

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

5500000116969595

Process Date: 12/01/2016

Page: 1 of 1

**To:** ALLEN, PAUL E  
2795 MAIN ST W # 27  
SNELLVILLE, GA 30078-3164

**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.

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

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

**Practitioner Name:** ALLEN, PAUL E  
**Date of Birth:** 04/23/1950 **Gender:** MALE  
**Organization Name:** HORIZONS HEALTHCARE  
**Organization Type:** MEDICAL GROUP/PRACTICE (365)  
**Delivery Address:** 2795 MAIN ST W # 27, SNELLVILLE, GA 30078-3164  
**Social Security Number:** \*\*\*-\*\*-8074 **DEA:** FA1424946  
**NPI:** 1417990334  
**License:** PHYSICIAN (MD), 028490, GA, INTERNAL MEDICINE  
**Professional School(s):** STATE UNIVERSITY OF NEW YORK, HEALTH SCIENCE CENTER AT BROOKLYN (1976)

**B. PAYMENT INFORMATION**

**Credit Card Information:** XXXXXXXXXXXX1012 (11/2019)  
**NPDB Charge:** \$4.00\* **NPDB Bill Reference Number:** N48655414  
 \* Each charge will appear separately on your credit card statement.  
**Transaction Date:** 12/01/2016 **Additional Paper Copies Requested:** 0

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/01/2016****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):	<b>Yes, See Below</b>	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):	<b>Yes, See Below</b>	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.

**GEORGIA COMPOSITE MEDICAL BOARD****STATE LICENSURE**

**Basis for Action:** - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

<b>Initial Action:</b>	- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	<b>Date of Action:</b>	02/18/2016
<b>DCN:</b>	5500000104338937		

**GEORGIA COMPOSITE MEDICAL BOARD****STATE LICENSURE**

**Basis for Action:** - FAILURE TO PAY CHILD SUPPORT/DELINQUENT CHILD SUPPORT

<b>Initial Action:</b>	- SUSPENSION OF LICENSE	<b>Date of Action:</b>	12/16/2015
<b>DCN:</b>	5500000102817188		

**NEW YORK STATE DEPARTMENT OF HEALTH****STATE LICENSURE**

**Basis for Action:** - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY - CRIMINAL CONVICTION

<b>Initial Action:</b>	- SUSPENSION OF LICENSE	<b>Date of Action:</b>	01/18/2008
<b>DCN:</b>	5500000049423262		
<b>Subsequent Action:</b>	- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	<b>Date of Action:</b>	01/17/2013
<b>DCN:</b>	5500000096057941		

**UPSON REGIONAL MEDICAL CENTER****TITLE IV CLINICAL PRIVILEGES****Basis for Action:** - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS**Initial Action:** - REVOCATION OF CLINICAL PRIVILEGES  
- DENIAL OF CLINICAL PRIVILEGES  
**DCN:** 5500000043544584**Date of Action:** 09/20/2006**COMPOSITE STATE BOARD OF MEDICAL EXAMINE****STATE LICENSURE****Basis for Action:** - FAILURE TO PROVIDE MEDICALLY REASONABLE AND/OR NECESSARY ITEMS OR SERVICES**Initial Action:** - REPRIMAND OR CENSURE  
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY  
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT  
FOR DETAILS  
**DCN:** 5500000042143312**Date of Action:** 06/09/2006**MAG MUTUAL INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - DELAY IN DIAGNOSIS**Initial Action:** - SETTLEMENT  
**DCN:** 5500000036582710**Date of Action:** 02/18/2005**GEORGIA INSURERS INSOLVENCY POOL****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - UNKNOWN**Initial Action:** - SETTLEMENT  
**DCN:** 5500000028051445**Date of Action:** 12/04/2002

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

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000104338937  
Process Date: 03/10/2016  
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ALLEN, PAUL E**ALLEN, PAUL E****GEORGIA COMPOSITE MEDICAL BOARD****STATE LICENSURE ACTION****Date of Action: 02/18/2016****Initial Action****Basis for Initial Action**- OTHER LICENSURE ACTION, SEE SECTION C. OF THE  
REPORT FOR DETAILS

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

**A. REPORTING  
ENTITY**

Entity Name: GEORGIA COMPOSITE MEDICAL BOARD

Address: 2 PEACHTREE ST., NW , 36TH FLR

City, State, Zip: ATLANTA, GA 30303

Country:

Name or Office: SHARON CLOUD

Title or Department: LEGAL SECRETARY

Telephone: (404) 657-6494

Entity Internal Report Reference:

Type of Report: INITIAL

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

Subject Name: ALLEN, PAUL E

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: PO BOX 600

100 CHURCHILL DRIVE

City, State, ZIP: BOLINGBROKE, GA 31004-0600

Organization Type:

Home Address: 6978 TIMBERS EAST LN

City, State, ZIP: LITHONIA, GA 30058-6074

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-8074

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SUNY AT BROOKLYN (1976)

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

State License Number, State of Licensure: 28490, GA

Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000104338937  
Process Date: 03/10/2016  
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ALLEN, PAUL E**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: SUSPENSION OF LICENSE LIFTED.

Name of Agency or Program  
That Took the Adverse Action

Specified in This Report: GEORGIA MEDICAL BOARD

Adverse Action

Classification Code(s): OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified: SUSPENSION OF LICENSE LIFTED.

Date Action Was Taken: 02/18/2016

Date Action Became Effective: 02/18/2016

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,  
Assessment and/or Restitution:Is Subject Automatically Reinstated After  
Adverse Action Period Is Completed?: NODescription of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity: SUSPENSION OF MEDICAL LICENSE HAS BEEN LIFTED.Is the Adverse Action Specified in This Report Based on the  
Subject's Professional Competence or Conduct, Which Adversely  
Affected, or Could Have Adversely Affected, the  
Health or Welfare of Patient(s)?: NO☐ Subject identified in Section B has appealed the reported adverse action.**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: 03/10/2016

Date of Most Recent Change: 03/10/2016

# NPDB

P.O. Box 10832  
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ALLEN, PAUL E

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**This report is maintained under the provisions of:** Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, 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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**END OF REPORT**

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Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000104338937**Process Date:** 03/10/2016**Page:** 1 of 1

ALLEN, PAUL E

## DISCLOSURE HISTORY

**Report Number: 5500000104338937**

### 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**

08/26/2016

**Entity Name**GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
2 PEACHTREE ST NW FL 5  
PROVIDER ENROLLMENT  
ATLANTA, GA 30303  
(404) 651-5191**Date Released**

11/08/2016

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 257-3946**Date Released**

12/01/2016

**Entity Name**

SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000102817188  
Process Date: 01/14/2016  
Page: 1 of 3  
ALLEN, PAUL E**ALLEN, PAUL E****GEORGIA COMPOSITE MEDICAL BOARD****STATE LICENSURE ACTION****Date of Action: 12/16/2015****Initial Action****Basis for Initial Action**

- SUSPENSION OF LICENSE

- FAILURE TO PAY CHILD SUPPORT/DELINQUENT CHILD  
SUPPORT**A. REPORTING  
ENTITY**

Entity Name: GEORGIA COMPOSITE MEDICAL BOARD

Address: 2 PEACHTREE ST., NW , 36TH FLR

City, State, Zip: ATLANTA, GA 30303

Country:

Name or Office: SHARON CLOUD

Title or Department: LEGAL SECRETARY

Telephone: (404) 657-6494

Entity Internal Report Reference:

Type of Report: INITIAL

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

Subject Name: ALLEN, PAUL E

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: PO BOX 600

100 CHURCHILL DRIVE

City, State, ZIP: BOLINGBROKE, GA 31004-0600

Organization Type:

Home Address: 6978 TIMBERS EAST LN

City, State, ZIP: LITHONIA, GA 30058-6074

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-8074

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SUNY AT BROOKLYN (1976)

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

State License Number, State of Licensure: 28490, GA

Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000102817188  
Process Date: 01/14/2016  
Page: 2 of 3  
ALLEN, PAUL E**C. INFORMATION  
REPORTED**Type of Adverse Action: STATE LICENSURE  
Basis for Action: FAILURE TO PAY CHILD SUPPORT/DELINQUENT CHILD SUPPORT  
(37)Name of Agency or Program  
That Took the Adverse Action  
Specified in This Report: GEORGIA MEDICAL BOARDAdverse Action  
Classification Code(s): SUSPENSION OF LICENSE (1135)

Date Action Was Taken: 12/16/2015

Date Action Became Effective: 12/16/2015

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,  
Assessment and/or Restitution:Is Subject Automatically Reinstated After  
Adverse Action Period Is Completed?: NODescription of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:SUSPENSION OF LICENSE NON-COMPLIANT WITH CHILD SUPPORT  
ORDER.Is the Adverse Action Specified in This Report Based on the  
Subject's Professional Competence or Conduct, Which Adversely  
Affected, or Could Have Adversely Affected, the  
Health or Welfare of Patient(s)?: NO☐ Subject identified in Section B has appealed the reported adverse action.**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: 01/14/2016

Date of Most Recent Change: 01/14/2016

# NPDB

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

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

**DCN:** 5500000102817188  
**Process Date:** 01/14/2016  
**Page:** 3 of 3  
ALLEN, PAUL E

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**This report is maintained under the provisions of:** Section 1921

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**END OF REPORT**

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**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000102817188**Process Date:** 01/14/2016**Page:** 1 of 1

ALLEN, PAUL E

## DISCLOSURE HISTORY

**Report Number: 5500000102817188**

### 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**

08/26/2016

**Entity Name**GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
2 PEACHTREE ST NW FL 5  
PROVIDER ENROLLMENT  
ATLANTA, GA 30303  
(404) 651-5191**Date Released**

11/08/2016

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 257-3946**Date Released**

12/01/2016

**Entity Name**

SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000049423262  
Process Date: 01/16/2008  
Page: 1 of 3  
ALLEN, PAUL E L**ALLEN, PAUL E L****NEW YORK STATE DEPARTMENT OF HEALTH****STATE LICENSURE ACTION****Date of Action: 01/18/2008****Initial Action****Basis for Initial Action**

- SUSPENSION OF LICENSE

- LICENSE REVOCATION, SUSPENSION OR OTHER  
DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR  
LOCAL LICENSING AUTHORITY  
- CRIMINAL CONVICTION

This action has related reports:

**Initial Action:** [This Action]**Subsequent Action:** - OTHER LICENSURE ACTION, SEE SECTION C.  
OF THE REPORT FOR DETAILS**Date of Action:** 01/17/2013 **DCN:** 5500000096057941**A. REPORTING  
ENTITY**

Entity Name: NEW YORK STATE DEPARTMENT OF HEALTH \*

Address: OPMC

433 RIVER STREET, SUITE 303

City, State, Zip: TROY, NY 12180-2299

Country:

Name or Office: ANNE BOHENEK

Title or Department: HEALTH PROGRAM ADMINISTRATOR 1

Telephone: (518) 402-0853

Entity Internal Report Reference:

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 10/05/2015:

Entity Name: NEW YORK STATE DEPARTMENT OF HEALTH

Additional Name: OFFICE OF PROFESSIONAL MEDICAL CONDUCT

Address: 150 BROADWAY STE 355

RIVERVIEW CENTER - OPMC

City, State, Zip: MENANDS, NY 12204-2751

Country:

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

Subject Name: ALLEN, PAUL E L

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 100 CHURCHILL DRIVE

City, State, ZIP: JULLIETTE, GA 32940

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-8074

**NPDB**P.O. Box 10832  
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ALLEN, PAUL E L

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SUNY DOWNSTATE MEDICAL CENTER (1976)

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

State License Number, State of Licensure: 132729, NY

Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY  
ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING  
AUTHORITY (39)  
CRIMINAL CONVICTION (19)Name of Agency or Program  
That Took the Adverse Action  
Specified in This Report:

OFFICE OF PROFESSIONAL MEDICAL CONDUCT

Adverse Action

Classification Code(s): SUSPENSION OF LICENSE (1135)

Date Action Was Taken: 01/11/2008

Date Action Became Effective: 01/18/2008

Length of Action: SPECIFIC PERIOD

Years: 5

Months:

Days:

Total Amount of Monetary Penalty,  
Assessment and/or Restitution:Is Subject Automatically Reinstated After  
Adverse Action Period Is Completed?:

YES

Description of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:LICENSE SUSPENSION FOR FIVE YEARS. THE HEARING  
COMMITTEE SUSTAINED THE CHARGES FINDING THE PHYSICIAN  
GUILTY OF HAVING BEEN CONVICTED IN STATE COURT OF  
CLAYTON COUNTY, GEORGIA OF BATTERY AND HAVING BEEN  
DISCIPLINED BY THE GEORGIA STATE BOARD OF MEDICAL  
EXAMINERS FOR FAILING TO CONFORM TO THE MINIMUM STANDARD  
OF CARE.Is the Adverse Action Specified in This Report Based on the  
Subject's Professional Competence or Conduct, Which Adversely  
Affected, or Could Have Adversely Affected, the  
Health or Welfare of Patient(s)?:

YES

☐

Subject identified in Section B has appealed the reported adverse action.

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000049423262

Process Date: 01/16/2008

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ALLEN, PAUL E L

**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: 01/16/2008

Date of Most Recent Change: 01/16/2008

**This report is maintained under the provisions of:** Title IV; Section 1921

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, Section 1921 of the Social Security Act, 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: 5500000049423262

### 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**

05/04/2009

**Entity Name**VISTA HEALTHCARE PARTNERS, INC.  
1735 N BROWN RD  
SUITE 200  
LAWRENCEVILLE, GA 30043  
(678) 218-4040**Date Released**

06/09/2009

**Entity Name**SCHUMACHER CLINICAL PARTNERS  
200 CORPORATE BLVD  
LAFAYETTE, LA 70508  
(800) 893-9698**Date Released**

07/10/2009

**Entity Name**WHITAKER MEDICAL  
INFORMATION SERVICES  
1200 ENCLAVE PARKWAY, SUITE 200  
HOUSTON, TX 77077  
(281) 870-1000**Date Released**

07/15/2009

**Entity Name**COMMUNITY HEALTH CARE SYSTEMS, INC.  
116 SMITH ST  
P O BOX 365  
TENNILLE, GA 31089  
(478) 552-7384**Date Released**

08/12/2009

**Entity Name**ALL CARE CONSULTANTS  
3333 W COMMERCIAL BLVD STE 101  
FORT LAUDERDALE, FL 33309  
(954) 748-2800

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000049423262

Process Date: 01/16/2008

Page: 2 of 4

ALLEN, PAUL E L

Date Released	Entity Name
12/01/2009	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
12/15/2009	SUN HEALTHCARE GROUP, INC. 101 SUN AVE. NE ATTN: SUE SMITH ALBUQUERQUE, NM 87109 (505) 468-2382
12/17/2009	STERLING MEDICAL ASSOCIATES 411 OAK ST CINCINNATI, OH 45219 (513) 984-1800
02/25/2010	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
01/03/2011	SELF-QUERIER
06/09/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853
07/22/2011	LOCUM TENENS USA, INC. 1030 MATHESON WAY JOHNS CREEK, GA 30022 (770) 663-9988



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000049423262

Process Date: 01/16/2008

Page: 3 of 4

ALLEN, PAUL E L

Date Released	Entity Name
11/30/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853
02/14/2013	THE HEALING STAFF 10100 REUNION PLACE #750 SAN ANTONIO, TX 78216 (210) 299-7623
04/19/2013	MEDCARE STAFFING, INC. 4411 SUWANEE DAM RD STE 120 SUWANEE, GA 30024 (770) 904-5012
05/13/2013	ALLIANCE RECRUITING RESOURCES 900 ROCKMEAD DRIVE, SUITE 274 KINGWOOD, TX 77339 (800) 759-8203
12/26/2014	LOCUM TENENS USA, INC. 1030 MATHESON WAY JOHNS CREEK, GA 30022 (770) 663-9988
03/05/2015	WELLCARE OF GEORGIA INC. 211 PERIMETER CENTER PKWY NE STE 800 ATLANTA, GA 30346 (813) 206-3839
03/16/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000049423262

Process Date: 01/16/2008

Page: 4 of 4

ALLEN, PAUL E L

Date Released	Entity Name
04/03/2015	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
04/06/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
08/24/2015	PEACH STATE HEALTH PLAN 1100 CIRCLE 75 PKWY SE STE 1100 ATLANTA, GA 30339 (678) 556-2332
08/26/2016	GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303 (404) 651-5191
11/08/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
12/01/2016	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000096057941  
Process Date: 04/06/2015  
Page: 1 of 3  
ALLEN, PAUL E L**ALLEN, PAUL E L****NEW YORK STATE DEPARTMENT OF HEALTH****STATE LICENSURE ACTION****Date of Action: 01/17/2013****Subsequent Action****Basis for Initial Action**- OTHER LICENSURE ACTION, SEE SECTION C. OF THE  
REPORT FOR DETAILS- LICENSE REVOCATION, SUSPENSION OR OTHER  
DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR  
LOCAL LICENSING AUTHORITY  
- CRIMINAL CONVICTION

This action has related reports:

**Initial Action:** - SUSPENSION OF LICENSE**Date of Action:** 01/18/2008 **DCN:** 5500000049423262**Subsequent Action:** [This Action]**A. REPORTING  
ENTITY**

Entity Name: NEW YORK STATE DEPARTMENT OF HEALTH \*

Address: RIVERVIEW CENTER - OPMC  
150 BROADWAY - SUIYE 355

City, State, Zip: ALBANY, NY 12204-2719

Country:

Name or Office: CAROL DUSTIN

Title or Department: HEALTH PROGRAM ADMINISTRATOR

Telephone: (518) 402-0855

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000049423262

\*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 10/05/2015:

Entity Name: NEW YORK STATE DEPARTMENT OF HEALTH

Additional Name: OFFICE OF PROFESSIONAL MEDICAL CONDUCT

Address: 150 BROADWAY STE 355  
RIVERVIEW CENTER - OPMC

City, State, Zip: MENANDS, NY 12204-2751

Country:

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

Subject Name: ALLEN, PAUL E L

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 100 CHURCHILL DRIVE

City, State, ZIP: JULLIETTE, GA 32940

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-8074

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000096057941  
Process Date: 04/06/2015  
Page: 2 of 3  
ALLEN, PAUL E L

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SUNY DOWNSTATE MEDICAL CENTER (1976)

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

State License Number, State of Licensure: 132729, NY

Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program  
That Took the Adverse Action

Specified in This Report: OFFICE OF PROFESSIONAL MEDICAL CONDUCT

Adverse Action

Classification Code(s): OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified: COMPLETED TERMS OF ORDER

Date Action Was Taken: 01/17/2013

Date Action Became Effective: 01/17/2013

Length of Action: PERMANENT

Total Amount of Monetary Penalty,  
Assessment and/or Restitution:Is Subject Automatically Reinstated After  
Adverse Action Period Is Completed?: YESDescription of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:THE PHYSICIAN'S SUSPENSION WAS LIFTED EFFECTIVE JANUARY  
17, 2013.Is the Adverse Action Specified in This Report Based on the  
Subject's Professional Competence or Conduct, Which Adversely  
Affected, or Could Have Adversely Affected, the  
Health or Welfare of Patient(s)?: YES☐ Subject identified in Section B has appealed the reported adverse action.**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.

# NPDB

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

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

DCN: 5500000096057941  
Process Date: 04/06/2015  
Page: 3 of 3  
ALLEN, PAUL E L

☐ 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: 04/06/2015

Date of Most Recent Change: 04/06/2015

**This report is maintained under the provisions of:** Title IV; Section 1921

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, Section 1921 of the Social Security Act, 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  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000096057941  
Process Date: 04/06/2015  
Page: 1 of 1  
ALLEN, PAUL E L

## DISCLOSURE HISTORY

Report Number: 5500000096057941

### 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
04/06/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
08/24/2015	PEACH STATE HEALTH PLAN 1100 CIRCLE 75 PKWY SE STE 1100 ATLANTA, GA 30339 (678) 556-2332

Date Released	Entity Name
08/26/2016	GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303 (404) 651-5191

Date Released	Entity Name
11/08/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
12/01/2016	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000043544584  
Process Date: 10/03/2006  
Page: 1 of 2  
ALLEN, PAUL E JR**ALLEN, PAUL E JR****UPSON REGIONAL MEDICAL CENTER****TITLE IV CLINICAL PRIVILEGES ACTION****Date of Action: 09/20/2006****Initial Action****Basis for Initial Action**- REVOCATION OF CLINICAL PRIVILEGES  
- DENIAL OF CLINICAL PRIVILEGES

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

**A. REPORTING  
ENTITY**

Entity Name: UPSON REGIONAL MEDICAL CENTER \*

Address: 801 WEST GORDON STREET  
P O BOX 1059

City, State, Zip: THOMASTON, GA 30286

Country:

Name or Office: SUZANNE STREETMAN, RN

Title or Department: DIRECTOR OF RISK MGMT &amp; CREDENTIALING

Telephone: (706) 647-8111 Ext. 1240

Entity Internal Report Reference:

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 05/02/2016:

Entity Name: UPSON REGIONAL MEDICAL CENTER

Address: 801 W GORDON ST  
P. O. BOX 1059

City, State, Zip: THOMASTON, GA 30286-3426

Country:

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

Subject Name: ALLEN, PAUL E JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address:

City, State, ZIP:

Home Address: 100 CHURCHILL DR  
P O BOX 600

City, State, ZIP: BOLINGBROOKE, GA 31004

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-8074

Professional School(s) &amp; Year(s) of Graduation: SUNY BROOKLYN (1976)

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

State License Number, State of Licensure: 028490, GA

Drug Enforcement Administration (DEA) Numbers: BA0562050

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000043544584**Process Date:** 10/03/2006**Page:** 2 of 2

ALLEN, PAUL E JR

**C. INFORMATION  
REPORTED**

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES  
Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)  
Other, as Specified: FALSE STATEMENT ON APPLICATION  
Adverse Action  
Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)  
DENIAL OF CLINICAL PRIVILEGES (1650)  
Date Action Was Taken: 09/20/2006  
Date Action Became Effective: 09/20/2006  
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:

PAUL ALLEN, MD, WAS GRANTED TEMPORARY PRIVILEGES DUE TO AN URGENT PATIENT NEED. DURING COMPLETION OF THE APPLICATION PROCESS, IT WAS DETERMINED THAT A FALSE STATEMENT WAS MADE ON HIS APPLICATION FOR APPOINTMENT. AFTER INVESTIGATION BY THE CHIEF OF SERVICE AND THE CHIEF OF STAFF, TEMPORARY PRIVILEGES WERE TERMINATED, AND THE APPLICATION FOR PRIVILEGES WAS DENIED.

**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: 10/03/2006

Date of Most Recent Change: 10/03/2006

**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: 5500000043544584

**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**

05/04/2009

**Entity Name**VISTA HEALTHCARE PARTNERS, INC.  
1735 N BROWN RD  
SUITE 200  
LAWRENCEVILLE, GA 30043  
(678) 218-4040**Date Released**

06/09/2009

**Entity Name**SCHUMACHER CLINICAL PARTNERS  
200 CORPORATE BLVD  
LAFAYETTE, LA 70508  
(800) 893-9698**Date Released**

07/10/2009

**Entity Name**WHITAKER MEDICAL  
INFORMATION SERVICES  
1200 ENCLAVE PARKWAY, SUITE 200  
HOUSTON, TX 77077  
(281) 870-1000**Date Released**

07/15/2009

**Entity Name**COMMUNITY HEALTH CARE SYSTEMS, INC.  
116 SMITH ST  
P O BOX 365  
TENNILLE, GA 31089  
(478) 552-7384**Date Released**

08/12/2009

**Entity Name**ALL CARE CONSULTANTS  
3333 W COMMERCIAL BLVD STE 101  
FORT LAUDERDALE, FL 33309  
(954) 748-2800

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000043544584**Process Date:** 10/03/2006**Page:** 2 of 4

ALLEN, PAUL E JR

Date Released	Entity Name
12/01/2009	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
12/15/2009	SUN HEALTHCARE GROUP, INC. 101 SUN AVE. NE ATTN: SUE SMITH ALBUQUERQUE, NM 87109 (505) 468-2382
12/17/2009	STERLING MEDICAL ASSOCIATES 411 OAK ST CINCINNATI, OH 45219 (513) 984-1800
02/25/2010	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
01/03/2011	SELF-QUERIER
06/09/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853
07/22/2011	LOCUM TENENS USA, INC. 1030 MATHESON WAY JOHNS CREEK, GA 30022 (770) 663-9988

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000043544584**Process Date:** 10/03/2006**Page:** 3 of 4

ALLEN, PAUL E JR

Date Released	Entity Name
11/30/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853
02/14/2013	THE HEALING STAFF 10100 REUNION PLACE #750 SAN ANTONIO, TX 78216 (210) 299-7623
04/19/2013	MEDCARE STAFFING, INC. 4411 SUWANEE DAM RD STE 120 SUWANEE, GA 30024 (770) 904-5012
05/13/2013	ALLIANCE RECRUITING RESOURCES 900 ROCKMEAD DRIVE, SUITE 274 KINGWOOD, TX 77339 (800) 759-8203
12/26/2014	LOCUM TENENS USA, INC. 1030 MATHESON WAY JOHNS CREEK, GA 30022 (770) 663-9988
03/05/2015	WELLCARE OF GEORGIA INC. 211 PERIMETER CENTER PKWY NE STE 800 ATLANTA, GA 30346 (813) 206-3839
03/16/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000043544584**Process Date:** 10/03/2006**Page:** 4 of 4

ALLEN, PAUL E JR

Date Released	Entity Name
04/03/2015	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
04/06/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
08/24/2015	PEACH STATE HEALTH PLAN 1100 CIRCLE 75 PKWY SE STE 1100 ATLANTA, GA 30339 (678) 556-2332
08/26/2016	GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303 (404) 651-5191
11/08/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
12/01/2016	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000042143312  
Process Date: 06/14/2006  
Page: 1 of 3  
ALLEN, PAUL E**ALLEN, PAUL E****GEORGIA COMPOSITE MEDICAL BOARD****STATE LICENSURE ACTION****Date of Action: 06/09/2006****Initial Action**

- REPRIMAND OR CENSURE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS

**Basis for Initial Action**

- FAILURE TO PROVIDE MEDICALLY REASONABLE AND/OR NECESSARY ITEMS OR SERVICES

**A. REPORTING ENTITY**

Entity Name: COMPOSITE STATE BOARD OF MEDICAL EXAMINE \*

Address: #2 PEACHTREE ST., NW 36TH FLR

City, State, Zip: ATLANTA, GA 30303

Country:

Name or Office: KAREN SMITH

Title or Department: ENFORCEMENT UNIT SUPERVISOR

Telephone: (404) 657-6487

Entity Internal Report Reference:

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 09/14/2015:

Entity Name: GEORGIA COMPOSITE MEDICAL BOARD

Address: 2 PEACHTREE ST., NW , 36TH FLR

City, State, Zip: ATLANTA, GA 30303

Country:

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

Subject Name: ALLEN, PAUL E

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: 100 CHURCHILL DRIVE  
BOX 600

City, State, ZIP: BOLINGBROKE, GA 31004-4171

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-8074

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SUNY AT BROOKLYN (1976)

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

State License Number, State of Licensure: 28490, GA

Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers:

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000042143312  
Process Date: 06/14/2006  
Page: 2 of 3  
ALLEN, PAUL E

## Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: FAILURE TO PROVIDE MEDICALLY REASONABLE AND/OR NECESSARY  
ITEMS OR SERVICES (53)Name of Agency or Program  
That Took the Adverse Action  
Specified in This Report:

COMPOSITE STATE BD OF MEDICAL EXAMINERS

Adverse Action  
Classification Code(s):

REPRIMAND OR CENSURE (1140)

PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified:

CME'S

Date Action Was Taken:

06/09/2006

Date Action Became Effective:

06/09/2006

Length of Action:

INDEFINITE

Total Amount of Monetary Penalty,  
Assessment and/or Restitution:

\$ 3,000.00

Is Subject Automatically Reinstated After  
Adverse Action Period Is Completed?:

NO

Description of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:FAILED TO CONFORM TO THE MINIMUM STANDARDS OF ACCEPTABLE  
& PREVAILING MEDICAL PRACTICEIs the Adverse Action Specified in This Report Based on the  
Subject's Professional Competence or Conduct, Which Adversely  
Affected, or Could Have Adversely Affected, the  
Health or Welfare of Patient(s)?:

YES

☐

Subject identified in Section B has appealed the reported adverse action.

**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.

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000042143312

Process Date: 06/14/2006

Page: 3 of 3

ALLEN, PAUL E

☐ 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: 06/14/2006

Date of Most Recent Change: 06/14/2006

**This report is maintained under the provisions of:** Title IV; Section 1921

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, Section 1921 of the Social Security Act, 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: 5500000042143312

### 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
08/03/2006	NEW YORK STATE DEPARTMENT OF HEALTH 150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204 (518) 402-0810

Date Released	Entity Name
05/04/2009	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUITE 200 LAWRENCEVILLE, GA 30043 (678) 218-4040

Date Released	Entity Name
06/09/2009	SCHUMACHER CLINICAL PARTNERS 200 CORPORATE BLVD LAFAYETTE, LA 70508 (800) 893-9698

Date Released	Entity Name
07/10/2009	WHITAKER MEDICAL INFORMATION SERVICES 1200 ENCLAVE PARKWAY, SUITE 200 HOUSTON, TX 77077 (281) 870-1000

Date Released	Entity Name
07/15/2009	COMMUNITY HEALTH CARE SYSTEMS, INC. 116 SMITH ST P O BOX 365 TENNILLE, GA 31089 (478) 552-7384



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000042143312

Process Date: 06/14/2006

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ALLEN, PAUL E

Date Released	Entity Name
08/12/2009	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 (954) 748-2800
12/01/2009	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
12/15/2009	SUN HEALTHCARE GROUP, INC. 101 SUN AVE. NE ATTN: SUE SMITH ALBUQUERQUE, NM 87109 (505) 468-2382
12/17/2009	STERLING MEDICAL ASSOCIATES 411 OAK ST CINCINNATI, OH 45219 (513) 984-1800
02/25/2010	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
01/03/2011	SELF-QUERIER
06/09/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853

Date Released	Entity Name
07/22/2011	LOCUM TENENS USA, INC. 1030 MATHESON WAY JOHNS CREEK, GA 30022 (770) 663-9988
11/30/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853
02/14/2013	THE HEALING STAFF 10100 REUNION PLACE #750 SAN ANTONIO, TX 78216 (210) 299-7623
04/19/2013	MEDCARE STAFFING, INC. 4411 SUWANEE DAM RD STE 120 SUWANEE, GA 30024 (770) 904-5012
05/13/2013	ALLIANCE RECRUITING RESOURCES 900 ROCKMEAD DRIVE, SUITE 274 KINGWOOD, TX 77339 (800) 759-8203
12/26/2014	LOCUM TENENS USA, INC. 1030 MATHESON WAY JOHNS CREEK, GA 30022 (770) 663-9988
03/05/2015	WELLCARE OF GEORGIA INC. 211 PERIMETER CENTER PKWY NE STE 800 ATLANTA, GA 30346 (813) 206-3839

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000042143312

Process Date: 06/14/2006

Page: 4 of 4

ALLEN, PAUL E

Date Released	Entity Name
03/16/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
04/03/2015	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
04/06/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
08/24/2015	PEACH STATE HEALTH PLAN 1100 CIRCLE 75 PKWY SE STE 1100 ATLANTA, GA 30339 (678) 556-2332
08/26/2016	GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303 (404) 651-5191
11/08/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
12/01/2016	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000036582710  
Process Date: 02/21/2005  
Page: 1 of 3  
ALLEN, PAUL E.**ALLEN, PAUL E.****MAG MUTUAL INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 02/18/2005****Initial Action****Basis for Initial Action**

- SETTLEMENT

- DELAY IN DIAGNOSIS

**A. REPORTING  
ENTITY**

Entity Name: MAG MUTUAL INSURANCE COMPANY \*

Address: 3525 PIEDMONT ROAD, BLDG 8, SUITE 600

City, State, Zip: ATLANTA, GA 30305

Country:

Name or Office: CHARM TUCKER

Title or Department: LITIGATION ANALYST

Telephone: (404) 842-5228

Entity Internal Report Reference: 13717

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 07/01/2015:

Entity Name: MAG MUTUAL INSURANCE COMPANY

Address: 3535 PIEDMONT RD NE BLDG 14 STE 1000

City, State, Zip: ATLANTA, GA 30305-1518

Country:

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

Subject Name: ALLEN, PAUL E.

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: 44 DEERLAKE DRIVE BOX 371

City, State, ZIP: BOLINGBROKE, GA 31004

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) &amp; Year(s) of Graduation: STATE UNIVERSITY OF NEW YORK (1976)

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

State License Number, State of Licensure: 28490, GA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 02/21/2005

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 93,750.00

Date of This Payment: 02/18/2005

This Payment Represents: A SINGLE FINAL PAYMENT

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000036582710

Process Date: 02/21/2005

Page: 2 of 3

ALLEN, PAUL E.

Total Amount Paid or to Be Paid by  
This Payer for This Practitioner: \$ 93,750.00  
Payment Result of: SETTLEMENT  
Date of Judgment or Settlement, if Any: 02/17/2005  
Adjudicative Body Case Number:  
Adjudicative Body Name:  
Court File Number:  
Description of Judgment or Settlement and Any  
Conditions, Including Terms of Payment: \$93,750.00 - MAG DR. ALLEN, \$31,250.00 - MCGG.

**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: \$ 93,750.00  
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?: YES

Amount Paid or Expected to Be Paid by Self-Insured  
Organization(s) and/or Other Insurance Company/Companies: \$ 31,250.00

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 57 YEARS

Patient's Gender: MALE

Patient Type: INPATIENT

Description of the Medical Condition With Which the Patient  
Presented for Treatment: COMPLAINTS OF WEAKNESS ON RIGHT SIDE.

Description of the Procedure Performed: CT SCAN.

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: DELAY IN DIAGNOSIS (200)

Date of Event Associated With Allegation or Incident: 07/08/2000

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based: ALLEGED DELAY IN DIAGNOSIS OF STROKE RESULTING IN MINOR  
IMPAIRMENT IN WALKING.

**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.

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000036582710  
**Process Date:** 02/21/2005  
**Page:** 3 of 3  
ALLEN, PAUL E.☐ 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: 02/21/2005

Date of Most Recent Change: 02/21/2005

**This report is maintained under the provisions of: Title IV**

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**END OF REPORT**

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

DCN: 5500000036582710

Process Date: 02/21/2005

Page: 1 of 5

ALLEN, PAUL E.

## DISCLOSURE HISTORY

Report Number: 5500000036582710

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

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**Date Released****Entity Name**

01/19/2006

UNITED EMERGENCY SERVICES, INC.  
3211 SHANNON ROAD, SUITE 300  
DURHAM, NC 27707  
(800) 291-4020**Date Released****Entity Name**

02/22/2006

OCONEE REGIONAL MEDICAL CENTER  
821 N COBB ST  
MILLEDGEVILLE, GA 31061  
(478) 454-3553**Date Released****Entity Name**

03/07/2006

PHOEBE SUMTER MEDICAL CENTER, INC.  
126 US HIGHWAY 280 W  
AMERICUS, GA 31719  
(229) 931-1129**Date Released****Entity Name**

05/10/2006

MONROE COUNTY HOSPITAL  
88 M. L. KING, JR., DRIVE  
FORSYTH, GA 31029  
(478) 994-2521**Date Released****Entity Name**

05/12/2006

HOSPITAL PHYSICIAN PARTNERS  
300 S PARK RD STE 400  
HOLLYWOOD, FL 33021  
(800) 815-8377

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000036582710**Process Date:** 02/21/2005**Page:** 2 of 5

ALLEN, PAUL E.

Date Released	Entity Name
05/19/2006	UPSON REGIONAL MEDICAL CENTER 801 W GORDON ST P. O. BOX 1059 THOMASTON, GA 30286 (706) 647-8111
08/03/2006	NEW YORK STATE DEPARTMENT OF HEALTH 150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204 (518) 402-0810
05/04/2009	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUITE 200 LAWRENCEVILLE, GA 30043 (678) 218-4040
06/09/2009	SCHUMACHER CLINICAL PARTNERS 200 CORPORATE BLVD LAFAYETTE, LA 70508 (800) 893-9698
07/10/2009	WHITAKER MEDICAL INFORMATION SERVICES 1200 ENCLAVE PARKWAY, SUITE 200 HOUSTON, TX 77077 (281) 870-1000
07/15/2009	COMMUNITY HEALTH CARE SYSTEMS, INC. 116 SMITH ST P O BOX 365 TENNILLE, GA 31089 (478) 552-7384



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000036582710

Process Date: 02/21/2005

Page: 3 of 5

ALLEN, PAUL E.

Date Released	Entity Name
08/12/2009	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 (954) 748-2800
12/01/2009	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
12/15/2009	SUN HEALTHCARE GROUP, INC. 101 SUN AVE. NE ATTN: SUE SMITH ALBUQUERQUE, NM 87109 (505) 468-2382
12/17/2009	STERLING MEDICAL ASSOCIATES 411 OAK ST CINCINNATI, OH 45219 (513) 984-1800
02/25/2010	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
01/03/2011	SELF-QUERIER
06/09/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853

**NPDB**P.O. Box 10832  
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Process Date: 02/21/2005

Page: 4 of 5

ALLEN, PAUL E.

Date Released	Entity Name
07/22/2011	LOCUM TENENS USA, INC. 1030 MATHESON WAY JOHNS CREEK, GA 30022 (770) 663-9988
11/30/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853
02/14/2013	THE HEALING STAFF 10100 REUNION PLACE #750 SAN ANTONIO, TX 78216 (210) 299-7623
04/19/2013	MEDCARE STAFFING, INC. 4411 SUWANEE DAM RD STE 120 SUWANEE, GA 30024 (770) 904-5012
05/13/2013	ALLIANCE RECRUITING RESOURCES 900 ROCKMEAD DRIVE, SUITE 274 KINGWOOD, TX 77339 (800) 759-8203
12/26/2014	LOCUM TENENS USA, INC. 1030 MATHESON WAY JOHNS CREEK, GA 30022 (770) 663-9988
03/05/2015	WELLCARE OF GEORGIA INC. 211 PERIMETER CENTER PKWY NE STE 800 ATLANTA, GA 30346 (813) 206-3839

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000036582710

Process Date: 02/21/2005

Page: 5 of 5

ALLEN, PAUL E.

Date Released	Entity Name
03/16/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
04/03/2015	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
04/06/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
08/24/2015	PEACH STATE HEALTH PLAN 1100 CIRCLE 75 PKWY SE STE 1100 ATLANTA, GA 30339 (678) 556-2332
08/26/2016	GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303 (404) 651-5191
11/08/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
12/01/2016	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000028051445  
Process Date: 12/09/2002  
Page: 1 of 2  
ALLEN, PAUL E**ALLEN, PAUL E****GEORGIA INSURERS INSOLVENCY POOL****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 12/04/2002****Initial Action****Basis for Initial Action**

- SETTLEMENT

- UNKNOWN

**A. REPORTING  
ENTITY**

Entity Name: GEORGIA INSURERS INSOLVENCY POOL \*

Address: 2177 FLINTSTONE DR., SUITE R

City, State, Zip: TUCKER, GA 30084

Country:

Name or Office: ROBERT KNUTSON

Title or Department: CLAIMS ADJUSTER

Telephone: (770) 621-9835 Ext. 237

Entity Internal Report Reference:

Type of Report: INITIAL

\*The reporting entity is no longer an active registrant with the NPDB. The NPDB has no additional information regarding this entity.

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

Subject Name: ALLEN, PAUL E

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address:

City, State, ZIP:

Home Address: 44 DEERLAKE DRIVE  
BOX 271

City, State, ZIP: BOLINGBROKE, GA 31004

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-8074

Professional School(s) & Year(s) of Graduation: STATE UNIVERSITY OF NEW YORK (1976)  
HARLEM HOSPITAL CENTER (1977)

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

State License Number, State of Licensure: 028490, GA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 12/09/2002

Act/Omission Code: DIAGNOSIS: WRONG DIAGNOSIS OR MISDIAGNOSIS (020)

Date of Act/Omission: 02/06/1998

Payment Date: 12/04/2002

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 175,000.00

Total Amount of Judgment or Settlement: \$ 175,000.00

Payment Result of: SETTLEMENT

Number of Practitioners for Whom Payment is Made: 1

Relationship of Entity to the Practitioner: OTHER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000028051445  
Process Date: 12/09/2002  
Page: 2 of 2  
ALLEN, PAUL E

Date of Judgment/Settlement: 12/04/2002

Adjudicative Case Number:

Adjudicative Body Name:

Court File Number:

Reporter's Description of Act or Omission: JULIE NELSON, AGE 72 DIED AS A RESULT OF A MISDIAGNOSIS  
- DEATH DUE TO BOWEL PERFERATIONReporter's Description of the Judgment or Settlement: CLAIM SETTLED WITHOUT VERDICT - COMPROMISED SETTLEMENT  
OF \$175000. GEORGIA INSOLVENCY POOL PAID \$100000  
STATUTORY LIMITS AND MISSOURI INSOLVENCY POOL PAID 75000  
ADDITIONAL ON BEHALF OF DR. ALLEN'S EMPLOYER SYNERGON.**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: 12/09/2002

Date of Most Recent Change: 12/09/2002

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**END OF REPORT**

## DISCLOSURE HISTORY

**Report Number: 5500000028051445**

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

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Date Released	Entity Name
01/10/2003	SELF-QUERIER
Date Released	Entity Name
02/04/2003	SPALDING REGIONAL HOSPITAL 601 S 8TH ST PO DRAWER V GRIFFIN, GA 30224 (770) 229-6462
Date Released	Entity Name
05/22/2003	OCONEE REGIONAL MEDICAL CENTER 821 N COBB ST MILLEDGEVILLE, GA 31061 (478) 454-3553
Date Released	Entity Name
02/08/2005	OCONEE REGIONAL MEDICAL CENTER 821 N COBB ST MILLEDGEVILLE, GA 31061 (478) 454-3553
Date Released	Entity Name
01/19/2006	UNITED EMERGENCY SERVICES, INC. 3211 SHANNON ROAD, SUITE 300 DURHAM, NC 27707 (800) 291-4020

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000028051445**Process Date:** 12/09/2002**Page:** 2 of 6

ALLEN, PAUL E

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02/22/2006	OCONEE REGIONAL MEDICAL CENTER 821 N COBB ST MILLEDGEVILLE, GA 31061 (478) 454-3553
03/07/2006	PHOEBE SUMTER MEDICAL CENTER, INC. 126 US HIGHWAY 280 W AMERICUS, GA 31719 (229) 931-1129
05/10/2006	MONROE COUNTY HOSPITAL 88 M. L. KING, JR., DRIVE FORSYTH, GA 31029 (478) 994-2521
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08/03/2006	NEW YORK STATE DEPARTMENT OF HEALTH 150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204 (518) 402-0810
05/04/2009	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (678) 218-4040

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000028051445**Process Date:** 12/09/2002**Page:** 3 of 6

ALLEN, PAUL E

Date Released	Entity Name
06/09/2009	SCHUMACHER CLINICAL PARTNERS 200 CORPORATE BLVD LAFAYETTE, LA 70508 (800) 893-9698
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07/15/2009	COMMUNITY HEALTH CARE SYSTEMS, INC. 116 SMITH ST P O BOX 365 TENNILLE, GA 31089 (478) 552-7384
08/12/2009	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 (954) 748-2800
12/01/2009	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
12/15/2009	SUN HEALTHCARE GROUP, INC. 101 SUN AVE. NE ATTN: SUE SMITH ALBUQUERQUE, NM 87109 (505) 468-2382



**NPDB**P.O. Box 10832  
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Process Date: 12/09/2002

Page: 4 of 6

ALLEN, PAUL E

Date Released	Entity Name
12/17/2009	STERLING MEDICAL ASSOCIATES 411 OAK ST CINCINNATI, OH 45219 (513) 984-1800
02/25/2010	COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA RD DOUGLAS, GA 31533 (912) 384-1900
01/03/2011	SELF-QUERIER
06/09/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853
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11/30/2011	MAXIM PHYSICIAN RESOURCES 5001 LYNDON B JOHNSON FWY STE 900 DALLAS, TX 75244 (888) 800-1853
02/14/2013	THE HEALING STAFF 10100 REUNION PLACE #750 SAN ANTONIO, TX 78216 (210) 299-7623

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000028051445  
**Process Date:** 12/09/2002  
**Page:** 5 of 6  
ALLEN, PAUL E**Date Released**

04/19/2013

**Entity Name**MEDCARE STAFFING, INC.  
4411 SUWANEE DAM RD STE 120  
SUWANEE, GA 30024  
(770) 904-5012**Date Released**

05/13/2013

**Entity Name**ALLIANCE RECRUITING RESOURCES  
900 ROCKMEAD DRIVE, SUITE 274  
KINGWOOD, TX 77339  
(800) 759-8203**Date Released**

12/26/2014

**Entity Name**LOCUM TENENS USA, INC.  
1030 MATHESON WAY  
JOHNS CREEK, GA 30022  
(770) 663-9988**Date Released**

03/05/2015

**Entity Name**WELLCARE OF GEORGIA INC.  
211 PERIMETER CENTER PKWY NE STE 800  
ATLANTA, GA 30346  
(813) 206-3839**Date Released**

03/16/2015

**Entity Name**CIGNA HEALTHCARE OF NEW HAMPSHIRE  
2 COLLEGE PARK DR  
HOOKSETT, NH 03106  
(603) 268-7514**Date Released**

04/03/2015

**Entity Name**ANTHEM, INC  
200 BRICKSTONE SQ  
ANDOVER, MA 01810  
(603) 541-2389**Date Released**

04/06/2015

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 257-3946

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000028051445**Process Date:** 12/09/2002**Page:** 6 of 6

ALLEN, PAUL E

Date Released

08/24/2015

Entity NamePEACH STATE HEALTH PLAN  
1100 CIRCLE 75 PKWY SE STE 1100  
ATLANTA, GA 30339  
(678) 556-2332Date Released

08/26/2016

Entity NameGEORGIA DEPARTMENT OF COMMUNITY HEALTH  
2 PEACHTREE ST NW FL 5  
PROVIDER ENROLLMENT  
ATLANTA, GA 30303  
(404) 651-5191Date Released

11/08/2016

Entity NameAETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 257-3946Date Released

12/01/2016

Entity Name

SELF-QUERIER