

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

## LEXINGTON INSURANCE COMPANY

## MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPERLY PERFORMED TEST

Initial Action: - SETTLEMENT

Date of Action: 05/15/2013

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

# NPDB

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

<https://www.npdb.hrsa.gov>

**Continuous Query ID:** 300000005836049

**DCN:** 5500000132501118

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

BERECZKI, ZOLTAN

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

**NPDB**P.O. Box 10832  
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DCN: 5500000083945866

Process Date: 08/16/2013

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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

- 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) &amp; 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

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**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?:** YES**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 L5 AS WELL AS DEGENERATIVE DISC DISEASE AT L 1/2, 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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**NPDB**P.O. Box 10832  
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BERECZKI, ZOLTAN JR.

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Nature of Allegation: AN EXTENSIVE COURSE OF NON-SURGICAL TREATMENTS.  
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 BOWEL INCONTINENCE, AND CONTINUED BACK PAIN. QV18X42H

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

**END OF REPORT**

**NPDB**P.O. Box 10832  
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DCN: 5500000082199846

Process Date: 05/17/2013

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BERECZKI, ZOLTAN JR.

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**BERECZKI, ZOLTAN JR.*****LASER SPINE INSTITUTE, LLC*****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 05/14/2013****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING  
ENTITY**

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:

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

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) &amp; Year(s) of Graduation: UNION COLLEGE (1996)

LECOM (2000)

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

State License Number, State of Licensure: OS9841, 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

FB2084274

Hospital Affiliation(s): TAMPA GENERAL HOPSITAL

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000082199846

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BERECZKI, ZOLTAN JR.

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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'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 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

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000082199846**Process Date:** 05/17/2013**Page:** 3 of 3**BERECZKI, ZOLTAN JR.****For authorized use by:****LASER SPINE INSTITUTE, LLC**

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 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:** 05/17/2013**Date of Most Recent Change:** 05/17/2013**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 law. For additional information or clarification, contact the reporting entity identified in Section A.

**END OF REPORT**



**NPDB**P.O. Box 10832  
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DCN: 5500000077944634

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BERECZKI, ZOLTON JR

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**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) &amp; 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):

**NPDB**P.O. Box 10832  
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BERECZKI, ZOLTON JR

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**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

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

Practitioners in This Case: \$ 650,000.00

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.

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 PATIENT UNDERWENT A LEFT L4/5 LAMINOTOMY AND FORAMINOTOMY INCLUDING PARTIAL FACETECTOMY WITH DECOMPRESSION OF THE NERVE ROOT AND

Description of the Procedure Performed:

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DCN: 5500000077944634

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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 PREOPERATIVE IMAGING STUDIES, AND TO TREAT THE PATIENT'S PERSISTENT L5 RADICULOPATHY AND FOOT DROP THEREBY RESULTING IN A PERMANENT INJURY.

**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: 10/18/2012

Date of Most Recent Change: 10/18/2012

**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.

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