY SUSPENSION OF CLINICAL PRIVILEGES WAS TAKEN SECONDARY TO CLINICAL INCOMPETENCE AND SUBSTANCE ABUSE.

**D. SUBJECT STATEMENT**

If the subject identified in Section B of this report has submitted a statement, the unedited statement appears in this section.

**E. REPORT STATUS**

An 'X' indicates that the information in this report has been

- Disputed by the subject identified in section B.
- Elevated for decision by the Secretary of the U.S. Department of Health and Human Services
- Reviewed by the Secretary of the U.S. Department of Health and Human Services, who has made the following comment concerning the report:

Date of Initial Report: 05/05/1995  
Date of Most Recent Change: 05/05/1995

END OF REPORT

## MEDICAL MALPRACTICE PAYMENT REPORT

Report # 1019910500230000

This report is maintained in :  The National Practitioner Data Bank  
 The Healthcare Integrity and Protection Data Bank

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. For additional information or clarification, contact the reporting entity identified in Section A.

**A REPORTING  
ENTITY  
IDENTIFICATION**

Entity/Source Name: MEDICAL ASSURANCE CO OF MISSISSIPPI INC  
Address: 735 RIVERSIDE DRIVE, SUITE 307

City, State, ZIP: JACKSON, MS 39202-

Authorized Agent:  
Telephone:

Authorized Submitter's Name: CHARLES M. DUNN, ASSISTANT GENERAL MANAG  
Authorized Submitter's Title: ASST. GM.  
Authorized Submitter's Telephone: 601-353-2000

Type of Report: INITIAL REPORT

**B SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: [REDACTED]

Other Name(s) Used:  
Gender:

Home Address:

City, State, ZIP:  
Country:

Organization Name:  
Address: [REDACTED]

City, State, ZIP:  
Country: [REDACTED]

Social Security Number(s):

Date of Birth: 04/29/1954

Deceased: NO

Professional School(s) & Year(s) of Graduation: TULANE MEDICAL SCHOOL (1959)

Occupation/Field of Licensure (Code): ALLOPATHIC PHYSICIANS (MD) (010)  
State License Number, State of Licensure: 11299 MS

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Drug Enforcement Administration (DEA) Number(s):

Hospital Affiliation(s):

**C. INFORMATION REPORTED**

Date of Report: 02/13/1991  
Act/Omission Code: SURGERY: IMPROPER PERFORMANCE OF SURGERY (250)  
Date of Act/Omission: 08/29/1988  
Payment Date: 01/14/1991  
Multiple or Single Payment: SINGLE  
Amount of this Payment: \$ 60,000.00  
Total Amount of Judgment or Settlement:  
Payment Result of: SETTLEMENT  
# of Practitioners for whom Payment is made: 1  
Relation of Entity to the Practitioner: INSURANCE COMPANY  
Date of Judgment/Settlement:  
Adjudicative Case No.:  
Adjudicative Body Name:  
Court File No.:  
  
**Reporter's Description of the Act or Omission:** LAWSUIT ALLEGED IMPROPER PERFORMANCE OF ELECTIVE VASECTOMY ON 42 YEAR OLD MALE, RESULTING IN BIRTH OF UNWANTED CHILD.  
  
**Reporter's Description of the Judgment or Settlement:** LUMP SUM SETTLEMENT OF ALL CLAIMS OF \$60,000.00.

**D. SUBJECT STATEMENTS**

If the subject identified in Section B of this report has submitted a statement, the unedited statement appears in this section.

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For authorized use by:  
HEIDELBERG MEDDAC

**REPORT  
STATUS**

An 'X' indicates that the information in this report has been

- Disputed by the subject identified in Section B.
- Elevated for decision by the Secretary of the U.S. Department of Health and Human Services.
- Reviewed by the Secretary of the U.S. Department of Health and Human Services, who has made the following comment concerning the report:

Date of Initial Report: 03/24/1991

Date of Most Recent Change: 03/24/1991

END OF REPORT

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