

5500000130413637

Process Date: 12/29/2017

Page: 1 of 1

To: LASCANO, MIGUEL LOMADA

2700 F ST STE 300

BAKERSFIELD, CA 93301-1848

From: Re:

National Practitioner Data Bank 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.

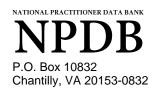
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud 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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## LASCANO, MIGUEL LOMADA - SELF-QUERY RESPONSE

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

Practitioner Name: LASCANO, MIGUEL LOMADA

Date of Birth: 04/15/1950 Gender: MALE

Organization Type: MEDICAL GROUP/PRACTICE (365)

Delivery Address: 2700 F ST STE 300, BAKERSFIELD, CA 93301-1848

 Social Security Number:
 \*\*\*-\*\*-9138
 DEA:
 BL3004847

 NPI:
 1114947611
 FEIN:
 208398164

**UPIN:** F77417

License: PHYSICIAN (MD), A50264, CA

Professional School(s): MATIAS H. AZNAR MEMORIAL COLLEGE OF MEDICINE (1978)

**B. PAYMENT INFORMATION** 

**Credit Card Information:** XXXXXXXXXXXX6670 (06/2019)

NPDB Charge: \$4.00\* NPDB Bill Reference Number: N55499662

\* Each charge will appear separately on your credit card statement.

Transaction Date: 12/29/2017 Additional Paper Copies Requested: 0

### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/29/2017

#### The following report types have been searched:

Medical Malpractice Payment Report(s): Health Plan Action(s): No Reports Yes, See Below 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.

### **MUTUAL PROTECTION TRUST**

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO IDENTIFY FETAL DISTRESS

Initial Action: - SETTLEMENT Date of Action: 01/19/2016

**DCN:** 5500000108754628

### **MUTUAL PROTECTION TRUST**

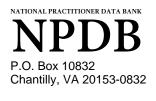
MEDICAL MALPRACTICE PAYMENT

Basis for Action: - DELAY IN TREATMENT

 Initial Action:
 - SETTLEMENT
 Date of Action:
 04/16/2010

 DCN:
 5500000062076322
 Date of Action:
 04/16/2010

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



**DCN:** 5500000108754628 Process Date: 06/02/2016

**Date of Action:** 01/19/2016

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## LASCANO, MIGUEL

### **MUTUAL PROTECTION TRUST**

## MEDICAL MALPRACTICE PAYMENT REPORT

Basis for Initial Action

Initial Action

- FAILURE TO IDENTIFY FETAL DISTRESS

A. REPORTING ENTITY

- SETTLEMENT

Entity Name: MUTUAL PROTECTION TRUST

Address: 333 S HOPE ST FL 8

City, State, Zip: LOS ANGELES, CA 90071-3001

Country:

Name or Office: SUZANNE PARK

Title or Department: CLAIMS SERVICES
Telephone: (213) 473-8631

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT
IDENTIFICATION
INFORMATION

(INDIVIDUAL)

Subject Name: LASCANO, MIGUEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/15/1950

Organization Name:

Work Address: 1524 27TH ST STE 405

City, State, ZIP: BAKERSFIELD, CA 93301-2056

Home Address:
City, State, ZIP:
Deceased: NO

Deceased. No

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: SOUTHWESTERN UNIVERSITY OF COLLEGE OF MEDICINE,

PHILIPPINES (1978)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: A50264, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 06/02/2016

Relationship of Entity to

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

Amount of This Payment

for This Practitioner: \$ 175,000.00 Date of This Payment: 01/19/2016

This Payment Represents: A SINGLE FINAL PAYMENT

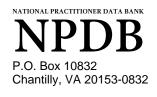
Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 175,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 12/17/2015

Adjudicative Body Case Number:



DCN: 5500000108754628 Process Date: 06/02/2016

Page: 2 of 3 LASCANO, MIGUEL

Adjudicative Body Name: KERN SUPERIOR Court File Number: S1500CV280

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: FINAL PAYMENT

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: \$ 175,000.00

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: 28 YEARS

Patient's Gender: FEMALE Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: PATIENT WAS IN LABOR.

Description of the Procedure Performed: VACUUM ASSISTED VAGINAL DELIVERY.

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: FAILURE TO IDENTIFY FETAL DISTRESS (103)

Date of Event Associated With Allegation or Incident: 06/04/2011

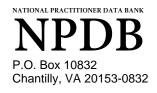
Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: WHEN DR. LASCANO ARRIVED IN L&D HE WAS ASKED TO ATTEND A PATIENT WITH AN EMERGENCY BY THE L&D NURSE. HE EVALUATED THIS PATIENT'S FETAL TRACING AND DETERMINED IT WAS REASSURING ENOUGH (CATEGORY II) FOR HER TO CONTINUE THE PUSHING PROCESS WHILE HE ATTENDED TO THE OTHER EMERGENCY PATIENT BELONGING TO ANOTHER PHYSICIAN. WHEN HE WAS ALMOST FINISHED HE WAS CALLED FROM THE OR BY THE NURSE TO THIS PATIENT'S ROOM FOR BRADYCARDIA DOWN TO 60 BPM. HE ELECTED TO DO A VACUUM ASSISTED VAGINAL DELIVERY AT A +3 STATION. AT 0828 HE APPLIED THE VACUUM AND AT 0848 THE HEAD DELIVERED (20 MINUTES LATER) AND A SHOULDER DYSTOCIA WAS ENCOUNTERED LASTING LESS THAN 1 MINUTE. THE APGARS WERE 0, 1, 2. ON 6/4/2011 THE BABY WAS BORN AND TRANSFERRED TO MADERA CHILDREN'S HOSPITAL AND REMAINED FOR 2 MONTHS. HE HAD PERMANENT BRAIN DAMAGE AND SPASTIC QUADRIPLEGIA. HE DIED ON 11/21/2012 AT 1 YEAR 5 MONTHS OF AGE.

D. SUBJECT **STATEMENT** 

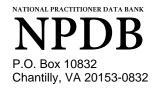
If the subject identified in Section B of this report has submitted a statement, it appears in this section.



**DCN:** 5500000108754628 Process Date: 06/02/2016

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E. REPORT STATUS	Unless a box below is checked, the s	subject of this report identified in Section B has not contested this report.
	This report has been disputed by	by the subject identified in Section B.
		entified in Section B, this report is being reviewed by the Secretary of the Human Services to determine its accuracy and/or whether it complies with cision has been reached.
		entified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that iginal decision.
		entified in Section B, this report was reviewed by rtment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	06/02/2016
	Date of Most Recent Change:	06/02/2016
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):	***-**-9138
Drug Enforcement Administration (DEA) Numbers: BL3004847		
•	d under the provisions of: Title IV	
provisions of Title IV of Pu for the purpose for which	ublic Law 99-660, as amended, and it was disclosed. Disclosure or use	National Practitioner Data Bank for restricted use under the d 45 CFR Part 60. All information is confidential and may be used only of confidential information for other purposes is a violation of federal porting entity identified in Section A.
	END	OF REPORT



**DCN:** 5500000108754628 Process Date: 06/02/2016

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# **DISCLOSURE HISTORY**

Report Number: 5500000108754628

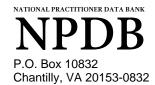
# F. DISCLOSURE HISTORY

### 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
08/26/2016	EMPLOYEE HEALTH SYSTEMS 1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754 (213) 406-2730
Date Released	Entity Name
11/04/2016	BAKERSFIELD MEMORIAL HOSPITAL 420 34TH ST BAKERSFIELD, CA 93301 (661) 327-4647
Date Released	Entity Name
11/30/2016	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
03/02/2017	SAN JOAQUIN COMMUNITY HOSPITAL 2615 CHESTER AVE BAKERSFIELD, CA 93301 (661) 869-6190
Date Released	Entity Name
04/24/2017	KERN HEALTH SYSTEMS 9700 STOCKDALE HWY BAKERSFIELD, CA 93311

(661) 664-5147



**DCN:** 5500000108754628 Process Date: 06/02/2016

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Date Released Entity Name

05/19/2017 EMPLOYEE HEALTH SYSTEMS

1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754

(213) 406-2730

Date Released Entity Name

05/30/2017 FOUNDATION FOR MEDICAL CARE OF KERN COUN

5701 TRUXTUN AVE STE 100 BAKERSFIELD, CA 93309

(661) 616-4832

Date Released Entity Name

08/18/2017 EMPLOYEE HEALTH SYSTEMS

1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754

(213) 406-2730

Date Released Entity Name

10/11/2017 BEECH STREET CORPORATION

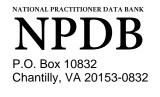
6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

12/29/2017 SELF-QUERIER



**DCN:** 5500000062076322 **Process Date:** 05/05/2010

**Basis for Initial Action** 

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## LASCANO, MIGUEL

### **MUTUAL PROTECTION TRUST**

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 04/16/2010

- SETTLEMENT - DELAY IN TREATMENT

**Initial Action** 

A. REPORTING ENTITY

Entity Name: MUTUAL PROTECTION TRUST \*

Address: 333 SOUTH HOPE STREET, 8TH FLOOR

City, State, Zip: LOS ANGELES, CA 90071-1409

Country:

Name or Office: SUZANNE PARK
Title or Department: CLAIMS SERVICES

Telephone: (213) 473-8631

Entity Internal Report Reference: 08-0934

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 05/19/2017:

Entity Name: MUTUAL PROTECTION TRUST

Address: 333 S HOPE ST FL 8

City, State, Zip: LOS ANGELES, CA 90071-3001

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: LASCANO, MIGUEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/15/1950

Organization Name:

Work Address: 1524 27TH STREET, NO. 405 City, State, ZIP: BAKERSFIELD, CA 93301

Home Address: City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: SOUTHWESTERN UNIVERSITY, PHILIPPINES (1978)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: A50264, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 05/05/2010

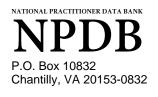
Relationship of Entity to

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

Amount of This Payment

for This Practitioner: \$ 20,000.00 Date of This Payment: 04/16/2010

This Payment Represents: A SINGLE FINAL PAYMENT



**DCN:** 5500000062076322 Process Date: 05/05/2010

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Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 20,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 03/05/2010

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: A PAYMENT OF \$20,000 WILL BE MADE TO PLAINTIFF IN

EXCHANGE FOR A FULLY EXECUTED RELEASE AND DISMISSAL OF

THE UNDERLYING COURT ACTION.

### 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: \$ 20,000.00

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: 19 YEARS

Patient's Gender: FEMALE
Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: PATIENT PRESENTED TO THE HOSPITAL IN LABOR ON

10/20/2007. DR. LASCANO WAS ON-CALL AND ADMITTED THE

PATIENT.

Description of the Procedure Performed: DR. LASCANO WAS CALLED AT 9:25 P.M. DUE TO CONCERNS

ABOUT FETAL HEART TRACINGS. HE CAME TO THE HOSPITAL, AN EPIDURAL WAS BEING PLACED. THEREAFTER, FETAL MONITOR WAS REAPPLIED BUT NO FETAL HEART BEAT WAS DETECTED AND FETAL DEMISE WAS CONFIRMED. AUTOPSY DOCUMENTED SEVERE

CHORIOAMNIONITIS.

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: DELAY IN TREATMENT (202)

Date of Event Associated With Allegation or Incident: 10/20/2007

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

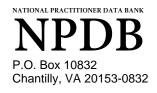
Which the Action or Claim Was Based: PATIENT ALLEGED DR. LASCANO FAILED TO TIMELY EVALUATE

HER CONDITION, AND THAT THE INFANT WOULD HAVE SURVIVED

HAD A C-SECTION BEEN PERFORMED EARLIER.

D. SUBJECT STATEMENT

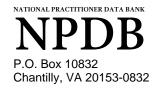
If the subject identified in Section B of this report has submitted a statement, it appears in this section.



**DCN:** 5500000062076322 Process Date: 05/05/2010

Page: 3 of 3 LASCANO, MIGUEL

E. REPORT STATUS	Unless a box below is checked, the s	subject of this report identified in Section B has not contested this report.
	This report has been disputed by	by the subject identified in Section B.
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		entified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that iginal decision.
		entified in Section B, this report was reviewed by rtment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	05/05/2010
	Date of Most Recent Change:	05/05/2010
F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK		rovided by the reporting entity identified in Section A of this report. The ata Bank from other sources and is intended to supplement the information
	Social Security Numbers (SSN):	***-**-9138
Drug Enforce	cement Administration (DEA) Numbers:	BL3004847
•	ed under the provisions of: Title I\	
provisions of Title IV of P for the purpose for which	ublic Law 99-660, as amended, and it was disclosed. Disclosure or use	National Practitioner Data Bank for restricted use under the d 45 CFR Part 60. All information is confidential and may be used only of confidential information for other purposes is a violation of federal porting entity identified in Section A.
	END	OF REPORT



**DCN:** 5500000062076322 Process Date: 05/05/2010

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# **DISCLOSURE HISTORY**

Report Number: 5500000062076322

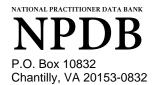
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Date Released	Entity Name	
07/28/2010	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389	
Date Released	Entity Name	
07/30/2010	BLUE SHIELD OF CALIFORNIA 50 BEALE ST # 21 SAN FRANCISCO, CA 94105 (415) 229-5389	
Date Released	Entity Name	
08/07/2010	GOLDEN EMPIRE MANAGED CARE, A MEDICAL GR 4550 CALIFORNIA AVE STE 500 BAKERSFIELD, CA 93309 (661) 716-7100	
Date Released	Entity Name	
08/23/2010	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566	
Date Released	Entity Name	
11/24/2010	BAKERSFIELD MEMORIAL HOSPITAL 420 34TH ST BAKERSFIELD, CA 93301	

(661) 327-4647



**DCN:** 5500000062076322 Process Date: 05/05/2010

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Date Released Entity Name

02/08/2011 SAN JOAQUIN COMMUNITY HOSPITAL

2615 CHESTER AVE

BAKERSFIELD, CA 93301

(661) 869-6190

Date Released Entity Name

06/09/2011 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

07/18/2011 DELANO REGIONAL MEDICAL CENTER

1401 GARCES HWY

ATTN JOSEE CZARNECKI CPCS DIRECTOR

DELANO, CA 93215

(661) 721-5322

Date Released Entity Name

08/24/2011 KERN HEALTH SYSTEMS

9700 STOCKDALE HWY BAKERSFIELD, CA 93311

(661) 664-5147

Date Released Entity Name

09/06/2011 HUMANA HEALTH PLANS INC

12501 LAKEFRONT PL LOUISVILLE, KY 40299

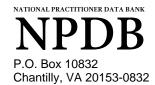
(502) 476-5287

Date Released Entity Name

10/14/2011 KERN MEDICAL CENTER

1700 MOUNT VERNON AVE MEDICAL STAFF OFFICE BAKERSFIELD, CA 93306

(661) 326-2718



**DCN:** 5500000062076322 Process Date: 05/05/2010

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Date Released Entity Name

05/15/2012 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/13/2012 DELANO REGIONAL MEDICAL CENTER

1401 GARCES HWY

ATTN JOSEE CZARNECKI CPCS DIRECTOR

DELANO, CA 93215

(661) 721-5322

Date Released Entity Name

10/20/2012 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

10/20/2012 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

11/02/2012 BAKERSFIELD MEMORIAL HOSPITAL

420 34TH ST

BAKERSFIELD, CA 93301

(661) 327-4647

Date Released Entity Name

01/22/2013 FOUNDATION FOR MEDICAL CARE OF KERN COUN

5701 TRUXTUN AVE STE 100 BAKERSFIELD, CA 93309

(661) 616-4832

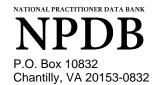
Date Released Entity Name

02/22/2013 SAN JOAQUIN COMMUNITY HOSPITAL

2615 CHESTER AVE

BAKERSFIELD, CA 93301

(661) 869-6190



**DCN:** 5500000062076322 Process Date: 05/05/2010

Page: 4 of 7 LASCANO, MIGUEL

Date Released Entity Name

05/21/2013 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

06/19/2013 GOLDEN EMPIRE MANAGED CARE, A MEDICAL GR

4550 CALIFORNIA AVE STE 500 BAKERSFIELD, CA 93309

(661) 716-7100

Date Released Entity Name

06/26/2013 HEALTH NET

21281 BURBANK BLVD

WOODLAND HILLS, CA 91367

(818) 676-5566

Date Released Entity Name

08/16/2013 DELANO REGIONAL MEDICAL CENTER

1401 GARCES HWY

ATTN JOSEE CZARNECKI CPCS DIRECTOR

DELANO, CA 93215

(661) 721-5322

Date Released Entity Name

08/26/2013 DELANO REGIONAL MEDICAL CENTER

1401 GARCES HWY

ATTN JOSEE CZARNECKI CPCS DIRECTOR

DELANO, CA 93215

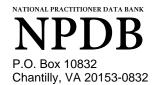
(661) 721-5322

Date Released Entity Name

03/14/2014 KERN MEDICAL CENTER

1700 MOUNT VERNON AVE MEDICAL STAFF OFFICE BAKERSFIELD, CA 93306

(661) 326-2718



**DCN:** 5500000062076322 Process Date: 05/05/2010

Page: 5 of 7 LASCANO, MIGUEL

Date Released Entity Name

05/21/2014 HUMANA HEALTH PLANS INC

12501 LAKEFRONT PL LOUISVILLE, KY 40299

(502) 476-5287

Date Released Entity Name

05/22/2014 KERN HEALTH SYSTEMS

9700 STOCKDALE HWY BAKERSFIELD, CA 93311

(661) 664-5147

Date Released Entity Name

10/30/2014 BAKERSFIELD MEMORIAL HOSPITAL

420 34TH ST

BAKERSFIELD, CA 93301

(661) 327-4647

Date Released Entity Name

11/21/2014 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/16/2015 SAN JOAQUIN COMMUNITY HOSPITAL

2615 CHESTER AVE

BAKERSFIELD, CA 93301

(661) 869-6190

Date Released Entity Name

01/06/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

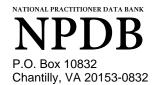
Date Released Entity Name

02/17/2016 INDEPENDENCE MEDICAL GROUP

1801 16TH ST STE B

BAKERSFIELD, CA 93301

(866) 814-4476



**DCN:** 5500000062076322 Process Date: 05/05/2010

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Date Released Entity Name

02/29/2016 GOLDEN EMPIRE MANAGED CARE, A MEDICAL GR

4550 CALIFORNIA AVE STE 500 BAKERSFIELD, CA 93309

(661) 716-7100

Date Released Entity Name

03/11/2016 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

05/31/2016 INDEPENDENCE MEDICAL GROUP

1801 16TH ST STE B

BAKERSFIELD, CA 93301

(866) 814-4476

Date Released Entity Name

08/26/2016 EMPLOYEE HEALTH SYSTEMS

1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754

(213) 406-2730

Date Released Entity Name

11/04/2016 BAKERSFIELD MEMORIAL HOSPITAL

420 34TH ST

BAKERSFIELD, CA 93301

(661) 327-4647

Date Released Entity Name

11/30/2016 HUMANA HEALTH PLANS INC

12501 LAKEFRONT PL LOUISVILLE, KY 40299

(502) 476-5287

Date Released Entity Name

03/02/2017 SAN JOAQUIN COMMUNITY HOSPITAL

2615 CHESTER AVE

BAKERSFIELD, CA 93301

(661) 869-6190



**DCN:** 5500000062076322 Process Date: 05/05/2010

Page: 7 of 7 LASCANO, MIGUEL

Date Released Entity Name

04/24/2017 KERN HEALTH SYSTEMS

9700 STOCKDALE HWY BAKERSFIELD, CA 93311

(661) 664-5147

Date Released Entity Name

05/19/2017 EMPLOYEE HEALTH SYSTEMS

1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754

(213) 406-2730

Date Released Entity Name

05/30/2017 FOUNDATION FOR MEDICAL CARE OF KERN COUN

5701 TRUXTUN AVE STE 100 BAKERSFIELD, CA 93309

(661) 616-4832

Date Released Entity Name

08/18/2017 EMPLOYEE HEALTH SYSTEMS

1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754

(213) 406-2730

Date Released Entity Name

10/11/2017 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

12/29/2017 SELF-QUERIER