

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

5500000124099411

Process Date: 05/25/2017

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To: STEINBERG, FRED L
3848 FAU BLVD STE 200
BOCA RATON, FL 33431-6437

From: National Practitioner Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, 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.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

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STEINBERG, FRED L - SELF-QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: STEINBERG, FRED L
Date of Birth: 01/12/1957 **Gender:** MALE
Organization Name: UNIVERSITY MRI & DIAGNOSTIC IMAGING CENTER
Organization Type: MEDICAL GROUP/PRACTICE (365)
Delivery Address: 3848 FAU BLVD STE 200, BOCA RATON, FL 33431-6437
Social Security Number: ***-**-6807 **DEA:** AS2353857
NPI: 1942203062 **FEIN:** 650555497
UPIN: B87217
License: PHYSICIAN (MD), ME56655, FL, RADIOLOGY
Professional School(s): NORTHWESTERN UNIVERSITY MEDICAL SCHOOL (1982)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX5988 (07/2019)
NPDB Charge: \$4.00* **NPDB Bill Reference Number:** N52844560
 * Each charge will appear separately on your credit card statement.
Transaction Date: 05/25/2017 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/25/2017**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):	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

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceeding cover page.

FLORIDA DOCTORS INSURANCE COMPANY**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO DIAGNOSE

Initial Action: - SETTLEMENT
DCN: 5500000079754041

Date of Action: 01/18/2013

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

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STEINBERG, FRED**STEINBERG, FRED****FD INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 01/18/2013****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO DIAGNOSE

**A. REPORTING
ENTITY**

Entity Name: FLORIDA DOCTORS INSURANCE COMPANY *

Address: 4655 SALISBURY ROAD
SUITE 110

City, State, Zip: JACKSONVILLE, FL 32256

Country:

Name or Office: DIONYSIA LAWSON

Title or Department: REPORTING & COMPLIANCE COORDINATOR

Telephone: (415) 397-9700

Entity Internal Report Reference: 10404

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 05/03/2016:

Entity Name: FD INSURANCE COMPANY

Address: 4651 SALISBURY RD STE 410

City, State, Zip: JACKSONVILLE, FL 32256-6187

Country:

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

Subject Name: STEINBERG, FRED

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/12/1957

Organization Name:

Work Address: 3848 FAU BOULEVARD
SUITE 200

City, State, ZIP: BOCA RATON, FL 33431

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: NORTHWESTERN UNIVERSITY MEDICAL SCHOOL (1982)

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

State License Number, State of Licensure: ME56655, FL

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 01/28/2013

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 50,000.00

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Date of This Payment: 01/18/2013
 This Payment Represents: A SINGLE FINAL PAYMENT
 Total Amount Paid or to Be Paid by
 This Payer for This Practitioner: \$ 50,000.00
 Payment Result of: SETTLEMENT
 Date of Judgment or Settlement, if Any: 12/10/2012
 Adjudicative Body Case Number: 502010CA013443
 Adjudicative Body Name: THE CIRCUIT COURT OF THE 15TH JUDICIAL CIRCUIT IN & FOR
 PALM
 Court File Number:
 Description of Judgment or Settlement and Any
 Conditions, Including Terms of Payment: NEGOTIATED SETTLEMENT BETWEEN COUNSEL FOR THE PLAINTIFF
 AND COUNSEL FOR THE INSURED.

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: \$ 50,000.00
 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?:
 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: 53 YEARS
 Patient's Gender: FEMALE
 Patient Type: OUTPATIENT
 Description of the Medical Condition With Which the Patient
 Presented for Treatment: PATIENT PRESENTED FOR CHEST X-RAY DUE TO CHEST
 CONGESTION.
 Description of the Procedure Performed: CHEST X-RAY.
 Nature of Allegation: DIAGNOSIS RELATED (001)
 Specific Allegation: FAILURE TO DIAGNOSE (101)
 Date of Event Associated With Allegation or Incident: 12/23/2008
 Outcome: DEATH (09)
 Description of the Allegations and Injuries or Illnesses Upon
 Which the Action or Claim Was Based: ALLEGED FAILURE TO DIAGNOSE LUNG CANCER.

**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.

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- ☐ 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: 01/28/2013

Date of Most Recent Change: 01/28/2013

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Social Security Numbers (SSN): ***-**-6807

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

DISCLOSURE HISTORY

Report Number: 5500000079754041

F. DISCLOSURE HISTORY**Recipient(s) of the Current Version of this Report**

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
01/28/2013	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120

Date Released	Entity Name
04/11/2013	MEDSOLUTIONS INC 730 COOL SPRINGS BLVD STE 800 FRANKLIN, TN 37067 (615) 468-4087

Date Released	Entity Name
08/22/2013	FLORIDA HEALTH SOLUTION 7350 NW 7TH ST STE 204 MIAMI, FL 33126 (305) 269-2000

Date Released	Entity Name
03/03/2014	NATIONAL PAIN INSTITUTE 5365 WEST ATLANTIC AVENUE SUITE 504 DELRAY BEACH, FL 33484 (650) 265-0344

Date Released	Entity Name
06/13/2014	PRIME HEALTH SERVICES, INC. 7110 CROSSROADS BLVD STE 100 BRENTWOOD, TN 37027 (615) 565-9011

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Date Released	Entity Name
10/15/2014	HEALTH SYSTEM ONE 2001 S ANDREWS AVE FORT LAUDERDALE, FL 33316 (305) 614-0361
10/15/2014	HEALTH SYSTEM ONE 2001 S ANDREWS AVE FORT LAUDERDALE, FL 33316 (305) 614-0361
10/17/2014	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
11/20/2014	ONE CALL CARE MANAGEMENT PO BOX 614 CREDENTIALING PARSIPPANY, NJ 07054 (904) 997-7249
12/12/2014	GLOBAL TPA, LLC 5403 N CHURCH AVE TAMPA, FL 33614 (813) 506-6000
12/30/2014	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
02/16/2016	UHC SOUTH FLORIDA 9100 S DADELAND BLVD STE 1250 9100 S. DADELAND BLVD MIAMI, FL 33156 (305) 670-8433

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<u>Date Released</u>	<u>Entity Name</u>
04/12/2016	TRIAD HEALTHCARE, INC. 80 SPRING LN PLAINVILLE, CT 06062 (800) 550-0540
<u>Date Released</u>	<u>Entity Name</u>
06/16/2016	FLORIDA HEALTH SOLUTION 7350 NW 7TH ST STE 204 MIAMI, FL 33126 (305) 269-2000
<u>Date Released</u>	<u>Entity Name</u>
09/07/2016	ONE CALL CARE MANAGEMENT PO BOX 614 CREDENTIALING PARSIPPANY, NJ 07054 (904) 997-7249
<u>Date Released</u>	<u>Entity Name</u>
05/25/2017	SELF-QUERIER