

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

5500000134888142

Process Date: 05/22/2018

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**To:** BORIS, GEORGE THEO  
  
9700 VENICE BLVD  
  
CULVER CITY, CA 90232-2717

**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**

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

**Practitioner Name:** BORIS, GEORGE THEO  
**Date of Birth:** 06/16/1945 **Gender:** MALE  
**Delivery Address:** 9700 VENICE BLVD, CULVER CITY, CA 90232-2717  
**Social Security Number:** \*\*\*-\*\*-9641 **NPI:** 1942506027  
**FEIN:** 475271209  
**License:** PHYSICIAN (MD), G27267, CA, OTOLARYNGOLOGY  
**Professional School(s):** UNIVERSITY OF TORONTO FACULTY OF MEDICINE (1970)

**B. PAYMENT INFORMATION**

**Credit Card Information:** XXXXXXXXXXXX8000 (01/2023)  
**NPDB Charge:** \$4.00 **NPDB Bill Reference Number:** N57550213  
**Transaction Date:** 05/22/2018 **Additional Paper Copies Requested:** 0

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/22/2018****The following report types have been searched:**

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

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

**ADMIRAL INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT**

**Basis for Action:** - IMPROPER PERFORMANCE

<b>Initial Action:</b>	- SETTLEMENT	<b>Date of Action:</b>	11/01/2016
<b>DCN:</b>	5500000116153103		

**AMERICAN HEALTHCARE INDEMNITY COMPANY****MEDICAL MALPRACTICE PAYMENT**

**Basis for Action:** - SURGERY: NOT OTHERWISE CLASSIFIED

<b>Initial Action:</b>	- SETTLEMENT	<b>Date of Action:</b>	08/12/2003
<b>DCN:</b>	5500000030603943		

**THE DOCTORS' COMPANY****MEDICAL MALPRACTICE PAYMENT**

**Basis for Action:** - SURGERY: NOT OTHERWISE CLASSIFIED

<b>Initial Action:</b>	- SETTLEMENT	<b>Date of Action:</b>	01/03/2002
<b>DCN:</b>	5500000024582055		

**THE DOCTORS' COMPANY****MEDICAL MALPRACTICE PAYMENT**

**Basis for Action:** - SURGERY: NOT OTHERWISE CLASSIFIED

<b>Initial Action:</b>	- SETTLEMENT	<b>Date of Action:</b>	04/28/1999
<b>DCN:</b>	5500000060559098		

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**SCPIE****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - TREATMENT: NOT OTHERWISE CLASSIFIED**Initial Action:** - SETTLEMENT**Date of Action:** 12/23/1998**DCN:** 5500000012085376**DOCTORS' COMPANY****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - SURGERY: IMPROPER PERFORMANCE OF SURGERY**Initial Action:** - SETTLEMENT**Date of Action:** 09/24/1998**DCN:** 5500000011131897

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

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BORIS, GEORGE**BORIS, GEORGE****ADMIRAL INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 11/01/2016****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING  
ENTITY**

Entity Name: ADMIRAL INSURANCE COMPANY

Address: 1000 HOWARD BLVD STE 300

City, State, Zip: MOUNT LAUREL, NJ 08054-2320

Country:

Name or Office: DENISE PADILLA

Title or Department: CLAIMS ASSISTANT

Telephone: (856) 505-8115

Entity Internal Report Reference: C146327

Type of Report: INITIAL

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

Subject Name: BORIS, GEORGE

Other Name(s) Used:

Gender: MALE

Date of Birth: 08/16/1945

Organization Name:

Work Address: 9700 VENICE BLVD

City, State, ZIP: CULVER CITY, CA 90232-2717

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-9641

Professional School(s) &amp; Year(s) of Graduation: UNIVERSITY OF TORONTO (1970)

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

State License Number, State of Licensure: G27262, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 11/15/2016

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 87,500.00

Date of This Payment: 11/01/2016

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 87,500.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 10/29/2016

Adjudicative Body Case Number: SC113028

Adjudicative Body Name: SUPERIOR COURT OF CA COUNTY OF LOS ANGELES

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BORIS, GEORGE

Court File Number:

Description of Judgment or Settlement and Any  
Conditions, Including Terms of Payment:This is the full and final settlement of a disputed  
claim.**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: \$ 87,500.00

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?: NOAmount 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: 49 YEARS

Patient's Gender: MALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient  
Presented for Treatment:Patient presented with dry eye after having upper and  
lower eyelid blepharoplasties.

Description of the Procedure Performed:

Patient elected to have a revision of his  
blepharoplasty.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 02/16/2009

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:Patient claims that after surgeries, including the one  
performed by Dr. Boris that his eyes do not close  
completely and cannot produce tears causing chronic  
dryness and irritation.**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.

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BORIS, GEORGE☐ 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: 11/15/2016

Date of Most Recent Change: 11/15/2016

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

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

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**END OF REPORT**

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**DISCLOSURE HISTORY**

Report Number: 5500000116153103

**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**

08/28/2017

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

08/29/2017

**Entity Name**HEALTH NET  
21281 BURBANK BLVD  
WOODLAND HILLS, CA 91367  
(818) 676-5566**Date Released**

09/27/2017

**Entity Name**HEALTH NET  
21281 BURBANK BLVD  
WOODLAND HILLS, CA 91367  
(818) 676-5566**Date Released**

11/01/2017

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

11/20/2017

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

**NPDB**

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BORIS, GEORGE

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Date Released

05/22/2018

Entity Name

SELF-QUERIER

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