

5500000153184263

Process Date: 10/30/2019

Page: 1 of 1

To: KAMALU, LAYNE KELIIOKALANI

1177 S 800 E

KAYSVILLE, UT 84037-4053

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.

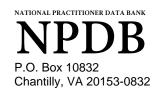
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud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

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever 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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Process Date: 10/30/2019

Date of Action:

10/21/2015

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## KAMALU, LAYNE KELIIOKALANI - SELF-QUERY RESPONSE

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

Practitioner Name: KAMALU, LAYNE KELIIOKALANI

Date of Birth: 01/26/1963 Gender: MALE

Delivery Address: 1177 S 800 E, KAYSVILLE, UT 84037-4053

 Social Security Number:
 \*\*\*-\*\*-0381
 DEA:
 BK4998982

 NPI:
 1104987916
 UPIN:
 G34786

License: PHYSICIAN (MD), 321149-1205, UT, GENERAL PRACTICE/FAMILY PRACTICE

Professional School(s): SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE (1993)

**B. PAYMENT INFORMATION** 

Credit Card Information: XXXXXXXXXXXXX2154 (06/2022)

NPDB Charge: \$4.00 NPDB Bill Reference Number: N65719961
Transaction Date: 10/30/2019 Additional Paper Copies Requested: 0

### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/30/2019

The following report types have been searched:

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

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

**UMIA INSURANCE INC** 

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO TEST EQUIPMENT

**Initial Action:** - SETTLEMENT **DCN:** 5500000101038064

**UTAH MEDICAL INSURANCE ASSN** 

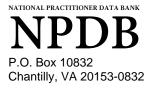
MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO ORDER APPROPRIATE TEST

Initial Action: - SETTLEMENT Date of Action: 06/05/2007

**DCN**: 5500000046564137

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



**DCN:** 5500000101038064 Process Date: 10/29/2015

**Date of Action:** 10/21/2015

Page: 1 of 3 KAMALU, LAYNE K

# KAMALU, LAYNE K

## **UMIA INSURANCE INC**

## MEDICAL MALPRACTICE PAYMENT REPORT

Basis for Initial Action

Initial Action

- FAILURE TO TEST EQUIPMENT

A. REPORTING ENTITY

- SETTLEMENT

Entity Name: UMIA INSURANCE INC

Address: 310 E 4500 S STE 600

City, State, Zip: SALT LAKE CITY, UT 84107-4246

Country:

Name or Office: JOSEPH MCFADDEN
Title or Department: CLAIM CONSULTANT

**Telephone**: (801) 531-0375

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: KAMALU, LAYNE K

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/26/1963

Organization Name:

Work Address: 120 S MAIN ST

City, State, ZIP: KAYSVILLE, UT 84037-2527

Home Address: City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-0381

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE (1993)

 ${\tt Occupation/Field\ of\ Licensure:\ \ PHYSICIAN\ \ (MD)}$ 

State License Number, State of Licensure: 321149, UT

Drug Enforcement Administration (DEA) Numbers:

 $\label{eq:hospital} \textbf{Hospital Affiliation(s):} \quad \texttt{DAVIS HOSPITAL}$ 

LAYTON, UT

C. INFORMATION REPORTED

Date of Report: 10/29/2015

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

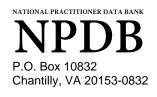
for This Practitioner: \$5,000.00 Date of This Payment: 10/21/2015

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 5,000.00

Payment Result of: SETTLEMENT



DCN: 5500000101038064 Process Date: 10/29/2015

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Date of Judgment or Settlement, if Any: 10/06/2015

Adjudicative Body Case Number:

Adjudicative Body Name: 2ND JUDICIAL CT, DAVIS CO, UTAH

Court File Number: 100700018

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: A SINGLE FINAL PAYMENT TO THE PATIENT AND HER ATTORNEY IN EXCHANGE FOR A FULL AND FINAL RELEASE OF DR. KAMALU.

### 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: \$ 5,000.00

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?: NO

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

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

Patient's Age at Time of Initial Event: 42 YEARS

Patient's Gender: FEMALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: PATIENT PRESENTED FOR ELECTIVE LASER HAIR REMOVAL.

Description of the Procedure Performed: ROUTINE HAIR REMOVAL PROCEDURE OF MONS PUBLS PERFORMED

BY ESTHETICIAN UNDER DR. KAMALU'S SUPERVISION. DEVICE

USED WAS LUMENIS LIGHTSHEER.

Nature of Allegation: EQUIPMENT/PRODUCT RELATED (080)

Specific Allegation: FAILURE TO TEST EQUIPMENT (709)

Date of Event Associated With Allegation or Incident: 01/06/2008

MINOR TEMPORARY INJURY (03)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

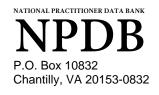
THE LASER TIP MALFUNCTIONED AND THE PATIENT RECEIVED MINOR BURNS WHICH HEALED NORMALLY. SHE CLAIMED NERVE DAMAGE. SHE ALLEGES A MANUFACTURING DEFECT AND SUED THE

MANUFACTURER AND DR. KAMALU FOR FAILING TO PROPERLY MAINTAIN THE EQUIPMENT. INSURED DENIED ALL ALLEGATIONS. AFTER 6 YEARS OF LITIGATION, THE PATIENT ACCEPTED DR.

KAMALU'S OFFER OF \$5,000.00.

D. SUBJECT **STATEMENT** 

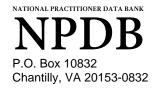
If the subject identified in Section B of this report has submitted a statement, it appears in this section.



**DCN:** 5500000101038064 Process Date: 10/29/2015

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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.
		dentified in Section B, this report is being reviewed by the Secretary of the d Human Services to determine its accuracy and/or whether it complies with ecision has been reached.
		lentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that riginal decision.
		lentified in Section B, this report was reviewed by artment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	10/29/2015
	Date of Most Recent Change:	10/29/2015
F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK		provided 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) National Provider Identifiers (NPI)	
	Occupation/Field of Licensure	
Stat	e License Number, State of Licensure	: MD60230696, WA
	The Data Bank attempted to notify attempt was unsuccessful.	the Subject Identified in Section B on 10/29/2015 at the address below, but the
	934 SOUTH MAIN LAYTON, UT 840	
This report is maintaine	d under the provisions of: Title I	V
The information contained provisions of Title IV of Potential Formation of the purpose for which	d in this report is maintained by the ublic Law 99-660, as amended, an it was disclosed. Disclosure or use	e National Practitioner Data Bank for restricted use under the ad 45 CFR Part 60. All information is confidential and may be used only the of confidential information for other purposes is a violation of federal exporting entity identified in Section A.
	EN	D OF REPORT ————————————————————————————————————



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# **DISCLOSURE HISTORY**

Report Number: 5500000101038064

## 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
10/29/2015	MDLIVE MEDICAL GROUP, PA 13630 NW 8TH ST STE 205 SUNRISE, FL 33325 (954) 446-0593
Date Released	Entity Name
10/29/2015	VETERANS EVALUATION SERVICES 2707 NORTH LOOP W STE 1000 HOUSTON, TX 77008 1713 255-5636
Date Released	Entity Name
10/29/2015	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240
Date Released	Entity Name
10/29/2015	POWELL VALLEY HEALTHCARE 777 AVENUE H POWELL, WY 82435 (307) 754-1160
Date Released	Entity Name
10/29/2015	CHG COMPANIES, INC. DBA COMPHEALTH 7259 S BINGHAM JUNCTION BLVD MIDVALE, UT 84047 (800) 930-3000



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Date Released Entity Name

10/29/2015 UNITAH BASIN MEDICAL CENTER

250 W 300 N

ROOSEVELT, UT 84066

(435) 722-6163

Date Released Entity Name

10/30/2015 WYOMING BOARD OF MEDICINE

130 HOBBS AVE STE A CHEYENNE, WY 82009

(307) 778-7053

Date Released Entity Name

11/04/2015 CARRINGTON HEALTH CENTER

800 4TH ST N PO BOX 461

CARRINGTON, ND 58421

(701) 652-7166

Date Released Entity Name

03/14/2016 WHITMAN HOSPITAL & MEDICAL CENTER

1200 W FAIRVIEW ST COLFAX, WA 99111

(509) 397-3435

Date Released Entity Name

04/29/2016 THE REGENCE GROUP

PO BOX 21267 STOP S 555

SEATTLE, WA 98111

(206) 332-2860

Date Released Entity Name

06/07/2016 STEWARD HEALTH CHOICE ARIZONA

410 N 44TH ST STE 900 PHOENIX, AZ 85008

(480) 760-4919

Date Released Entity Name

07/07/2016 SELF-QUERIER



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Date Released Entity Name

09/09/2016 MOUNTAIN VIEW REGIONAL HOSPITAL

PO BOX 51888

CASPER, WY 82605

(307) 473-6743

Date Released Entity Name

09/13/2016 BLUE CROSS BLUE SHIELD OF WYOMING

4000 HOUSE AVE

PO BOX 2266

CHEYENNE, WY 82001

(307) 432-2947

Date Released Entity Name

09/20/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

09/30/2016 SEVIER VALLEY HOSPITAL

1000 N MAIN ST

RICHFIELD, UT 84701

(435) 893-0531

Date Released Entity Name

11/29/2016 MOLINA HEALTHCARE OF UTAH

1330 N WASHINGTON ST SPOKANE, WA 99201

(509) 321-1320

Date Released Entity Name

12/20/2016 DAYTON GENERAL HOSPITAL

1012 S 3RD ST

DAYTON, WA 99328

(509) 382-2531

Date Released Entity Name

01/21/2017 SANFORD HEALTH PLAN

900 E 54TH ST N

SIOUX FALLS, SD 57104

(605) 312-7603



**DCN:** 5500000101038064 Process Date: 10/29/2015

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Date Released Entity Name

02/03/2017 UNITEDHEALTHCARE NATIONAL CREDENTIALING

5900 PARKWOOD PL DUBLIN, OH 43016

(614) 698-5927

Date Released Entity Name

05/02/2017 NORTH VALLEY HOSPITAL

203 S WESTERN AVE TONASKET, WA 98855

(509) 486-3182

Date Released Entity Name

06/01/2017 LINCOLN HOSPITAL

10 NICHOLLS ST

DAVENPORT, WA 99122

(509) 725-2979

Date Released Entity Name

07/05/2017 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

07/05/2017 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704

Date Released Entity Name

07/05/2017 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

07/12/2017 HUMANA HEALTH PLANS INC

101 E MAIN ST

LOUISVILLE, KY 40202

(513) 826-7169



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Date Released Entity Name

07/24/2017 CASCADE MEDICAL CENTER

817 COMMERCIAL ST

LEAVENWORTH, WA 98826

(509) 548-3431

Date Released Entity Name

08/08/2017 JACKSON & COKER MEDICAL GROUP

3000 OLD ALABAMA RD STE 119-608

ALPHARETTA, GA 30022

(678) 690-7240

Date Released Entity Name

08/14/2017 FUSION HEALTHCARE STAFFING L.L.C

PO BOX 1865

SANDY, UT 84091

(801) 784-1361

Date Released Entity Name

08/28/2017 SELF-QUERIER

Date Released Entity Name

08/28/2017 MSI SYSTEMS CORP.

23 VREELAND RD STE 210 FLORHAM PARK, NJ 07932

(973) 301-2100

Date Released Entity Name

08/29/2017 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

08/29/2017 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403

(801) 387-3704



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Date Released Entity Name

08/29/2017 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

08/29/2017 SEVIER VALLEY HOSPITAL

1000 N MAIN ST

RICHFIELD, UT 84701

(435) 893-0531

Date Released Entity Name

09/27/2017 DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR LAYTON, UT 84041

(801) 807-7009

Date Released Entity Name

11/28/2017 MOLINA HEALTHCARE OF UTAH

1330 N WASHINGTON ST SPOKANE, WA 99201

(509) 321-1320

Date Released Entity Name

12/06/2017 LOCUMTENENS.COM, LLC

2655 NORTHWINDS PKWY ALPHARETTA, GA 30009

(770) 643-5625

Date Released Entity Name

12/28/2017 WYOMING BOARD OF MEDICINE

130 HOBBS AVE STE A CHEYENNE, WY 82009

(307) 778-7053

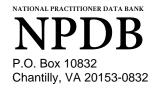
Date Released Entity Name

01/25/2018 MEMORIAL HOSPITAL OF CARBON COUNTY

PO BOX 460

2221 W ELM STREET RAWLINS, WY 82301

(307) 324-2221



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Date Released	Entity Name
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03/09/2018 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

03/22/2018 VISTA HEALTHCARE PARTNERS, INC.

1735 N BROWN RD

**SUTE 200** 

LAWRENCEVILLE, GA 30043

(770) 362-1036

Date Released Entity Name

04/16/2018 FIRST CHOICE OF THE MIDWEST, INC

PO BOX 5078

SIOUX FALLS, SD 57117

(605) 332-5955

Date Released Entity Name

04/17/2018 FIRST CHOICE HEALTH NETWORK, INC

600 UNIVERSITY ST STE 1400

SEATTLE, WA 98101

(206) 268-2303

Date Released Entity Name

05/16/2018 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

05/28/2018 FILLMORE COMMUNITY HOSPITAL

674 S HIGHWAY 99 FILLMORE, UT 84631

(435) 864-1512

Date Released Entity Name

06/29/2018 STEWARD HEALTH CARE SYSTEM LLC

1900 N PEARL ST STE 2400

DALLAS, TX 75201

(469) 341-8906



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Date Released Entity Name

08/15/2018 VETERANS EVALUATION SERVICES

2707 NORTH LOOP W STE 1000

HOUSTON, TX 77008

1713 255-5636

Date Released Entity Name

08/20/2018 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

08/27/2018 LAYTON HOSPITAL

201 W LAYTON PKWY LAYTON, UT 84041

(801) 543-6702

Date Released Entity Name

04/01/2019 FILLMORE COMMUNITY HOSPITAL

674 S HIGHWAY 99 FILLMORE, UT 84631

(435) 864-1512

Date Released Entity Name

04/01/2019 HEALTH CHOICE UTAH

410 N 44TH ST STE 900 PHOENIX, AZ 85008

(480) 760-4834

Date Released Entity Name

04/25/2019 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

06/17/2019 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512



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Date Released Entity Name

06/17/2019 LAYTON HOSPITAL

201 W LAYTON PKWY LAYTON, UT 84041

(801) 543-6702

Date Released Entity Name

06/17/2019 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403

(801) 387-3704

Date Released Entity Name

06/17/2019 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

06/17/2019 SEVIER VALLEY HOSPITAL

1000 N MAIN ST

RICHFIELD, UT 84701

(435) 893-0531

Date Released Entity Name

06/24/2019 JACKSON & COKER MEDICAL GROUP

3000 OLD ALABAMA RD STE 119-608

ALPHARETTA, GA 30022

(678) 690-7240

Date Released Entity Name

07/19/2019 WESTON COUNTY HEALTH SERVICES

1124 WASHINGTON BOULEVARD

NEWCASTLE, WY 82701

(307) 746-3727

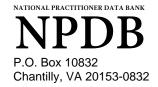
Date Released Entity Name

08/07/2019 CHG COMPANIES, INC. DBA COMPHEALTH

7259 S BINGHAM JUNCTION BLVD

MIDVALE, UT 84047

(800) 930-3000



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Date Released Entity Name

09/06/2019 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

09/17/2019 BLUE CROSS BLUE SHIELD OF WYOMING

4000 HOUSE AVE PO BOX 2266

CHEYENNE, WY 82001

(307) 432-2947

Date Released Entity Name

09/24/2019 DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR LAYTON, UT 84041

(801) 807-7009

Date Released Entity Name

09/28/2019 WESTON COUNTY HEALTH SERVICES

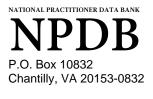
1124 WASHINGTON BOULEVARD

NEWCASTLE, WY 82701

(307) 746-3727

Date Released Entity Name

10/30/2019 SELF-QUERIER



**DCN:** 5500000046564137 Process Date: 06/06/2007

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# KAMALU, LAYNE K

## **UMIA INSURANCE INC**

## MEDICAL MALPRACTICE PAYMENT REPORT

**Basis for Initial Action** 

**Date of Action:** 06/05/2007

**Initial Action** 

- FAILURE TO ORDER APPROPRIATE TEST

A. REPORTING ENTITY

- SETTLEMENT

Entity Name: UTAH MEDICAL INSURANCE ASSN \*

Address: 310 EAST 4500 SOUTH, SUITE 550

City, State, Zip: SALT LAKE CITY, UT 84107

Country:

Name or Office: KEITH B. NAGEL, CPCU
Title or Department: CLAIMS INVESTIGATOR

Telephone: (801) 531-0375

Entity Internal Report Reference: u11608-1

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 04/01/2019:

Entity Name: UMIA INSURANCE INC

Address: 310 E 4500 S STE 600

City, State, Zip: SALT LAKE CITY, UT 84107-4246

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: KAMALU, LAYNE K

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/26/1963

Organization Name:

Work Address: 934 SOUTH MAIN ST. City, State, ZIP: LAYTON, UT 84041

Home Address: City, State, ZIP:

, Otato, 211 .

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE (1993)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 321149, UT

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 06/06/2007

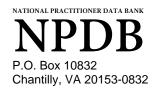
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER** 

Amount of This Payment

for This Practitioner: \$ 40,000.00



DCN: 5500000046564137 Process Date: 06/06/2007

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Date of This Payment: 06/05/2007

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 40,000.00 Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 06/04/2007

Adjudicative Body Case Number: Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: SETTLEMENT AT MEDIATION

#### 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: \$ 212,500.00

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 2

### PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund: Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

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

Patient's Age at Time of Initial Event: 35 YEARS

Patient's Gender: FEMALE Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: REPEATED VISITS FOR HEMATURIA.

Description of the Procedure Performed: EXAMINATION AND LAB TESTS.

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: FAILURE TO ORDER APPROPRIATE TEST (108)

Date of Event Associated With Allegation or Incident: 05/19/2005

Outcome: MINOR PERMANENT INJURY (05)

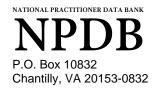
Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: DIAGNOSIS OF KIDNEY STONES WITHOUT CT SCAN. STRICTURE

LATER IDENTIFIED, RESULTING IN LOSS OF 75% FUNCTION OF

ONE KIDNEY.

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.



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 3 of 3 KAMALU, LAYNE K

	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. nan Services and a decision was reached. The subject has requested that riginal decision.
	entified in Section B, this report was reviewed by rtment of Health and Human Services. The Secretary's decision
Date of Original Submission:	06/06/2007
Date of Most Recent Change:	06/06/2007

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

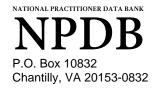
The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Social Security Numbers (SSN): \*\*\*-\*\*-0381
National Provider Identifiers (NPI): 1104987916
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: MD60230696, WA

## 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 —



**DCN:** 5500000046564137 Process Date: 06/06/2007

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# **DISCLOSURE HISTORY**

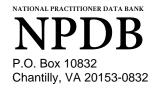
Report Number: 5500000046564137

## 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
07/20/2007	THE REGENCE GROUP PO BOX 21267 STOP S 555 SEATTLE, WA 98111 (206) 332-2860
Date Released	Entity Name
07/31/2007	MOLINA HEALTHCARE OF UTAH 1330 N WASHINGTON ST SPOKANE, WA 99201 (509) 321-1320
Date Released	Entity Name
10/09/2007	DAVIS HOSPITAL AND MEDICAL CENTER 1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009
Date Released	Entity Name
11/02/2007	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704
Date Released	Entity Name
11/05/2007	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 2 of 25 KAMALU, LAYNE K

Date Released Entity Name

01/31/2008 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

08/01/2008 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

Date Released Entity Name

09/19/2008 MOUNTAIN DIVISION - CVH LLC

2380 N 400 E ADMINISTRATION

NORTH LOGAN, UT 84341

(601) 906-0152

Date Released Entity Name

10/14/2008 WHITAKER MEDICAL

INFORMATION SERVICES

1200 ENCLAVE PARKWAY, SUITE 200

HOUSTON, TX 77077

(281) 870-1000

Date Released Entity Name

10/30/2008 SELF-QUERIER

Date Released Entity Name

11/07/2008 SAGE MEMORIAL HOSPITAL

PO BOX 457

GANADO, AZ 86505

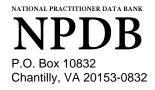
(928) 755-4552

Date Released Entity Name

11/12/2008 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 3 of 25 KAMALU, LAYNE K

Date Released Entity Name

11/17/2008 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000

PHOENIX, AZ 85007

(480) 551-2700

Date Released Entity Name

12/01/2008 WYOMING BOARD OF MEDICINE

130 HOBBS AVE STE A CHEYENNE, WY 82009

(307) 778-7053

Date Released Entity Name

12/16/2008 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000

PHOENIX, AZ 85007

(480) 551-2700

Date Released Entity Name

12/22/2008 GOVERNMENT EMPLOYEES HEALTH ASSOC. INC

CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086

(816) 257-5500

Date Released Entity Name

12/22/2008 VISTA HEALTHCARE PARTNERS, INC.

1735 N BROWN RD

**SUTE 200** 

LAWRENCEVILLE, GA 30043

(770) 362-1036

Date Released Entity Name

12/23/2008 SELF-QUERIER

Date Released Entity Name

02/06/2009 SAGE MEMORIAL HOSPITAL

PO BOX 457

GANADO, AZ 86505

(928) 755-4552



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 4 of 25 KAMALU, LAYNE K

03/13/2009 ALTIUS HEALTH PLANS

10421 SO. JORDAN GATEWAY, #400

SOUTH JORDAN, UT 84095

(801) 933-3702

Date Released Entity Name

04/21/2009 QTC MEDICAL GROUP, INC

21700 COPLEY DR STE 200 DIAMOND BAR, CA 91765

(800) 260-1515

Date Released Entity Name

05/05/2009 UNITAH BASIN MEDICAL CENTER

250 W 300 N

ROOSEVELT, UT 84066

(435) 722-6163

Date Released Entity Name

06/12/2009 VISTA HEALTHCARE PARTNERS, INC.

1735 N BROWN RD

**SUTE 200** 

LAWRENCEVILLE, GA 30043

(770) 362-1036

Date Released Entity Name

07/02/2009 HUMANA HEALTH PLANS INC

101 E MAIN ST

LOUISVILLE, KY 40202

(513) 826-7169

Date Released Entity Name

07/15/2009 MOLINA HEALTHCARE OF WASHINGTON, INC

1330 N WASHINGTON ST STE 4000

SPOKANE, WA 99201

(509) 321-1322

Date Released Entity Name

08/13/2009 SELF-QUERIER



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Page: 5 of 25 KAMALU, LAYNE K

Date Released Entity Name

09/09/2009 DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009

Date Released Entity Name

10/15/2009 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

10/29/2009 UNIVERSITY OF UTAH HOSPITALS AND CLINICS

6053 S FASHION SQUARE DR STE 110

MURRAY, UT 84107

(801) 587-2769

Date Released Entity Name

12/07/2009 JACKSON & COKER MEDICAL GROUP

3000 OLD ALABAMA RD STE 119-608

ALPHARETTA, GA 30022

(678) 690-7240

Date Released Entity Name

01/19/2010 STERLING HEALTH PLANS

7100 COMMERCE WAY

**SUITE 285** 

BRENTWOOD, TN 37027

(360) 392-9406

Date Released Entity Name

01/22/2010 MEMORIAL HOSPITAL OF CARBON COUNTY

**PO BOX 460** 

2221 W ELM STREET RAWLINS, WY 82301

(307) 324-2221

Date Released Entity Name

01/26/2010 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403

(801) 387-3704



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 6 of 25 KAMALU, LAYNE K

Date Released Entity Name

01/26/2010 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

02/23/2010 SAGE MEMORIAL HOSPITAL

PO BOX 457

GANADO, AZ 86505

(928) 755-4552

Date Released Entity Name

04/20/2010 WHITE MOUNTAIN REGIONAL MEDICAL CENTER

118 S MOUNTAIN AVE

SPRINGERVILLE, AZ 85938

(928) 333-7133

Date Released Entity Name

06/10/2010 THE REGENCE GROUP

PO BOX 21267 STOP S 555

SEATTLE, WA 98111

(206) 332-2860

Date Released Entity Name

09/21/2010 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

09/30/2010 NOVASOM

801 CROMWELL PARK DR STE 108

GLEN BURNIE, MD 21061

(410) 590-0443

Date Released Entity Name

10/15/2010 MOLINA HEALTHCARE OF WASHINGTON, INC

1330 N WASHINGTON ST STE 4000

SPOKANE, WA 99201

(509) 321-1322



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 7 of 25 KAMALU, LAYNE K

Date Released Entity Name

10/21/2010 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

10/22/2010 UNITAH BASIN MEDICAL CENTER

250 W 300 N

ROOSEVELT, UT 84066

(435) 722-6163

Date Released Entity Name

10/28/2010 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

10/29/2010 CHG COMPANIES, INC. DBA COMPHEALTH

7259 S BINGHAM JUNCTION BLVD

MIDVALE, UT 84047

(800) 930-3000

Date Released Entity Name

11/18/2010 IMAGINE HEALTH

6995 S UNION PARK CTR STE 140 COTTONWOOD HEIGHTS, UT 84047

(801) 566-6128

Date Released Entity Name

11/22/2010 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

Date Released Entity Name

01/24/2011 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 8 of 25 KAMALU, LAYNE K

Date Released Entity Name

04/05/2011 BEAR RIVER HOSPITAL

905 N 1000 W

TREMONTON, UT 84337

(435) 207-4701

Date Released Entity Name

04/20/2011 JACKSON & COKER MEDICAL GROUP

3000 OLD ALABAMA RD STE 119-608

ALPHARETTA, GA 30022

(678) 690-7240

Date Released Entity Name

05/03/2011 US PHS HOSPITAL - HOPI HEALTH CARE CENTE

**HIGHWAY 264, MP 388** 

P.O. BOX 4000

POLACCA, AZ 86042

(928) 737-6000

Date Released Entity Name

05/25/2011 DESERET MUTUAL BENEFIT ADMINISTRATORS

150 E SOCIAL HALL AVE STE 170 SALT LAKE CITY, UT 84111

(800) 777-3622

Date Released Entity Name

05/27/2011 WASHINGTON STATE DEPARTMENT OF HEALTH

111 ISRAEL RD SE PO BOX 47860

TUMWATER, WA 98501

(360) 236-4936

Date Released Entity Name

06/01/2011 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

06/10/2011 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000

PHOENIX, AZ 85007

(480) 551-2700



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Page: 9 of 25 KAMALU, LAYNE K

Date Released Entity Name

06/29/2011 WYOMING BOARD OF MEDICINE

130 HOBBS AVE STE A CHEYENNE, WY 82009

(307) 778-7053

Date Released Entity Name

07/05/2011 OAKES COMMUNITY HOSPITAL

1200 N 7TH ST OAKES, ND 58474 (701) 742-3291

Date Released Entity Name

07/14/2011 MDLIVE MEDICAL GROUP, PA

13630 NW 8TH ST STE 205 SUNRISE, FL 33325

(954) 446-0593

Date Released Entity Name

07/18/2011 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

07/18/2011 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704

Date Released Entity Name

08/01/2011 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

08/03/2011 COMMUNITY HOSPITAL

2000 CAMPBELL DR

TORRINGTON, WY 82240

(307) 534-7138



**DCN:** 5500000046564137 Process Date: 06/06/2007

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Date Released Entity Name

09/06/2011 NORTH VALLEY HOSPITAL

203 S WESTERN AVE TONASKET, WA 98855

(509) 486-3182

Date Released Entity Name

09/19/2011 FIRST CHOICE OF THE MIDWEST, INC

PO BOX 5078

SIOUX FALLS, SD 57117

(605) 332-5955

Date Released Entity Name

09/28/2011 DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR LAYTON, UT 84041

(801) 807-7009

Date Released Entity Name

11/28/2011 WINHEALTH PARTNERS

1200 E 20TH ST STE A CHEYENNE, WY 82001

(800) 868-7670

Date Released Entity Name

12/28/2011 SAGE MEMORIAL HOSPITAL

PO BOX 457

GANADO, AZ 86505

(928) 755-4552

Date Released Entity Name

01/05/2012 ALTIUS HEALTH PLANS

10421 SO. JORDAN GATEWAY, #400

SOUTH JORDAN, UT 84095

(801) 933-3702

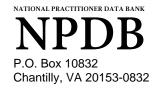
Date Released Entity Name

02/03/2012 HUMANA HEALTH PLANS INC

101 E MAIN ST

LOUISVILLE, KY 40202

(513) 826-7169



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 11 of 25 KAMALU, LAYNE K

Date Released Entity Name

08/29/2012 NORTH VALLEY HOSPITAL

203 S WESTERN AVE TONASKET, WA 98855

(509) 486-3182

Date Released Entity Name

09/06/2012 VISTA HEALTHCARE PARTNERS, INC.

1735 N BROWN RD

**SUTE 200** 

LAWRENCEVILLE, GA 30043

(770) 362-1036

Date Released Entity Name

09/25/2012 COMMUNITY HOSPITAL

2000 CAMPBELL DR

TORRINGTON, WY 82240

(307) 534-7138

Date Released Entity Name

10/05/2012 UNIVERSITY OF UTAH HOSPITALS AND CLINICS

6053 S FASHION SQUARE DR STE 110

MURRAY, UT 84107

(801) 587-2769

Date Released Entity Name

01/31/2013 MCKENZIE COUNTY HEALTHCARE SYSTEMS

709 4TH AVE NE

WATFORD CITY, ND 58854

(701) 842-7125

Date Released Entity Name

02/26/2013 MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PO BOX 1359

MEDICAL STAFF SERVICES OFFICE

ROCK SPRINGS, WY 82902

(307) 352-8334

Date Released Entity Name

04/29/2013 THE REGENCE GROUP

PO BOX 21267 STOP S 555

SEATTLE, WA 98111

(206) 332-2860



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 12 of 25 KAMALU, LAYNE K

Date Released Entity Name

05/10/2013 SELF-QUERIER

Date Released Entity Name

05/16/2013 IDAHO STATE BOARD OF MEDICINE

345 W BOBWHITE CT STE 150

BOISE, ID 83706 (208) 577-2507

Date Released Entity Name

05/30/2013 JACKSON & COKER MEDICAL GROUP

3000 OLD ALABAMA RD STE 119-608

ALPHARETTA, GA 30022

(678) 690-7240

Date Released Entity Name

06/04/2013 WINHEALTH PARTNERS

1200 E 20TH ST STE A CHEYENNE, WY 82001

(800) 868-7670

Date Released Entity Name

06/10/2013 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

06/10/2013 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403

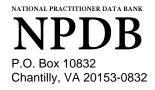
(801) 387-3704

Date Released Entity Name

06/11/2013 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840



**DCN:** 5500000046564137 Process Date: 06/06/2007

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Date Released Entity Name

07/10/2013 BINGHAM MEMORIAL HOSPITAL

98 POPLAR ST

MEDICAL STAFF OFFICE BLACKFOOT, ID 83221

(208) 785-3896

Date Released Entity Name

07/10/2013 STEWARD HEALTH CHOICE ARIZONA

410 N 44TH ST STE 900 PHOENIX, AZ 85008

(480) 760-4919

Date Released Entity Name

09/06/2013 VETERANS EVALUATION SERVICES

2707 NORTH LOOP W STE 1000

HOUSTON, TX 77008

1713 255-5636

Date Released Entity Name

09/30/2013 DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR LAYTON, UT 84041

(801) 807-7009

Date Released Entity Name

10/30/2013 MOUNTRAIL COUNTY MEDICAL CENTER

PO BOX 399 615 6TH ST SE

STANLEY, ND 58784

(701) 628-2424

Date Released Entity Name

02/13/2014 WA DEPARTMENT OF LABOR AND INDUSTRIES

7273 LINDERSON WAY SW

PO BOX 44322

TUMWATER, WA 98501

(360) 902-6593



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 14 of 25 KAMALU, LAYNE K

Date Released Entity Name

02/26/2014 DOCTOR ON DEMAND

275 BATTERY ST STE 650 SAN FRANCISCO, CA 94111

(415) 902-1333

Date Released Entity Name

03/20/2014 IMAGINE HEALTH

6995 S UNION PARK CTR STE 140 COTTONWOOD HEIGHTS, UT 84047

(801) 566-6128

Date Released Entity Name

03/31/2014 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

04/16/2014 WYOMING BOARD OF MEDICINE

130 HOBBS AVE STE A CHEYENNE, WY 82009

(307) 778-7053

Date Released Entity Name

07/01/2014 QTC MEDICAL GROUP, INC

21700 COPLEY DR STE 200 DIAMOND BAR, CA 91765

(800) 260-1515

Date Released Entity Name

09/25/2014 BINGHAM MEMORIAL HOSPITAL

98 POPLAR ST

MEDICAL STAFF OFFICE BLACKFOOT, ID 83221

(208) 785-3896

Date Released Entity Name

12/04/2014 HUMANA HEALTH PLANS INC

101 E MAIN ST

LOUISVILLE, KY 40202

(513) 826-7169



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 15 of 25 KAMALU, LAYNE K

Date Released Entity Name

02/09/2015 MDLIVE MEDICAL GROUP, PA

13630 NW 8TH ST STE 205

SUNRISE, FL 33325

(954) 446-0593

Date Released Entity Name

02/12/2015 NORTH VALLEY HOSPITAL

203 S WESTERN AVE TONASKET, WA 98855

(509) 486-3182

Date Released Entity Name

05/15/2015 JACKSON & COKER MEDICAL GROUP

3000 OLD ALABAMA RD STE 119-608

ALPHARETTA, GA 30022

(678) 690-7240

Date Released Entity Name

06/11/2015 POWELL VALLEY HEALTHCARE

777 AVENUE H

POWELL, WY 82435

(307) 754-1160

Date Released Entity Name

06/12/2015 MOUNTRAIL COUNTY MEDICAL CENTER

PO BOX 399 615 6TH ST SE

STANLEY, ND 58784

(701) 628-2424

Date Released Entity Name

07/13/2015 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

07/13/2015 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403

(801) 387-3704



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 16 of 25 KAMALU, LAYNE K

Date Released Entity Name

07/13/2015 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

07/24/2015 CHG COMPANIES, INC. DBA COMPHEALTH

7259 S BINGHAM JUNCTION BLVD

MIDVALE, UT 84047

(800) 930-3000

Date Released Entity Name

07/25/2015 OKANOGAN DOUGLAS DISTRICT HOSPITAL

**PO BOX 577** 

BREWSTER, WA 98812

(509) 645-3397

Date Released Entity Name

07/28/2015 UNITAH BASIN MEDICAL CENTER

250 W 300 N

ROOSEVELT, UT 84066

(435) 722-6163

Date Released Entity Name

08/17/2015 BINGHAM MEMORIAL HOSPITAL

98 POPLAR ST

MEDICAL STAFF OFFICE BLACKFOOT, ID 83221

(208) 785-3896

Date Released Entity Name

10/02/2015 DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR LAYTON, UT 84041

(801) 807-7009

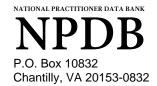
Date Released Entity Name

10/22/2015 UNIVERSITY OF UTAH HOSPITALS AND CLINICS

6053 S FASHION SQUARE DR STE 110

MURRAY, UT 84107

(801) 587-2769



**DCN:** 5500000046564137 Process Date: 06/06/2007

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Date Released Entity Name

11/04/2015 CARRINGTON HEALTH CENTER

800 4TH ST N PO BOX 461

CARRINGTON, ND 58421

(701) 652-7166

Date Released Entity Name

03/14/2016 WHITMAN HOSPITAL & MEDICAL CENTER

1200 W FAIRVIEW ST COLFAX, WA 99111

(509) 397-3435

Date Released Entity Name

04/29/2016 THE REGENCE GROUP

PO BOX 21267 STOP S 555

SEATTLE, WA 98111

(206) 332-2860

Date Released Entity Name

06/07/2016 STEWARD HEALTH CHOICE ARIZONA

410 N 44TH ST STE 900 PHOENIX, AZ 85008

(480) 760-4919

Date Released Entity Name

07/07/2016 SELF-QUERIER

Date Released Entity Name

09/09/2016 MOUNTAIN VIEW REGIONAL HOSPITAL

PO BOX 51888

CASPER, WY 82605

(307) 473-6743

Date Released Entity Name

09/13/2016 BLUE CROSS BLUE SHIELD OF WYOMING

4000 HOUSE AVE PO BOX 2266

CHEYENNE, WY 82001

(307) 432-2947



**DCN:** 5500000046564137 Process Date: 06/06/2007

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Date Released Entity Name

09/20/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

09/30/2016 SEVIER VALLEY HOSPITAL

1000 N MAIN ST

RICHFIELD, UT 84701

(435) 893-0531

Date Released Entity Name

11/29/2016 MOLINA HEALTHCARE OF UTAH

1330 N WASHINGTON ST SPOKANE, WA 99201

(509) 321-1320

Date Released Entity Name

12/20/2016 DAYTON GENERAL HOSPITAL

1012 S 3RD ST

DAYTON, WA 99328

(509) 382-2531

Date Released Entity Name

01/21/2017 SANFORD HEALTH PLAN

900 E 54TH ST N

SIOUX FALLS, SD 57104

(605) 312-7603

Date Released Entity Name

02/03/2017 UNITEDHEALTHCARE NATIONAL CREDENTIALING

5900 PARKWOOD PL DUBLIN, OH 43016

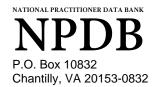
(614) 698-5927

Date Released Entity Name

05/02/2017 NORTH VALLEY HOSPITAL

203 S WESTERN AVE TONASKET, WA 98855

(509) 486-3182



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 19 of 25 KAMALU, LAYNE K

Date Released Entity Name

06/01/2017 LINCOLN HOSPITAL

10 NICHOLLS ST

DAVENPORT, WA 99122

(509) 725-2979

Date Released Entity Name

07/05/2017 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

07/05/2017 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704

Date Released Entity Name

07/05/2017 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

07/12/2017 HUMANA HEALTH PLANS INC

101 E MAIN ST

LOUISVILLE, KY 40202

(513) 826-7169

Date Released Entity Name

07/24/2017 CASCADE MEDICAL CENTER

817 COMMERCIAL ST

LEAVENWORTH, WA 98826

(509) 548-3431

Date Released Entity Name

08/08/2017 JACKSON & COKER MEDICAL GROUP

3000 OLD ALABAMA RD STE 119-608

ALPHARETTA, GA 30022

(678) 690-7240



**DCN:** 5500000046564137 Process Date: 06/06/2007

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Date Released Entity Name

08/14/2017 FUSION HEALTHCARE STAFFING L.L.C

PO BOX 1865

SANDY, UT 84091 (801) 784-1361

Date Released Entity Name

08/28/2017 SELF-QUERIER

Date Released Entity Name

08/28/2017 MSI SYSTEMS CORP.

23 VREELAND RD STE 210 FLORHAM PARK, NJ 07932

(973) 301-2100

Date Released Entity Name

08/29/2017 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

08/29/2017 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704

Date Released Entity Name

08/29/2017 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

08/29/2017 SEVIER VALLEY HOSPITAL

1000 N MAIN ST

RICHFIELD, UT 84701

(435) 893-0531



**DCN:** 5500000046564137 Process Date: 06/06/2007

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Date Released Entity Name

09/27/2017 DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR LAYTON, UT 84041

(801) 807-7009

Date Released Entity Name

11/28/2017 MOLINA HEALTHCARE OF UTAH

1330 N WASHINGTON ST SPOKANE, WA 99201

(509) 321-1320

Date Released Entity Name

12/06/2017 LOCUMTENENS.COM, LLC

2655 NORTHWINDS PKWY ALPHARETTA, GA 30009

(770) 643-5625

Date Released Entity Name

12/28/2017 WYOMING BOARD OF MEDICINE

130 HOBBS AVE STE A CHEYENNE, WY 82009

(307) 778-7053

Date Released Entity Name

01/25/2018 MEMORIAL HOSPITAL OF CARBON COUNTY

PO BOX 460

2221 W ELM STREET RAWLINS, WY 82301

(307) 324-2221

Date Released Entity Name

03/09/2018 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

03/22/2018 VISTA HEALTHCARE PARTNERS, INC.

1735 N BROWN RD

**SUTE 200** 

LAWRENCEVILLE, GA 30043

(770) 362-1036



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 22 of 25 KAMALU, LAYNE K

Date Released Entity Name

04/16/2018 FIRST CHOICE OF THE MIDWEST, INC

PO BOX 5078

SIOUX FALLS, SD 57117

(605) 332-5955

Date Released Entity Name

04/17/2018 FIRST CHOICE HEALTH NETWORK, INC

600 UNIVERSITY ST STE 1400

SEATTLE, WA 98101

(206) 268-2303

Date Released Entity Name

05/16/2018 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

05/28/2018 FILLMORE COMMUNITY HOSPITAL

674 S HIGHWAY 99 FILLMORE, UT 84631

(435) 864-1512

Date Released Entity Name

06/29/2018 STEWARD HEALTH CARE SYSTEM LLC

1900 N PEARL ST STE 2400

DALLAS, TX 75201

(469) 341-8906

Date Released Entity Name

08/15/2018 VETERANS EVALUATION SERVICES

2707 NORTH LOOP W STE 1000

HOUSTON, TX 77008

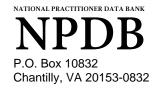
1713 255-5636

Date Released Entity Name

08/20/2018 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 23 of 25 KAMALU, LAYNE K

Date Released Entity Name

08/27/2018 LAYTON HOSPITAL

201 W LAYTON PKWY LAYTON, UT 84041

(801) 543-6702

Date Released Entity Name

04/01/2019 FILLMORE COMMUNITY HOSPITAL

674 S HIGHWAY 99 FILLMORE, UT 84631

(435) 864-1512

Date Released Entity Name

04/01/2019 HEALTH CHOICE UTAH

410 N 44TH ST STE 900 PHOENIX, AZ 85008

(480) 760-4834

Date Released Entity Name

04/25/2019 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

06/17/2019 DELTA COMMUNITY HOSPITAL

126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

Date Released Entity Name

06/17/2019 LAYTON HOSPITAL

201 W LAYTON PKWY LAYTON, UT 84041

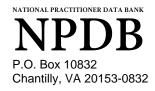
(801) 543-6702

Date Released Entity Name

06/17/2019 MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD OGDEN, UT 84403

(801) 387-3704



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 24 of 25 KAMALU, LAYNE K

Date Released Entity Name

06/17/2019 SELECTHEALTH

36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111

(801) 442-2840

Date Released Entity Name

06/17/2019 SEVIER VALLEY HOSPITAL

1000 N MAIN ST

RICHFIELD, UT 84701

(435) 893-0531

Date Released Entity Name

06/24/2019 JACKSON & COKER MEDICAL GROUP

3000 OLD ALABAMA RD STE 119-608

ALPHARETTA, GA 30022

(678) 690-7240

Date Released Entity Name

07/19/2019 WESTON COUNTY HEALTH SERVICES

1124 WASHINGTON BOULEVARD

NEWCASTLE, WY 82701

(307) 746-3727

Date Released Entity Name

08/07/2019 CHG COMPANIES, INC. DBA COMPHEALTH

7259 S BINGHAM JUNCTION BLVD

MIDVALE, UT 84047

(800) 930-3000

Date Released Entity Name

09/06/2019 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

09/17/2019 BLUE CROSS BLUE SHIELD OF WYOMING

4000 HOUSE AVE PO BOX 2266

CHEYENNE, WY 82001

(307) 432-2947



**DCN:** 5500000046564137 Process Date: 06/06/2007

Page: 25 of 25 KAMALU, LAYNE K

Date Released Entity Name

09/24/2019 DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR LAYTON, UT 84041

(801) 807-7009

Date Released Entity Name

09/28/2019 WESTON COUNTY HEALTH SERVICES

1124 WASHINGTON BOULEVARD

NEWCASTLE, WY 82701

(307) 746-3727

Date Released Entity Name

10/30/2019 SELF-QUERIER