

Continuous Query ID: 300000005836049

DCN: 5500000132501118

Process Date: 03/08/2018 Page: 1 of 2

05/15/2013

BERECZKI, ZOLTAN
For authorized use by:

LASER SPINE INSTITUTE, LLC

BERECZKI, ZOLTAN - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: BERECZKI, ZOLTAN

Date of Birth: 12/14/1968 Gender: MALE

Organization Name: LASER SPINE INSTITUTE

Organization Type: AMBULATORY SURGICAL CENTER (391)

Work Address: 5332 AVION PARK DR, TAMPA, FL 33607-1412

Home Address: 1672 SEABREEZE DR, TARPON SPRINGS, FL 34689-2028

Social Security Number: ***-**-2876 DEA: BB8364755

NPI: 1831199983

License: OSTEOPATHIC PHYSICIAN (DO), OS9841, FL, ORTHOPEDIC SURGERY

Professional School(s): LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (2000)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 03/08/2018 - 03/31/2019*

* Unless enrollment is canceled by the entity prior to this date

Statutes Queried: Title IV; Section 1921; Section 1128E

Entity Name: LASER SPINE INSTITUTE, LLC (DBID ending in ...06)

Authorized Agent: LSI MANAGEMENT COMPANY LLC

Authorized Submitter: DIANE LIPSCOMB, PARALEGAL, (813) 392-7618

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/08/2018

The following report types have been searched:

Medical Malpractice Payment Report(s): Yes, See Below Health Plan Action(s): No Reports State Licensure Action(s): No Reports Professional Society Action(s): No Reports Exclusion or Debarment Action(s): DEA/Federal Licensure Action(s): No Reports No Reports Government Administrative Action(s): Judgment or Conviction Report(s): No Reports No Reports Peer Review Organization Action(s): No Reports Clinical Privileges Action(s): No Reports

LEXINGTON INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPERLY PERFORMED TEST

Initial Action: - SETTLEMENT Date of Action:

DCN: 5500000083945866

LASER SPINE INSTITUTE

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT Date of Action: 05/14/2013

DCN: 5500000082199846

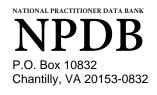
LEXINGTON INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - WRONG PROCEDURE OR TREATMENT

Initial Action: - SETTLEMENT Date of Action: 06/20/2012

DCN: 5500000077944634



Continuous Query ID: 300000005836049

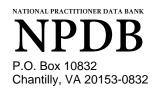
DCN: 5500000132501118

Process Date: 03/08/2018 Page: 2 of 2

BERECZKI, ZOLTAN
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LASER SPINE INSTITUTE, LLC

----- Unabridged Report(s) Follow ------



DCN: 5500000083945866 Process Date: 08/16/2013

Page: 1 of 3
BERECZKI, ZOLTAN JR.
For authorized use by:

LASER SPINE INSTITUTE, LLC

BERECZKI, ZOLTAN JR.

LEXINGTON INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 05/15/2013

Initial Action

Basis for Initial Action

- SETTLEMENT - IMPROPERL'

- IMPROPERLY PERFORMED TEST

A. REPORTING ENTITY

Entity Name: LEXINGTON INSURANCE COMPANY *

Address: 101 HUDSON STREET

28TH FLOOR

City, State, Zip: JERSEY CITY, NJ 07302

Country:

Name or Office: Gwendolyn Jones
Title or Department: Claims Assistant
Telephone: (201) 631-7732

Entity Internal Report Reference: 394-016767

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 01/31/2018:

Entity Name: LEXINGTON INSURANCE COMPANY

Address: 17200 W 119TH ST City, State, Zip: OLATHE, KS 66061-7054

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: BERECZKI, ZOLTAN JR.

Other Name(s) Used:

Gender: MALE

Date of Birth: 12/12/1968

Organization Name: LASER SPINE INSTITUTE

Work Address: 3031 N. ROCKY POINT DRIVE W. SUITE 300

City, State, ZIP: TAMPA, FL 33607 Home Address: 1672 SEA BREEZE DRIVE City, State, ZIP: TARPON SPRINGS, FL 34698

Deceased: NO

Social Security Numbers (SSN): ***-**-2876

Professional School(s) & Year(s) of Graduation: LAKE EIRE COLLEGE OF OSTEOPATHIC MEDICIN (2000)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 0S9841, FL

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)

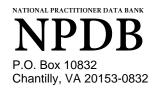
State License Number, State of Licensure: 4835, AZ

Drug Enforcement Administration (DEA) Numbers: BB8364755

FB2084274

Hospital Affiliation(s): TAMPA GENERAL HOSPITAL

TAMPA,FL



DCN: 5500000083945866 Process Date: 08/16/2013

Page: 2 of 3 BERECZKI, ZOLTAN JR. For authorized use by:

LASER SPINE INSTITUTE, LLC

C. INFORMATION **REPORTED**

Date of Report: 08/16/2013

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 244,622.50 Date of This Payment: 05/15/2013

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 244,622.50 Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any:

Adjudicative Body Case Number: 09CA032621

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: SINGLE PAYMENT BY SELF INSURED EMPLOYER THE LASER SPINE INSTITUTE FOR \$155,377.50 TO SETTLE ALL CLAIMS ALLEGED BY PLAINTIFF. ADDITIONAL PAYMENT WAS MADE BY INSURANCE

CARRIER CHARTIS OF \$244,622.50 ON BEHALF OF THE

PHYSICIAN TO SETTLE ALL CLAIMS ALLEGED BY THE PLAINTIFF.

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: \$ 244,622.50

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?:

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies: \$ 155,377.50

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 56 YEARS

Patient's Gender: FEMALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: ON OCTOBER 21, 2008, THE PATIENT PRESENTED TO LSI WITH

CHIEF COMPLAINTS OF LOWER LUMBAR BACK PAIN AND

POSTEROLATERAL BILATERAL LOWER EXTREMITY PAIN, PRIMARILY

ON THE RIGHT SIDE. CONSISTENT WITH THE PATIENT'S PRESENTATION, A REVIEW OF THE PATIENT'S OCTOBER 17, 2008

MRI REVEALED THAT THE PATIENT SUFFERED FROM MULTI-LEVEL

SPINAL STENOSIS WITH GREATEST SEVERITY AT THE L4/5 LEVEL, WITH ADDITIONAL GRADE 1 ANTEROLISTHESIS OF L4 AND t L5 AS WELL AS DEGENERATIVE DISC DISEASE AT t L 1/2, t L2/3 ,

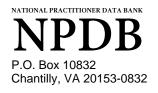
AND L5/S1.

Description of the Procedure Performed: ON OCTOBER 21, 2008, THE PATIENT UNDERWENT AN ENDOSCOPIC

ASSISTED LUMBAR OUTPATIENT SURGERY. THE PROCEDURE CONDUCTED WAS A RIGHT L4/5 LAMINOTOMY AND FORAMINOTOMY WITH DECOMPRESSION OF THE NERVE ROOT AND LEFT L4/5 DESTRUCTION BY THERMAL ABLATION. ON NOVEMBER 18, 2008 THE PATIENT UNDERWENT A DURAL LEAK REPAIR. THE ABOVE

PROCEDURES WERE PERFORMED AFTER THE PATIENT HAD FAILED

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DCN: 5500000083945866 Process Date: 08/16/2013

Page: 3 of 3
BERECZKI, ZOLTAN JR.
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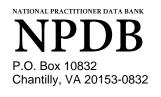
LASER SPINE INSTITUTE, LLC

AN EXTENSIVE COURSE OF NON-SURGICAL TREATMENTS. Nature of Allegation: SURGERY RELATED (020) Specific Allegation: IMPROPERLY PERFORMED TEST (310) Date of Event Associated With Allegation or Incident: 10/21/2008 Outcome: MINOR PERMANENT INJURY (05) Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: THE PATIENT ALLEGES THAT THE PHYSICIAN FELL BELOW THE STANDARD OF CARE, AND THAT THE STAFF/MEDICALLY NEGLIGENT WHICH RESULTED IN BLADDER AND BOWELL INCONTINENCE, AND CONTINUED BACK PAIN. QV18X42H D. SUBJECT If the subject identified in Section B of this report has submitted a statement, it appears in this section. **STATEMENT 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: 08/16/2013 Date of Most Recent Change: 08/16/2013 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

— END OF REPORT —

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



DCN: 5500000082199846 Process Date: 05/17/2013

Page: 1 of 3 BERECZKI, ZOLTAN JR. For authorized use by:

LASER SPINE INSTITUTE, LLC

Date of Action: 05/14/2013

BERECZKI, ZOLTAN JR.

LASER SPINE INSTITUTE, LLC

MEDICAL MALPRACTICE PAYMENT REPORT

Initial Action

Basis for Initial Action

- SETTLEMENT

- IMPROPER PERFORMANCE

A. REPORTING **ENTITY**

B. SUBJECT

IDENTIFICATION

INFORMATION

(INDIVIDUAL)

Entity Name: LASER SPINE INSTITUTE *

Address: 3031 N. ROCKY POINT DR. W., SUITE 300

City, State, Zip: TAMPA, FL 33607

Country:

Name or Office: CHARLES BLAND

Title or Department: LICENSING AND CREDENTIALING MANGER

Telephone: (813) 392-7604

Entity Internal Report Reference: QV18X42H

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 10/19/2017:

Entity Name: LASER SPINE INSTITUTE, LLC

Address: 5332 AVION PARK DR City, State, Zip: TAMPA, FL 33607-1412

Country:

Subject Name: BERECZKI, ZOLTAN JR.

Other Name(s) Used:

Gender: MALE

Date of Birth: 12/14/1968

Organization Name: LASER SPINE INSTITUTE

Work Address: 3001 NORTH ROCKY POINT DRIVE EAST

SUITE 400

City, State, ZIP: TAMPA, FL 33607

Home Address: 1672 SEA BREEZE DRIVE City, State, ZIP: TARPON SPRINGS, FL 33607

Deceased: UNKNOWN

Social Security Numbers (SSN): ***-**-2876

Professional School(s) & Year(s) of Graduation: UNION COLLEGE (1996)

LECOM (2000)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 0S9841, FL

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)

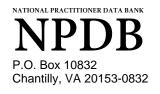
State License Number, State of Licensure: 4835, AZ

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: OS9841, PA Drug Enforcement Administration (DEA) Numbers: BB8364755

FR2084274

Hospital Affiliation(s): TAMPA GENERAL HOPSITAL



DCN: 5500000082199846 Process Date: 05/17/2013

Page: 2 of 3

BERECZKI, ZOLTAN JR. For authorized use by:

LASER SPINE INSTITUTE, LLC

TAMPA, FL

C. INFORMATION **REPORTED**

Date of Report: 05/17/2013

Relationship of Entity to

This Practitioner: SELF-INSURED ORGANIZATION PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 155,377.50 Date of This Payment: 05/14/2013

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 155,377.50 Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 03/14/2013

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: 09CA032621

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: SINGLE PAYMENT BY SELF INSURED EMPLOYER THE LASER SPINE INSTITUTE FOR \$155,377.50 TO SETTLE ALL CLAIMS ALLEGED BY PLAINTIFF.ADDITIONAL PAYMENT WAS MADE BY INSURANCE

CARRIER CHARTIS OF \$244,622.50 ON BEHALF OF THE

PHYSICIAN TO SETTLE ALL CLAIMS ALLEGED BY THE PLAINTIFF.

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: \$ 155,377.50

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?:

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: 56 YEARS

Patient's Gender: FEMALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: ON OCTOBER 21, 2008, THE PATIENT PRESENTED TO LSI WITH

CHIEF COMPLAINTS OF LOWER LUMBAR BACK PAIN AND

POSTEROLATERAL BILATERAL LOWER EXTREMITY PAIN, PRIMARILY

ON THE RIGHT SIDE. CONSISTENT WITH THE

PATIENT'SPRESENTATION, A REVIEW OF THE PATIENT'S OCTOBER 17, 2008 MRI REVEALED THAT THE PATIENT SUFFERED FROM MULTI-LEVEL SPINAL STENOSIS WITH GREATEST SEVERITY AT THEL4/5 LEVEL, WITH ADDITIONAL GRADE 1 ANTEROLISTHESIS OF L4 AND L5 AS WELL AS DEGENERATIVE DISC DISEASE AT

L1/2, L2/3, L4/5, AND L5/S1.

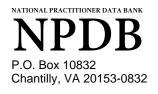
Description of the Procedure Performed: ON OCTOBER 21, 2008, THE PATIENT UNDERWENT AN ENDOSCOPIC

ASSISTED LUMBAR OUTPATIENT SURGERY. THE PROCEDURE

CONDUCTED WAS A RIGHT L4/5 LAMINOTOMY AND FORAMINOTOMY

WITH DECOMPRESSION OF THE NERVE ROOT AND LEFT L4/5

DESTRUCTION BY THERMAL ABLATION.ON NOVEMBER 18, 2008 THE



DCN: 5500000082199846 Process Date: 05/17/2013

Page: 3 of 3
BERECZKI, ZOLTAN JR.
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PATIENT UNDERWENT A DURAL LEAK REPAIR. THE ABOVE PROCEDURES WERE PERFORMED AFTER THE PATIENT HAD FAILED AN EXTENSIVE COURSE OF NON-SURGICAL TREATMENTS. Nature of Allegation: SURGERY RELATED (020) Specific Allegation: IMPROPER PERFORMANCE (306) Date of Event Associated With Allegation or Incident: 10/21/2008 Outcome: MINOR PERMANENT INJURY (05) Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: THE PATIENT ALLEGES THAT THE PHYSICIAN FELL BELOW THE STANDARD OF CARE, AND THAT THE STAFF WAS MEDICALLY NEGLIGENT WHICH RESULTED IN BLADDER AND BOWEL INCONTINENCE, AND CONTINUED BACK PAIN. D. SUBJECT If the subject identified in Section B of this report has submitted a statement, it appears in this section. **STATEMENT 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 of the U.S. Department of Health and Human Services. The Secretary's decision

Date of Original Submission: 05/17/2013

Date of Most Recent Change: 05/17/2013

the Secretary reconsider the original decision.

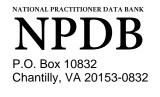
This report is maintained under the provisions of: Title IV

is shown below:

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.

At the request of the subject identified in Section B, this report was reviewed by

END OF REPORT =



DCN: 5500000077944634 Process Date: 10/18/2012

Page: 1 of 4

BERECZKI, ZOLTON JR

For authorized use by:

LASER SPINE INSTITUTE, LLC

BERECZKI, ZOLTON JR

LEXINGTON INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 06/20/2012

Initial Action

Basis for Initial Action

- SETTLEMENT

- WRONG PROCEDURE OR TREATMENT

A. REPORTING ENTITY

Entity Name: LEXINGTON INSURANCE COMPANY *

Address: 101 HUDSON STREET

28TH FLOOR

City, State, Zip: JERSEY CITY, NJ 07302

Country:

Name or Office: GWENDOLYN JONES
Title or Department: CLAIMS ASSISTANT
Telephone: (201) 631-7732

Entity Internal Report Reference: 107-000210

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 01/31/2018:

Entity Name: LEXINGTON INSURANCE COMPANY

Address: 17200 W 119TH ST City, State, Zip: OLATHE, KS 66061-7054

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL) Subject Name: BERECZKI, ZOLTON JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 12/12/1968

Organization Name: LASER SOINE INSTITUTE

Work Address: 3031 N. ROCKY POINT DRIVE W. SUITE 300

City, State, ZIP: TAMPA, FL 33607

Home Address: 1672 SEA BREEZE DRIVE
City, State, ZIP: TARPON SPRINGS, FL 34698

Deceased: UNKNOWN

Social Security Numbers (SSN): ***-**-2876

Professional School(s) & Year(s) of Graduation: LAKE EIRE COLLEGE OF OSTEOPATHIC MEDICINE (2000)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 0S9841, FL
Occupation/Field of Licensure (Code): PHYSICIAN (MD)

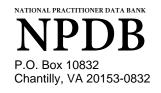
State License Number, State of Licensure: 4835, AZ

Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 0S9841, PA

Drug Enforcement Administration (DEA) Numbers: BB8364755

FB2084274

Hospital Affiliation(s):



DCN: 5500000077944634 Process Date: 10/18/2012

Page: 2 of 4 BERECZKI, ZOLTON JR For authorized use by:

LASER SPINE INSTITUTE, LLC

C. INFORMATION **REPORTED**

Date of Report: 10/18/2012

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 150,000.00 Date of This Payment: 06/20/2012

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 150,000.00 Payment Result of: SETTLEMENT Date of Judgment or Settlement, if Any: 07/11/2012

Adjudicative Body Case Number: 10-021724

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

SINGLE PAYMENT BY INSURANCE CARRIER CHARTIS OF \$150,000. Conditions, Including Terms of Payment:

TO SETTLE ALL CLAIMS ALLEGED BY PLAINTIFF.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

\$ 650,000.00 Practitioners in This Case:

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 2

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: 58 YEARS

Patient's Gender: MALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: ON JUNE 3, 2008, THE PATIENT PRESENTED TO LSI WITH A COMPLAINT OF LOWER LUMBAR SPINE PAIN, MAINLY ON THE LEFT

SIDE, AND WEAKNESS AND NUMBNESS IN BOTH LOWER

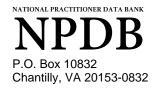
EXTREMITIES, MAINLY ON THE RIGHT SIDE. THERE WAS NOTED MUSCLE ATROPHY TO THE PATIENT'S QUAD AREA, AND SOME WEAKNESS IN HIS HAMSTRING ON THE RIGHT SIDE WITH LIMITED RANGE OF MOTION NOTED. CONSISTENT WITH THE PATIENT'S PRESENTATION, A REVIEW OF THE PATIENT'S JUNE 3, 2008 MRI

REVEALED THAT THE PATIENT SUFFERED FROM SEVERE

DEGENERATIVE DISC DISEASE THROUGHOUT HIS LUMBAR SPINE, AND A WORSEN CENTRAL CANAL STENOSIS AT L4/5 AND L2/3.

Description of the Procedure Performed: ON JUNE 4, 2008, THE PATIENT UNDERWENT AN ENDOSCOPIC ASSISTED LUMBAR OUTPATIENT SURGERY. THE PROCEDURE CONDUCTED WAS A RIGHT L4/5 LAMINOTOMY AND FORAMINOTOMY WITH NERVE ROOT DECOMPRESSION FOR SPINAL AND FORAMINAL STENOSIS AND THERMAL ABLATION OF ASSOCIATED (MEDIAL BRANCH NERVES) FACET JOINTS AT LEFT 4/5, BILATERAL L2/3 AND L5/S1. JANUARY 16, 2009, THE PATIETN UNDERWENT A LEFT L4/5 LAMINOTOMY AND FORAMINOTOMY INCLUDING PARTIAL FACETECTOMY WITH DECOMPRESSION OF THE NERVE ROOT AND

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DCN: 5500000077944634 Process Date: 10/18/2012

Page: 3 of 4 BERECZKI, ZOLTON JR For authorized use by:

LASER SPINE INSTITUTE, LLC

DISK DECOMPRESSION, AND A CAUDAL EPIDURAL STEROID INJECTION. ON APRIL 21, 2009, THE PATIENT UNDERWENT A LEFT L4/5 LAMINOTOMY AND FORAMINOTOMY NERVE ROOT DECOMPRESSION REVISION, AND A BILATERAL L5/S1 AND BILATERAL SACROILIAC JOINT DESTRUCTION BY THERMAL ABLATION, AS WELL AS A CAUDAL EPIDURAL STEROID

INJECTION. THE ABOVE PROCEDURES WERE PERFORMED AFTER THE PATIENT HAD FAILED AN EXTENSIVE COURSE OF NON-SURGICAL

TREATMENTS.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: WRONG PROCEDURE OR TREATMENT (334)

Date of Event Associated With Allegation or Incident: 10/12/2010

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: THE PATIENT ALLEGES THAT THE SURGERIES PERFORMED WERE AT THE INCORRECT LEVEL, AS WELL AS FAILED TO ADDRESS SIGNIFICANT PATHOLOGY, PROCURE ADEQUATE PREOPERTIVE IMAGING STUDIES, AND TO TREAT THE PATIENT'S PERSISTENT L5 RADICULOPATHY AND FOOT DROP THEREBY RESULTING IN A

PERMANENT INJURY.

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

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onless 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.

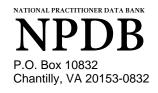
At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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: 10/18/2012 Date of Most Recent Change: 10/18/2012

This report is maintained under the provisions of: Title IV

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DCN: 5500000077944634 Process Date: 10/18/2012

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END OF REPORT