

NATIONAL PRACTITIONER DATA BANK

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

5500000128459079

Process Date: 10/17/2017

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**To:** BUTLER, DAN EDWARD  
PO BOX 130  
DERIDDER, LA 70634-0130

**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**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10632  
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**BUTLER, DAN EDWARD - SELF-QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is in fact the subject of interest)**

Practitioner Name: BUTLER, DAN EDWARD  
 Date of Birth: 11/12/1946 Gender: MALE  
 Delivery Address: PO BOX 130, DERIDDER, LA 70634-0130  
 Social Security Number: \*\*\*-\*\*-4062 DEA: AB8189107  
 NPI: 1497821367  
 License: PHYSICIAN (MD), 14289R, LA, ORTHOPEDIC SURGERY  
 Professional School(s): UNIVERSITY OF OKLAHOMA (1977)

**B. PAYMENT INFORMATION**

Credit Card Information: XXXXXXXXXXXX2638 (09/2018)  
 NPDB Charge: \$4.00\* NPDB Bill Reference Number: N54641657  
 \* Each charge will appear separately on your credit card statement.  
 Transaction Date: 10/17/2017 Additional Paper Copies Requested: 0

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/17/2017****The following report types have been searched:**

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

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

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
 DCN: 5500000088029648

Date of Action: 02/28/2014

**PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: WRONG EQUIPMENT

DCN: 5500000068316436

Date of Action: 11/12/2010

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
 DCN: 5500000064945105

Date of Action: 10/13/2010

NATIONAL PRACTITIONER DATA BANK

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**PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER MANAGEMENT

DCN: 5500000068317951

Date of Action: 06/09/2010

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 5500000062451938

Date of Action: 05/25/2010

**PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER TECHNIQUE

DCN: 5500000062569458

Date of Action: 05/24/2010

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER MANAGEMENT

Initial Action: - SETTLEMENT  
DCN: 5500000061531115

Date of Action: 03/29/2010

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 5500000055411931

Date of Action: 02/19/2009

**PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT  
DCN: 5500000054412138

Date of Action: 11/17/2008

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT  
DCN: 5500000053931734

Date of Action: 10/31/2008



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**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - DELAY IN DIAGNOSIS

Initial Action: - SETTLEMENT  
DCN: 5500000052866035

Date of Action: 08/18/2008

**PATIENTS' COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 5500000038519312

Date of Action: 07/29/2005

**PHYSICIANS LIABILITY INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 5500000038281124

Date of Action: 07/13/2005

**PHYSICIANS LIABILITY INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT**

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

Initial Action: - SETTLEMENT  
DCN: 5500000036001127

Date of Action: 12/21/2004

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 5500000036095700

Date of Action: 12/15/2004

**PHYSICIANS LIABILITY INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - UNKNOWN

Initial Action: - SETTLEMENT  
DCN: 5500000030871524

Date of Action: 08/28/2003

**PHYSICIANS LIABILITY INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - UNKNOWN

Initial Action: - SETTLEMENT  
DCN: 5500000016992364

Date of Action: 04/17/2000

NATIONAL PRACTITIONER DATA BANK

**NPDB**

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

NATIONAL PRACTITIONER DATA BANK

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Page: 1 of 3  
BUTLER, DAN E**BUTLER, DAN E****LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 02/28/2014

Initial Action

Basis for Initial Action

- SETTLEMENT

- IMPROPER PERFORMANCE

**A REPORTING  
ENTITY**

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. \*

Address: ONE GALLERIA BLVD.  
SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 19800

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 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700

City, State, Zip: METAIRIE, LA 70001-7510

Country:

**B SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: P O BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-4062

Professional School(s) &amp; Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY (1977)

MAINE MEDICAL CENTER (1978)

ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

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

State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BEAUREGARD MEMORIAL HOSPITAL

DERIDDER, MA

NATIONAL PRACTITIONER DATA BANK

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BUTLER, DAN E**C INFORMATION  
REPORTED**

Date of Report: 03/17/2014

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

Date of This Payment: 02/26/2014

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: 02/13/2014

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: 20090673A

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: A SINGLE FINAL PAYMENT IN THE AMOUNT OF \$40,000 WAS  
MADE, WHICH COVERED THE INDEMNITY PAYMENT AND LIEN.**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: \$ 40,000.00

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: 5 YEARS

Patient's Gender: MALE

Patient's Type: BOTH

Description of the Medical Condition With Which the Patient

Presented for Treatment:

THIS FIVE YEAR OLD MALE BROKE HIS FEMUR WHEN AN SWINGSET  
FELL ON HIM, A BROKEN FEMUR.

Description of the Procedure Performed:

SURGERY WAS PERFORMED TO CORRECT THE RIGHT MIDSHAFT  
FEMUR FRACTURE, AND AN INTERMEDULLARY WIRE STABILIZED  
THE FRACTURE. THE PATIENT WAS PLACED IN A CAST.

Nature of Allegation:

SURGERY RELATED (020)

Specific Allegation:

IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident:

07/19/2005

Outcome:

MINOR TEMPORARY INJURY (03)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

PLAINTIFF ALLEGES SURGERY WAS IMPROPERLY PERFORMED,  
RESULTING IN ANGULATION OF THE LEG AND PERONEAL PALSYS.  
A MEDICAL REVIEW PANEL FOUND THE INSURED USED AN  
ACCEPTABLE SURGICAL TECHNIQUE AND THAT THE RESIDUAL  
PERONEAL PALSYS IS A KNOWN COMPLICATION OF THIS TYPE OF  
FRACTURE OR CASTING AND THAT OVER TIME THE SYMPTOMS  
RESOLVED. THE PANEL FOUND NO BREACH IN THE STANDARD OF  
CARE.

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BUTLER, DAN E**D SUBJECT  
STATEMENTS**

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: 03/17/2014

Date of Most Recent Change: 03/17/2014

**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.

The Data Bank attempted to notify the Subject identified in Section B on 03/17/2014 at the address below, but the attempt was unsuccessful.

109 W FOURTH  
BOX 130  
DERIDDER, LA 70634**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**



NATIONAL PRACTITIONER DATA BANK

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BUTLER, DAN E**DISCLOSURE HISTORY**

Report Number: 5500000088029648

**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.

<u>Date Released</u>	<u>Entity Name</u>
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988
10/17/2017	SELF-QUERIER

10/19/2017 THU 10:07 FAX

010/119

NATIONAL PRACTITIONER DATA BANK

**NPDB**

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

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

DCN: 5500000060316436

Process Date: 05/12/2011

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BUTLER, DAN EDWARD

**BUTLER, DAN EDWARD**

**PATIENT'S COMPENSATION FUND**

**MEDICAL MALPRACTICE PAYMENT REPORT**

**Date of Action: 11/12/2010**

**Initial Action**

**Basis for Initial Action**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
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Process Date: 05/12/2011  
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BUTLER, DAN EDWARD**INFORMATION  
REPORTED****NOTE: Information marked with an asterisk (\*) was added, corrected, or removed.**

Date of Report: 05/12/2011

Relationship of Entity to

This Practitioner: STATE MEDICAL MALPRACTICE PAYMENT FUND AS A SECONDARY  
PAYER FOR THIS PRACTITIONER**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**Amount of This Payment  
for This Practitioner: \$ 290,000.00

Date of This Payment: 11/12/2010

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by  
This Payer for This Practitioner: \$ 290,000.00

Payment Result of:

Date of Judgment or Settlement, If Any: 11/12/2010

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: FULL &amp; FINAL SETTLEMENT ON BEHALF OF THE LPCF.

**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: \$ 290,000.00Number 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?:

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?: YESAmount Paid or Expected to Be Paid by Self-Insured  
Organization(s) and/or Other Insurance Company/Companies: \$ 65,000.00**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 54 YEARS

\* Patient's Gender: FEMALE

Patient's Type: BOTH

Description of the Medical Condition With Which the Patient  
Presented for Treatment:BOUGHT TREATMENT FOR A PAINFUL LEFT KNEE THAT HAD NOT  
RESPONDED TO JOINT INJECTIONS.

Description of the Procedure Performed: PERFORMED A TOTAL LEFT KNEE REPLACEMENT.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: WRONG EQUIPMENT (332)

Date of Event Associated With Allegation or Incident: 08/08/2005

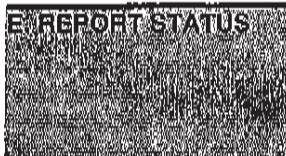
Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:ALLEGES IMPROPERLY SIZED COMPONENT IN KNEE REPLACEMENT  
LED TO ADDITIONAL PAIN AND SECOND KNEE REPLACEMENT, THUS  
LESSENING THE CHANCES OF A GOOD RESULT FROM THE ORIGINAL  
SURGERY. CONTINUES WITH PAIN.

NATIONAL PRACTITIONER DATA BANK

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BUTLER, DAN EDWARD

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



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: 11/17/2010

Date of Most Recent Change: 05/12/2011

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

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**END OF REPORT**



NATIONAL PRACTITIONER DATA BANK

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Process Date: 05/12/2011  
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BUTLER, DAN EDWARD**DISCLOSURE HISTORY**

Report Number: 5500000068316436

**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.

<u>Date Released</u>	<u>Entity Name</u>
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

<u>Date Released</u>	<u>Entity Name</u>
09/10/2012	SELF-QUERIER

<u>Date Released</u>	<u>Entity Name</u>
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

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**BUTLER, DAN EDWARD**Date Released

11/10/2014

Entity NameFIRST CHOICE HEALTH PLAN  
5525 REITZ AVE  
BATON ROUGE, LA 70809  
(225) 296-1842Date Released

12/12/2014

Entity NameLOGISTICS HEALTH INCORPORATED  
328 FRONT ST S  
LA CROSSE, WI 54601  
(888) 852-1988Date Released

10/17/2017

Entity Name

SELF-QUERIER

NATIONAL PRACTITIONER DATA BANK

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BUTLER, DAN E**BUTLER, DAN E****LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 10/13/2010

Initial Action:

Basis for Initial Action:

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING  
ENTITY**

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. \*

Address: ONE GALLERIA BLVD.  
SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 20960

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 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700

City, State, Zip: METAIRIE, LA 70001-7510

Country:

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

Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: P O BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-4062

Professional School(s) &amp; Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY (1977)

MAINE MEDICAL CENTER (1978)

ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

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

State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BEAUREGARD MEMORIAL HOSPITAL  
DERIDDER, MA

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000054945105  
Process Date: 10/15/2010  
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BUTLER, DAN E**C. INFORMATION  
REPORTED**

Date of Report: 10/15/2010

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 85,000.00

Date of This Payment: 10/13/2010

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 85,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 10/06/2010

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: C20080417B

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: A SINGLE PAYMENT OF \$85,000 WAS PAID ON BEHALF OF  
INSURED.**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All

Practitioners In This Case: \$ 85,000.00

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?:

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: \$ 290,000.00

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

Patient's Age at Time of Initial Event: 52 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

THE PATIENT PRESENTED WITH SEVERE OSTEOARTHRITIS OF HER  
KNEE. CONSERVATIVE THERAPY AND ARTHROSCOPY DID NOT  
PROVIDE RELIEF. INSURED PERFORMED A JOINT REPLACEMENT.  
THE PROCEDURE PERFORMED WAS A TOTAL KNEE REPLACEMENT ON  
THE LEFT.

Description of the Procedure Performed:

Nature of Allegation:

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 08/08/2005

Outcome: MAJOR TEMPORARY INJURY (04)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

PLAINTIFF ALLEGED INSURED FAILED TO PROPERLY PERFORM THE  
KNEE REPLACEMENT SURGERY, RESULTING IN IMPROPER FIT AND  
INFECTION, NECESSITATING ADDITIONAL PROCEDURES.



NATIONAL PRACTITIONER DATA BANK

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BUTLER, DAN E

**D. SUBJECT  
STATEMENT**

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

Date Submitted: 10/26/2010

THE REFERRED PATIENT WAS A 52 Y/O FEMALE WHO WAS COMPLAINING OF LEFT KNEE PAIN. ON X-RAY, THE KNEE HAD MEDIAL COMPARTMENT NARROWING AND EVIDENCE OF OSTEOARTHRITIS. SHE WAS TENDER ALONG THE MEDIAL JOINT LINE WITH A POSITIVE MC MURRY'S SIGN. MRI SHOWED A MEDIAL MENISCUS TEAR WITH DEGENERATIVE CHANGES PRESENT. OPTIONS WERE GIVEN AND SHE SELECTED HAVING A DIAGNOSTIC ARTHROSCOPY WITH A PROBABLE MEDIAL MENISCISECTOMY. THE PROCEDURE WAS PERFORMED. POSTOPERATIVE SHE CONTINUED TO COMPLAIN OF SEVERE PAIN DESPITE TRYING SEVERAL MODALITIES WHICH WERE LIMITED DUE TO HER BEING ON WELFARE/MEDICAID. ONLY PSYCHOTROPIC MEDICATION AND ANTIDEPRESSANTS HELPED THE PAIN. AFTER SIX MONTHS WITH NO RELIEF, I TOLD HER THERE WAS NOTHING MORE I COULD DO EXCEPT FOR A TOTAL KNEE ARTHROPLASTY, WHICH ONCE PERFORMED, COULD NOT BE UNDONE AND WITH HER OBESITY AND YOUTH, SHE WOULD PROBABLY

NEED A REVISION IN THE FUTURE. SHE WANTED TO DO THE SURGERY WHICH WAS PERFORMED USING A ROTATING PLATFORM TOTAL KNEE WITH A THICKER POLY (12.5MM) AND A LARGER COMPONENT TO ACCOMMODATE HER WEIGHT AND YOUTH. AT HER SURGERY, THE ARTICULAR SURFACE WAS NOT AS WORN AS TYPICALLY SEEN ON A TOTAL KNEE SURGERY. SHE WAS DISCHARGED, FOLLOW-UP PHONE CALLS WERE NOT ANSWERED, APPROXIMATELY ONE WEEK LATER, HURRICANE RITA MADE LAND-FALL. THE OFFICE WAS ONLY CLOSED FOR ONE WEEK. THE PATIENT RETURNED 2 MONTHS LATER COMPLAINING OF SEVERE LEFT KNEE PAIN AND LACK OF FUNCTION AND WANTING PAIN MEDS. I DID A CBC WITH SED RATE LOOKING FOR INFECTION, NEGATIVE. KNEE X-RAYS SHOWED A EARLY RADIOLOUCENT LINE UNDER THE TIBIAL PLATE. I TRIED AN ANTIOBIOTIC TRIAL WITH NO IMPROVEMENT. I ADMITTED HER TO AN INPATIENT REHABILITATION HOSPITAL WHERE I LEARNED THE PATIENT HAD HAD SEVERAL INPATIENT ADMISSIONS FOR SEVERE DEPRESSION. SHE WAS NON-COMPLIANT WITH THE REHABILITATION AND WANTED TO SPEND HER DAY IN BED. HER PAIN WAS RELIEVED ONLY WITH PSYCHOTROPIC MEDICATION AND SHE STILL WANTED PAIN MEDS EVEN IF SHE WAS ON THE "MOM". IN ANTICIPATION OF RETIREMENT AND SINCE THE PATIENT WAS ON WELFARE/MEDICAID, I REFERRED HER TO AN LSU TEACHING HOSPITAL FOR EVALUATION AND TREATMENT. THE WORK-UP WAS NEGATIVE, BUT THE FAMILY AND PATIENT WAS TOLD BY ONE PHYSICIAN THAT HER PAIN WAS CAUSE BY POSSIBLE IMPINGEMENT OF THE TIBIAL PLATE ON THE FIBULAR HEAD (BONE SCAN WAS NEGATIVE). DURING HER REVISION SURGERY, LEUKOCYTES (WBC) WERE FOUND UNDER THE TIBIAL PLATE, THE REVISION WAS CANCELLED, AND AN ANTIBIOTIC SPACER WAS PLACE IN THE KNEE AND SHE WAS STATED ON 2-3 MONTHS OF IV ANTIBIOTICS. LATER A REVISION TOTAL KNEE WAS PERFORMED, WHICH SHE COMPLAINED WAS PAINFUL. SHE BROUGHT SUIT AGAINST ME. INITIALLY A 3 MEMBER REVIEW PANEL OF OTHROPODS FOUND HER HER CARE WAS WITH IN COMMUNITY STANDARDS. HER LAWYER THEN DEPOSED THE LSU PHYSICIAN WHO STATED "THE TIBIAL PLATE IMPINGED ON THE FIBULAR HEAD CAUSING HER PAIN AND NOT THE SUBACUTE INFECTION UNDER THE TIBIAL PLATE." WITH THIS INFORMATION, THE REVIEW PANEL DEFERRED TO HER SUBSEQUENT TREATING PHYSICIAN. THE CASE THAN SETTLED

**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:

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BUTLER, DAN E

Date of Original Submission: 10/15/2010

Date of Most Recent Change: 10/15/2010

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000064945105  
Process Date: 10/15/2010  
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BUTLER, DAN E**DISCLOSURE HISTORY**

Report Number: 6500000064945105

**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.

<u>Date Released</u>	<u>Entity Name</u>
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
09/10/2012	SELF-QUERIER
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
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DCN: 5500000062569458

Process Date: 06/04/2010

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BUTLER, DAN EDWARD

**BUTLER, DAN EDWARD****PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 05/24/2010

Initial Action

Basis for Initial Action

- IMPROPER TECHNIQUE

**A REPORTING  
ENTITY**

Entity Name: PATIENT'S COMPENSATION FUND \*

Address: 8225 FLORIDA BLVD., 2ND FLOOR

P.O. BOX 3718

City, State, Zip: BATON ROUGE, LA 70821

Country:

Name or Office: CATHY MOSS

Title or Department: SURCHARGE MANAGER

Telephone: (225) 342-5432

Entity Internal Report Reference: 04D0722SMITH

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 08/01/2017:

Entity Name: PATIENT'S COMPENSATION FUND

Address: PO BOX 3718

627 NORTH FOURTH ST. SUITE 2-300

City, State, Zip: BATON ROUGE, LA 70821-3718

Country:

**B SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: BUTLER, DAN EDWARD

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name:

Work Address: 250 BEGLIS, SUITE 3

City, State, ZIP: SULPHUR, LA 70663

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) &amp; Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY SCHOOL OF MEDICINE (1977)

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

State License Number, State of Licensure: 29126, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C INFORMATION  
REPORTED**

Date of Report: 06/04/2010

Relationship of Entity to

This Practitioner:

STATE MEDICAL MALPRACTICE PAYMENT FUND AS A SECONDARY  
PAYER FOR THIS PRACTITIONER**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment



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BUTLER, DAN EDWARD

for This Practitioner: \$ 300,000.00  
 Date of This Payment: 05/24/2010  
 This Payment Represents: A SINGLE FINAL PAYMENT  
 Total Amount Paid or to Be Paid by  
 This Payer for This Practitioner: \$ 300,000.00  
 Payment Result of:  
 Date of Judgment or Settlement, If Any: 04/23/2010  
 Adjudicative Body Case Number:  
 Adjudicative Body Name:  
 Court File Number:  
 Description of Judgment or Settlement and Any  
 Conditions, Including Terms of Payment: \$300,000.00 PAYMENT ON BEHALF OF DR. DAN E. BUTLER AS  
 FULL AND FINAL SETTLEMENT OF ALL CLAIMS

**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: \$ 300,000.00  
 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?:  
 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: \$ 100,000.00

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

Patient's Age at Time of Initial Event: 53 YEARS  
 Patient's Gender: MALE  
 Patient's Type: BOTH  
 Description of the Medical Condition With Which the Patient  
 Presented for Treatment: PATIENT SOUGHT TREATMENT FOR HER LEFT FOOT, WHICH CAUSES  
 HER PAIN AND WAS TURNING INWARD, ROLLING, AND SWELLING.  
 Description of the Procedure Performed: PATIENT CONSENTED TO UNDERGO TRIPLE ARTHRODESIS,  
 PRONATOR FOOT OF LEFT LEG. THE PHYSICIAN INSTEAD  
 PERFORMED A SUBTALAR FUSION ARTHRODESIS OF THE LEFT  
 ANKLE.  
 Nature of Allegation: SURGERY RELATED (020)  
 Specific Allegation: IMPROPER TECHNIQUE (311)  
 Date of Event Associated With Allegation or Incident: 07/22/2002  
 Outcome: MAJOR TEMPORARY INJURY (04)  
 Description of the Allegations and Injuries or Illnesses Upon  
 Which the Action or Claim Was Based: ALLEGATION IS THAT PHYSICIAN PERFORMED AN INAPPROPRIATE,  
 INEFFECTIVE SURGERY, AND THAT THE HARDWARE WAS TOO  
 LARGE. IN ADDITION, PHYSICIAN FAILED TO PERFORM THE  
 PLANNED TRIPLE ARTHRODESIS. AS A RESULT, THE PATIENT WAS  
 IN PAIN FOR 1.5 YEARS UNTIL SCREW REMOVAL. SHE IS NOW  
 SUBJECT TO HIP REPLACEMENT AN

NATIONAL PRACTITIONER DATA BANK

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BUTLER, DAN EDWARD**D. SUBJECT  
STATEMENT**

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

Date Submitted: 06/24/2010

IN 2002, A 53 Y/O FEMALE WITH LEFT FOOT PAIN WITH WT-BEARING DUE TO A PRONATOR FOOT OR "ROLLING IN" OF THE LEFT FOOT WITH SUBSEQUENT IMPINGEMENT OF THE "FLEXIBLE" CALCANEUS AGAINST THE DISTAL FIBULA. THE PROBLEM WAS THOUGHT TO BE DUE TO AN INDEQUATE TIBIALS POSTERIOR LIGAMENT. ARCH SUPPORTS WERE TRIED AND WERE SUCCESSFUL IN REDUCING THE PAIN BUT THE WOMAN WAS NOT HAPPY SINCE THE SUPPORTS ONLY WORKED WITH "LITTLE OLD LADY" SHOES; NOT FLIP-FLOPS OR STYLISH SHOES; OF COURSE, BRACING OR ANY OTHER NONSURGICAL OPTION WAS OUT OF THE QUESTION. THE ONLY OTHER OPTION WAS A TRIPLE ARTHRODESIS, SHE AGREED WITH THE UNDERSTANDING THE THE FOOT WOULD BE STIFF. AFTER SEVERAL LAST MINUTE SURGERY CANCELLATIONS, WE WERE TO PERFORM THE PROCEDURE. DURING THE PROCEDURE, THE SUBTALOR ARTHRODESIS APPEARED TO STABILIZE AND CORRECT THE PROBLEM, SO I ELECTED TO NOT COMPLETE THE TRIPLE ARTHRODESIS. THIS WOULD MAKE THE FOOT LESS STIFF AND SHORTEN THE POST-OP PERIOD, PLUS WE COULD ALWAYS RETURN AT A LATER DATE TO PERFORM THE OTHER FUSIONS IF THEY WERE NEEDED. INITIALLY WE PLACED HER LEG AND FOOT IN A ROBERT JONES DRESSING POST-OP, THEN SHE WAS PLACED IN A CAST BOOT AND ALLOWED TO WT-BEAR AS TOLERATED. AT 6-8 WEEKS, THE FUSION APPEARED SOLID AND SHE WAS ALLOWED TO COME OUT OF THE IMMOBILIZATION AND BEGAN WEARING SHOES. WITH NO COMPLAINTS, SHE WAS RELEASED. ONE YEAR LATER SHE RETURNED COMPLAINING OF PAIN. X-RAYS SHOWED SUBSIDENCE AT THE SUBTALOR FUSION SITE WITH LOSS OF CALCANEAL BONE AND PROTRUSION OF THE THREE PLANTAR SCREWS INTO THE SOFT TISSUE. I TOLD HERE SHE WOULD NEED TO HAVE THE SCREWS REMOVED, PERFORM AN CALCANEAL OSTEOTOMY TO REBUILD THE ARCH AND TO PERFORM AN ACHILLES TENDON LENGTHENING DUE TO SHORTENING OF THE TENDON. SHE AGREED ON A SURGERY DATE, BUT THEN SAW ANOTHER OTHOPAEDIC SURGEON FOR A SECOND OPINION. THIS PHYSICIAN CONSISTENTLY ALWAYS FINDS FAULT WITH OTHER PEOPLE'S WORK. HE ESSENTIALLY TOLD HER THAT SHE HAD BEEN MISTREATED AND THE PROBLEM WAS SO BAD THAT HE COULD NOT CORRECT THE PROBLEM WOULD HAVE TO REFER HER TO SOMEONE ELSE. THE LAWSUIT THEN STARTED AND EIGHT YEARS LATER, THE INSURANCE COMPANY MADE THE DECISION TO SETTLE THE LAWSUIT ONE WEEK BEFORE THE TRIAL WAS TO BEGIN.

**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: 06/04/2010

Date of Most Recent Change: 06/04/2010

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BUTLER, DAN EDWARD

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**END OF REPORT**

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NATIONAL PRACTITIONER DATA BANK

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BUTLER, DAN EDWARD**DISCLOSURE HISTORY**

Report Number: 5500000062569458

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

A copy of this report has been disclosed to the following entity(ies) 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.

<u>Date Released</u>	<u>Entity Name</u>
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

<u>Date Released</u>	<u>Entity Name</u>
09/10/2012	SELF-QUERIER

<u>Date Released</u>	<u>Entity Name</u>
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
12/08/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200



NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
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**BUTLER, DAN EDWARD****Date Released**

11/10/2014

**Entity Name**FIRST CHOICE HEALTH PLAN  
5525 REITZ AVE  
BATON ROUGE, LA 70809  
(225) 298-1842**Date Released**

12/12/2014

**Entity Name**LOGISTICS HEALTH INCORPORATED  
328 FRONT ST S  
LA CROSSE, WI 54601  
(888) 852-1988**Date Released**

10/17/2017

**Entity Name**

SELF-QUERIER

10/19/2017 THU 10:14 FAX

026/119

NATIONAL PRACTITIONER DATA BANK

**NPDB**

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

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

DCN: 5500000061531115

Process Date: 04/05/2010

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BUTLER, DAN E

**BUTLER, DAN E**

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.**

**MEDICAL MALPRACTICE PAYMENT REPORT**

**Date of Action: 03/29/2010**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000061531115  
Process Date: 04/05/2010  
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BUTLER, DAN E**INFORMATION  
REPORTED**

Date of Report: 04/05/2010

Relationship of Entity to  
This Practitioner: INSURANCE COMPANY - PRIMARY INSURER**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**Amount of This Payment  
for This Practitioner: \$ 90,000.00

Date of This Payment: 03/29/2010

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by  
This Payer for This Practitioner: \$ 90,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, If Any: 03/25/2010

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: C20080221A

Description of Judgment or Settlement and Any  
Conditions, Including Terms of Payment: LAMMICO CONTRIBUTED \$90,000.00 IN SETTLEMENT ON BEHALF  
OF DR. BUTLER. THE PATIENT COMPENSATION FUND MADE AN  
ADDITIONAL CONTRIBUTION.**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: \$ 90,000.00Number 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?: YESAmount Paid or Expected to Be Paid by Self-Insured  
Organization(s) and/or Other Insurance Company/Companies: \$ 297,500.00**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 56 YEARS

Patient's Gender: MALE

Patient's Type: BOTH

Description of the Medical Condition With Which the Patient  
Presented for Treatment:THIS PATIENT WAS INJURED WHEN HE FELL TO THE GROUND ON A  
METAL GRATING, SUSTAINING A LACERATION AND AN ELBOW  
INJURY. HE REQUIRED REPAIR OF THE DISTAL TRICEPS  
TENDON, WHICH WAS RUPTURED.

Description of the Procedure Performed:

THE PATIENT UNDERWENT DISTAL TRICEPS TENDON REPAIR BY  
THE INSURED SURGEON.

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: IMPROPER MANAGEMENT (305)

Date of Event Associated With Allegation or Incident: 01/22/2005

Outcome: MAJOR PERMANENT INJURY (07)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:ALLEGATIONS ARE INSURED FAILED TO PROPERLY PERFORM THE  
SURGERY AND FAILED TO PROPERLY TREAT A SUBSEQUENT  
INFECTION.

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000061531115  
Process Date: 04/05/2010  
Page: 3 of 3  
BUTLER, DAN E**DISUBJECT  
STATEMENT**

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

Date Submitted: 04/16/2010

THE GENTLEMAN FELL ON METAL GRATING SUSTAINING AN OPEN DISTAL TRICEPS TENDON AVULSION. THE WOUND WAS SURGICAL CLEANED, THE TRICEPS WAS REPAIRED WITH A TISSUE-ANCHOR SUTURES BURIED IN THE DISTAL ULNA, THE WOUND CLOSED, HE WAS PLACED ON ANTIBIOTICS AND THE ARM IMMOBILIZED IN A ROBERT JONES DRESSING. THE WOUND CHECKED AT 1 WEEK WITH NO EVIDENCE OF INFECTION. AT RECHECK, 2 WEEKS FROM INJURY, NO SIGN OF INFECTION SEEN, HE WAS INSTRUCTED NOT TO USE THE ARM OR HE WOULD PULLED THE SUTURES OUT OF THE TENDON. AT THE 4 WEEK RECHECK, THE REPAIR WAS LOST. IN SURGERY ONE WEEK LATER, THE TISSUE-ANCHOR WAS STILL BURIED IN THE ULNA, BUT THE TENDON HAD PULLED OUT OF THE SUTURE REPAIR. NO SIGN OF INFECTION WAS PRESENT AT THE TIME OF SURGERY. HE WAS PUT ON ANTIBIOTICS TAKEN TO SURGERY; THE METAL TISSUE-ANCHOR WAS LEFT IN THE ULNA AND THE TRICEPS TENDON WAS REPAIRED WITH SUTURE. AT 10 - 14 DAYS, HE BEGAN DEVELOPING REDNESS AND SWELLING, THE AREA WAS OPENED WITH PUS PRESENT, HE WAS PLACED ON PO ANTIBIOTICS AND WET-TO-DRY DRESSINGS. HE THEN SOUGHT TREATMENT CLOSER TO HIS HOME FROM ANOTHER ORTHO SURGEON. THEY FOUND FAULT WITH MY CARE BECAUSE I DID NOT REMOVE THE TISSUE ANCHOR AND BECAUSE I CLOSED THE WOUND INITIALLY.

**DISREPORT 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: 04/05/2010

Date of Most Recent Change: 04/05/2010

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

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000061531115  
Process Date: 04/05/2010  
Page: 1 of 2  
BUTLER, DAN E**DISCLOSURE HISTORY**

Report Number: 5500000061531115

**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
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

Date Released	Entity Name
09/10/2012	SELF-QUERIER

Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

Date Released	Entity Name
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200



NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000061531115  
**Process Date:** 04/05/2010  
**Page:** 2 of 2  
**BUTLER, DAN E**

<u>Date Released</u>	<u>Entity Name</u>
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988
10/17/2017	SELF-QUERIER

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000055411931  
Process Date: 03/03/2009  
Page: 1 of 3  
BUTLER, DAN E**BUTLER, DAN E****LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 02/19/2009

Initial Action

Basis for Initial Action

- SETTLEMENT

- IMPROPER PERFORMANCE

**A REPORTING  
ENTITY**

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. \*

Address: ONE GALLERIA BLVD.  
SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 21113

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 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700

City, State, Zip: METAIRIE, LA 70001-7510

Country:

**B SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: 109 WEST 4TH STREET

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-4062

Professional School(s) &amp; Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY (1977)

MAINE MEDICAL CENTER (1978)

ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

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

State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BEAUREGARD MEMORIAL HOSPITAL  
DERIDDER, MA

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000055411931  
Process Date: 03/03/2009  
Page: 2 of 3  
BUTLER, DAN E**ALL INFORMATION  
CONTAINED HEREIN IS UNCLASSIFIED**

Date of Report: 03/03/2009

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 85,000.00

Date of This Payment: 02/19/2009

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 85,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 02/18/2009

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: C20080479B

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment:

A GLOBAL SETTLEMENT IN THE AMOUNT OF \$300,000.00 WAS PAID, INCLUSIVE OF LIENS. A SINGLE PAYMENT OF \$85,000.00 WAS PAID AS PART OF THAT AMOUNT FROM THE PRIMARY INSURER.

**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: \$ 85,000.00

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?: YES

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies: \$ 215,000.00

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

Patient's Age at Time of Initial Event: 66 YEARS

Patient's Gender: MALE

Patient's Type: BOTH

Description of the Medical Condition With Which the Patient

Presented for Treatment:

Description of the Procedure Performed:

OPEN DISLOCATED BIMALLEOLAR FRACTURE OF THE LEFT ANKLE  
OPEN REDUCTION OF BIMALLEOLAR FRACTURE ON THE MEDIAL  
SIDE WITH PLACEMENT OF SCREWS AND PLATE

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 10/25/2005

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

THIS PATIENT FELL FROM A ROOF, DISLOCATING AND  
FRACTURING HIS ANKLE. IT IS ALLEGED INSURED FAILED TO  
PROPERLY PERFORM THE ANKLE STABILIZATION, RESULTING IN  
INFECTION AND ANKLE FUSION.

NATIONAL PRACTITIONER DATA BANK

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

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BUTLER, DAN E

**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: 03/03/2009

Date of Most Recent Change: 03/03/2009

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000055411931  
Process Date: 03/03/2009  
Page: 1 of 2  
BUTLER, DAN E**DISCLOSURE HISTORY**

Report Number: 5500000055411931

**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
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
09/10/2012	SELF-QUERIER
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880



NATIONAL PRACTITIONER DATA BANK

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Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000055411931  
**Process Date:** 03/03/2009  
**Page:** 2 of 2  
**BUTLER, DAN E**

<u>Date Released</u>	<u>Entity Name</u>
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

<u>Date Released</u>	<u>Entity Name</u>
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

<u>Date Released</u>	<u>Entity Name</u>
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988

<u>Date Released</u>	<u>Entity Name</u>
10/17/2017	SELF-QUERIER

NATIONAL PRACTITIONER DATA BANK

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

DCN: 5500000054412133

Process Date: 12/16/2008

Page: 1 of 3

BUTLER, DAN EDWARD

**BUTLER, DAN EDWARD****PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 11/17/2008

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO TREAT

**A. REPORTING  
ENTITY**

Entity Name: PATIENT'S COMPENSATION FUND \*

Address: 8225 FLORIDA BLVD., 2ND FLOOR

P.O. BOX 3718

City, State, Zip: BATON ROUGE, LA 70821

Country:

Name or Office: CATHY MOSS

Title or Department: SURCHARGE MANAGER

Telephone: (225) 342-5432

Entity Internal Report Reference: 05D12018EREN

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 08/01/2017:

Entity Name: PATIENT'S COMPENSATION FUND

Address: PO BOX 3718

627 NORTH FOURTH ST. SUITE 2-300

City, State, Zip: BATON ROUGE, LA 70821-3718

Country:

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

Subject Name: BUTLER, DAN EDWARD

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name:

Work Address: P.O. BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) &amp; Year(s) of Graduation: UNIV OF OKLAHOMA COLLEGE OF MEDICINE (1977)

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

State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 12/16/2008

Relationship of Entity to

This Practitioner:

STATE MEDICAL MALPRACTICE PAYMENT FUND AS A SECONDARY  
PAYER FOR THIS PRACTITIONER**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000054412133  
Process Date: 12/16/2008  
Page: 2 of 3  
BUTLER, DAN EDWARD

for This Practitioner: \$ 300,000.00  
 Date of This Payment: 11/17/2008  
 This Payment Represents: A SINGLE FINAL PAYMENT  
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 300,000.00  
 Payment Result of: SETTLEMENT  
 Date of Judgment or Settlement, If Any: 11/17/2008  
 Adjudicative Body Case Number:  
 Adjudicative Body Name:  
 Court File Number:  
 Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: FULL AND FINAL SETTLEMENT ON BEHALF OF LPCF  
**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: \$ 300,000.00  
 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?:  
 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: \$ 100,000.00  
**CLASSIFICATION OF ACT(S) OR OMISSION(S)**  
 Patient's Age at Time of Initial Event: 49 YEARS  
 Patient's Gender: FEMALE  
 Patient's Type: BOTH  
 Description of the Medical Condition With Which the Patient Presented for Treatment: PATIENT HAD A TORN RIGHT ACHILLES TENDON  
 Description of the Procedure Performed: DR. BUTLER PERFORMED AN ACHILLES TENDON REPAIR AND RELEASE OF THE TARSAL TUNNEL OF THE RIGHT ANKLE.  
 Nature of Allegation: TREATMENT RELATED (060)  
 Specific Allegation: FAILURE TO TREAT (113)  
 Date of Event Associated With Allegation or Incident: 12/01/2004  
 Outcome: MINOR PERMANENT INJURY (05)  
 Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: PLAINTIFF ALLEGES FAILURE TO APPROPRIATELY, SURGICALLY AND POST OPERATIVELY TREAT THE TORN ACHILLES TENDON ON THE RIGHT RESULTED IN LIMITATION OF MOTION OF ANKLE.

**DISCONNECT  
STATEMENT**

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

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000054412133  
Process Date: 12/16/2008  
Page: 3 of 3  
BUTLER, DAN EDWARD**B. REPORT STATUS**

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- ☐ 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: 12/16/2008

Date of Most Recent Change: 12/16/2008

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

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Process Date: 12/16/2008  
Page: 1 of 2  
BUTLER, DAN EDWARD**DISCLOSURE HISTORY**

Report Number: 5500000054412133

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09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

<u>Date Released</u>	<u>Entity Name</u>
09/10/2012	SELF-QUERIER

<u>Date Released</u>	<u>Entity Name</u>
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880



NATIONAL PRACTITIONER DATA BANK

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**Process Date: 12/16/2008**  
**Page: 2 of 2**  
**BUTLER, DAN EDWARD**

<u>Date Released</u>	<u>Entity Name</u>
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988
10/17/2017	SELF-QUERIER

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 6500000053931734  
Process Date: 11/15/2008  
Page: 1 of 3  
BUTLER, DAN E**BUTLER, DAN E****LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 10/31/2008

**Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO TREAT

**A. REPORTING  
ENTITY**

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. \*

Address: ONE GALLERIA BLVD.  
SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 19660

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 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700

City, State, Zip: METAIRIE, LA 70001-7510

Country:

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

Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: 109 WEST 4TH STREET

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-4062

Professional School(s) &amp; Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY (1977)

MAINE MEDICAL CENTER (1978)

ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

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

State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BEAUREGARD MEMORIAL HOSPITAL

DERIDDER, MA



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DCN: 5500000053931734

Process Date: 11/15/2008

Page: 3 of 3

BUTLER, DAN E

**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: 11/15/2008

Date of Most Recent Change: 11/15/2008

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

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000053931734  
Process Date: 11/15/2008  
Page: 1 of 2  
BUTLER, DAN E**DISCLOSURE HISTORY**

Report Number: 5500000053931734

**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.

<u>Date Released</u>	<u>Entity Name</u>
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
09/10/2012	SELF-QUERIER
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880



NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000053931734  
**Process Date:** 11/15/2008  
**Page:** 2 of 2  
**BUTLER, DAN E**

<u>Date Released</u>	<u>Entity Name</u>
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988
10/17/2017	SELF-QUERIER

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000052866035  
Process Date: 09/09/2008  
Page: 1 of 3  
BULTER, DAN EDWARD**BULTER, DAN EDWARD****LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 08/18/2008

**Initial Action****Basis for Initial Action****- SETTLEMENT****- DELAY IN DIAGNOSIS****A. REPORTING  
ENTITY**

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. \*

Address: ONE GALLERIA BLVD.  
SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 14657

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 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700

City, State, Zip: METAIRIE, LA 70001-7510

Country:

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

Subject Name: BULTER, DAN EDWARD

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name:

Work Address: P.O. BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-4062

Professional School(s) &amp; Year(s) of Graduation: UNIV. OF OKLAHOMA, COLLEGE OF MEDICINE (1977)

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

State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 09/09/2008

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 80,000.00

Date of This Payment: 08/18/2008

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

NATIONAL PRACTITIONER DATA BANK

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

DCN: 5500000052866035

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Page: 2 of 3

BULTER, DAN EDWARD

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 80,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, If Any: 08/18/2008

Adjudicative Body Case Number:

Adjudicative Body Name: 14THJDC, CALCASSIEU PARRISH

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: SETTLEMENT WITH NO ADMISSION OF LIABILITY.

**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: \$ 80,000.00

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 aPayment Expected to Be Made? **UNKNOWN**

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance  
Company/Companies Made Payment(s) for This Practitioner in  
This Case, or Is/Are Such Payment(s) Expected to Be Made?:Amount Paid or Expected to Be Paid by Self-Insured  
Organization(s) and/or Other Insurance Company/Companies:**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 73 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient  
Presented for Treatment:73YEAR OLD FEMALE WITH A HISTORY OF INSULIN DEPENDENT  
DIABETES AND OBESITY SAW OUR INSURED ONE DAY AFTER A  
FALL AND ADMISSION TO THE HOSPITAL FOR A RIGHT NON-  
DISPLACED BIMALLEOLAR FRACTURE. OUR INSURED PLACED THE  
PATIENT IN A CAST BOOT AND ONE WEEK LATER THE PATIENT  
WAS DIAGNOSED WITH A DISPLACED BIMALLEOLAR FRACTURE OF  
THE RIGHT ANKLE. OUR INSURED PERFORMED AN ORIF. OTHER  
PHYSICIANS FOLLOWED THE PATIENT AFTER DISCHARGE.

Description of the Procedure Performed:

A 73 YEAR OLD FEMALE WITH A HISTORY OF INSULIN DEPENDENT  
DIABETES AND OBESITY SAW OUR INSURED ONE DAY AFTER A  
FALL AND ADMISSION TO THE HOSPITAL FOR A RIGHT NON-  
DISPLACED BIMALLEOLAR FRACTURE. OUR INSURED PLACED THE  
PATIENT IN A CAST BOOT AND ONE WEEK LATER THE PATIENT  
WAS DIAGNOSED WITH A DISPLACED BIMALLEOLAR FRACTURE OF  
THE RIGHT ANKLE. OUR INSURED PERFORMED AN ORIF. AFTER  
DISCHARGE, THE PATIENT WAS FOLLOWED BY OTHER PHYSICIANS.

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: DELAY IN DIAGNOSIS (200)

Date of Event Associated With Allegation or Incident: 07/30/2002

Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:A 73 YEAR OLD FEMALE WITH A HISTORY OF INSULIN DEPENDENT  
DIABETES AND OBESITY, WAS SEEN BY OUR INSURED ONE DAY  
AFTER A FALL AND ADMISSION TO THE HOSPITAL FOR A RIGHT  
NON-DISPLACED BIMALLEOLAR FRACTURE. THE PATIENT WAS  
PLACED IN A CAST BOOT AND ONE WEEK LATER, SHE WAS NOTED  
TO HAVE A DISPLACED BIMALLEOLAR FRACTURE OF THE RIGHT  
ANKLE. OUR INSURED PERFORMED AN ORIF. THE PATIENT WAS**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000052866035  
Process Date: 09/09/2008  
Page: 3 of 3  
BULTER, DAN EDWARD

FOLLOWED BY OTHER PHYSICIANS AFTER DISCHARGE AND  
EVENTUALLY UNDERWENT A BELOW THE KNEE AMPUTATION OF THE  
RIGHT LEG BY ANOTHER SURGEON DUE TO GANGRENE. IT IS  
ALLEGED THAT OUR INSURED FAILED TO APPROPRIATELY  
DIAGNOSE AND TREAT THE FRACTURE ALLEGEDLY RESULTING IN  
THE AMPUTATION OF THE RIGHT LEG.

**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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- ☐ 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: 09/09/2008

Date of Most Recent Change: 09/09/2008

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000052866035  
Process Date: 09/09/2008  
Page: 1 of 2  
BULTER, DAN EDWARD**DISCLOSURE HISTORY**

Report Number: 5500000052866035

**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
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

Date Released	Entity Name
09/10/2012	SELF-QUERIER

Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

NATIONAL PRACTITIONER DATA BANK

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

DCN: 5500000052866035

Process Date: 09/09/2008

Page: 2 of 2

BULTER, DAN EDWARD

Date Released

12/09/2013

Entity NameDEQUINCY MEMORIAL HOSPITAL  
PO BOX 1166  
110 WEST 4TH STREET PO BOX 1166  
DEQUINCY, LA 70633  
(337) 786-1200Date Released

11/10/2014

Entity NameFIRST CHOICE HEALTH PLAN  
5525 REITZ AVE  
BATON ROUGE, LA 70809  
(225) 298-1842Date Released

12/12/2014

Entity NameLOGISTICS HEALTH INCORPORATED  
328 FRONT ST S  
LA CROSSE, WI 54601  
(888) 852-1988Date Released

10/17/2017

Entity Name

SELF-QUERIER



NATIONAL PRACTITIONER DATA BANK

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

DCN: 5500000038519312

Process Date: 08/03/2005

Page: 1 of 3

BUTLER, DAN EDWARD

**BUTLER, DAN EDWARD****PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 07/29/2005

**Initial Action****Basis for Initial Action****- SETTLEMENT****- IMPROPER PERFORMANCE****A REPORTING  
ENTITY**

Entity Name: PATIENTS' COMPENSATION FUND \*

Address: 150 THIRD ST., FIFTH FLOOR

P.O. BOX 3718

City, State, Zip: BATON ROUGE, LA 70821

Country:

Name or Office: CATHY MOSS

Title or Department: SURCHARGE MANAGER

Telephone: (225) 342-5432

Entity Internal Report Reference: 03D0401RUMBY

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 08/01/2017:

Entity Name: PATIENT'S COMPENSATION FUND

Address: PO BOX 3718

627 NORTH FOURTH ST. SUITE 2-300

City, State, Zip: BATON ROUGE, LA 70821-3718

Country:

**B SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: BUTLER, DAN EDWARD

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name:

Work Address: P.O. BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) &amp; Year(s) of Graduation: UNIV OF OKLAHOMA COLLEGE OF MEDICINE (1977)

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

State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**B INFORMATION  
REPORTED**

Date of Report: 08/03/2005

Relationship of Entity to

This Practitioner:

STATE MEDICAL MALPRACTICE PAYMENT FUND AS A SECONDARY  
PAYER FOR THIS PRACTITIONER**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000038519312  
Process Date: 08/03/2005  
Page: 2 of 3  
BUTLER, DAN EDWARD

for This Practitioner: \$ 75,000.00  
 Date of This Payment: 07/29/2005  
 This Payment Represents: A SINGLE FINAL PAYMENT  
 Total Amount Paid or to Be Paid by  
 This Payer for This Practitioner: \$ 75,000.00  
 Payment Result of: SETTLEMENT  
 Date of Judgment or Settlement, If Any: 07/07/2005  
 Adjudicative Body Case Number:  
 Adjudicative Body Name:  
 Court File Number:  
 Description of Judgment or Settlement and Any  
 Conditions, Including Terms of Payment: \$75,000.00 PAID AS SETTLEMENT FOR A FULL AND FINAL  
 RELEASE

**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: \$ 75,000.00  
 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?:  
 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: \$ 100,000.00

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

Patient's Age at Time of Initial Event: 59 YEARS  
 Patient's Gender: MALE  
 Patient's Type: INPATIENT  
 Description of the Medical Condition With Which the Patient  
 Presented for Treatment: THE PATIENT HAD A HISTORY OF SEVERE OSTEOARTHRITIS OF  
 HIS RIGHT KNEE.

Description of the Procedure Performed: DR. BUTLER PERFORMED A RIGHT TOTAL KNEE REPLACEMENT.

Nature of Allegation: SURGERY RELATED (020)  
 Specific Allegation: IMPROPER PERFORMANCE (306)  
 Date of Event Associated With Allegation or Incident: 04/01/2002  
 Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon  
 Which the Action or Claim Was Based: IT IS ALLEGED THAT DR. BUTLER INCORRECTLY PERFORMED THE  
 KNEE REPLACEMENT WHICH REQUIRED A REVISION.

DISSENT OF  
 STATE MEDICAL BOARD

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

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000038519312  
Process Date: 08/03/2005  
Page: 3 of 3  
BUTLER, DAN EDWARD**REPORT STATUS**

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Date of Most Recent Change: 08/03/2005

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000038519312  
Process Date: 08/03/2005  
Page: 1 of 3  
BUTLER, DAN EDWARD**DISCLOSURE HISTORY**

Report Number: 5500000038519312

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

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<u>Date Released</u>	<u>Entity Name</u>
08/08/2005	GOVERNMENT EMPLOYEES HEALTH ASSOC. INC CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-6500

<u>Date Released</u>	<u>Entity Name</u>
12/28/2005	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
01/18/2006	BEAUFORT MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 462-7409

<u>Date Released</u>	<u>Entity Name</u>
04/28/2006	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
07/13/2006	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000038519312  
**Process Date:** 08/03/2005  
**Page:** 2 of 3  
**BUTLER, DAN EDWARD**

Date Released	Entity Name
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/10/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
09/10/2012	SELF-QUERIER
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000038519312  
**Process Date:** 08/03/2005  
**Page:** 3 of 3  
**BUTLER, DAN EDWARD**

<u>Date Released</u>	<u>Entity Name</u>
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

<u>Date Released</u>	<u>Entity Name</u>
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

<u>Date Released</u>	<u>Entity Name</u>
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988

<u>Date Released</u>	<u>Entity Name</u>
10/17/2017	SELF-QUERIER



NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20163-0832<https://www.npdb.hrsa.gov>DCN: 5500000038281124  
Process Date: 07/14/2005  
Page: 1 of 3  
BUTLER, DAN M.D.**BUTLER, DAN M.D.****PLICO, INC.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 07/13/2005

Initial Action

Basis for Initial Action

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING  
ENTITY**

Entity Name: PHYSICIANS LIABILITY INSURANCE COMPANY \*

Address: 1140 N.W. 63RD SUITE 200

City, State, Zip: OKLAHOMA CITY, OK 73116

Country:

Name or Office: SANDRA DIX

Title or Department: ADMINISTRATIVE ASSISTANT

Telephone: (405) 815-4841

Entity Internal Report Reference: 10863

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 07/17/2017:

Entity Name: PLICO, INC.

Address: 126 HARRISON AVE STE 200

City, State, Zip: OKLAHOMA CITY, OK 73104-1818

Country:

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

Subject Name: BUTLER, DAN M.D.

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: ENID ORTHO &amp; HAND SURGERY, INC.

Work Address: 121 W. OWEN GARRIOTT, STE D.

City, State, ZIP: ENID, OK 73701

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-4062

Professional School(s) &amp; Year(s) of Graduation: OKLAHOMA UNIVERSITY (1975)

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

State License Number, State of Licensure: 12156, OK

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BASS BAPTIST HEALTH CENTER

ENID, OK

**C. INFORMATION  
REPORTED**

Date of Report: 07/14/2005

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 15,000.00

Date of This Payment: 07/13/2005

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000038281124  
Process Date: 07/14/2005  
Page: 2 of 3  
BUTLER, DAN M.D.

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by  
This Payer for This Practitioner: \$ 15,000.00  
Payment Result of: SETTLEMENT

Date of Judgment or Settlement, If Any: 06/07/2005

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: CONFIDENTIAL SETTLEMENT, AND NO LIABILITY IS ADMITTED.

**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: \$ 15,000.00Number 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: 51 YEARS

Patient's Gender: MALE

Patient's Type: BOTH

Description of the Medical Condition With Which the Patient  
Presented for Treatment:PATIENT PRESENTED WITH A DUPUYTRENS GAGLION IN HIS LEFT  
HAND.

Description of the Procedure Performed:

DR. BUTLER REMOVED THE CYST, AND ALSO PERFORMED CARPAL  
TUNNEL RELEASE.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 03/14/2000

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:THE PATIENT ALLEGES THAT HE WAS NOT INFORMED PRIOR TO  
SURGERY THAT A CARPAL TUNNEL RELEASE WOULD BE PERFORMED,  
AND HE ALSO ALLEGES THAT IT WAS UNNECESSARY.**B. SUBJECT  
STATEMENT**

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

**C. 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.

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000038281124  
**Process Date:** 07/14/2005  
**Page:** 3 of 3  
**BUTLER, DAN M.D.**

- ☐ 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: 07/14/2005

Date of Most Recent Change: 07/14/2005

**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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**NPDB**

P.O. Box 10832  
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DCN: 5500000038281124

Process Date: 07/14/2005

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BUTLER, DAN M.D.

---

## DISCLOSURE HISTORY

Report Number: 5500000038281124

---

DISCLOSURE  
HISTORY

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

A copy of this report has been disclosed to the following entity(ies) for limited/restricted use under the statutory provisions specified in this

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000038281124  
**Process Date:** 07/14/2005  
**Page:** 2 of 3  
**BUTLER, DAN M.D.**

<u>Date Released</u>	<u>Entity Name</u>
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/10/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
09/10/2012	SELF-QUERIER
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000038281124  
**Process Date:** 07/14/2005  
**Page:** 3 of 3  
**BUTLER, DAN M.D.**

Date Released	Entity Name
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

Date Released	Entity Name
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

Date Released	Entity Name
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988

Date Released	Entity Name
10/17/2017	SELF-QUERIER



NATIONAL PRACTITIONER DATA BANK

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

DCN: 5500000036001127

Process Date: 12/29/2004

Page: 1 of 3

BUTLER, DAN EDWARD M.D.

**BUTLER, DAN EDWARD M.D.****PLICO, INC.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 12/21/2004

Initial Action

Basis for Initial Action

- SETTLEMENT

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

**A REPORTING  
ENTITY**

Entity Name: PHYSICIANS LIABILITY INSURANCE COMPANY \*

Address: 5005 N. LINCOLN ST.

City, State, Zip: OKLAHOMA CITY, OK 73126-0727

Country:

Name or Office: SANDRA DIX

Title or Department: ADMINISTRATIVE ASSISTANT

Telephone: (405) 815-4841

Entity Internal Report Reference: 10835

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 07/17/2017:

Entity Name: PLICO, INC.

Address: 126 HARRISON AVE STE 200

City, State, Zip: OKLAHOMA CITY, OK 73104-1818

Country:

**B SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: BUTLER, DAN EDWARD M.D.

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: ENID ORTHOPEDIC &amp; HAND SURGERY

Work Address: 620 S MADISON, SUITE 2

MEDICAL PLAZA

City, State, ZIP: ENID, OK 73701

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-4062

Professional School(s) &amp; Year(s) of Graduation: UNIV OF OKLAHOMA COLLEGE OF MEDICINE (1972)

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

State License Number, State of Licensure: 12156, OK

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): ST. MARY'S REGIONAL MEDICAL CENTER

ENID, OK

**C INFORMATION  
REPORTED**

Date of Report: 12/29/2004

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 45,000.00

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

NATIONAL PRACTITIONER DATA BANK

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

DCN: 5500000036001127

Process Date: 12/29/2004

Page: 2 of 3

BUTLER, DAN EDWARD M.D.

Date of This Payment: 12/21/2004  
 This Payment Represents: A SINGLE FINAL PAYMENT  
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 45,000.00  
 Payment Result of: SETTLEMENT  
 Date of Judgment or Settlement, If Any: 12/08/2004  
 Adjudicative Body Case Number:  
 Adjudicative Body Name:  
 Court File Number:  
 Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: SETTLEMENT OF \$45,000, WITH A CONFIDENTIALITY AGREEMENT.  
**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: \$ 90,000.00  
 Number of Practitioners for Whom This Payer Has Paid or Will Pay In This Case: 2

**PAYMENTS BY OTHERS FOR THIS PRACTITIONER**

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner In This Case, or Is Such a Payment Expected to Be Made?: 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: 39 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient Presented for Treatment:

THE PATIENT PRESENTED WITH A VOLAR GANGLION CYST.

Description of the Procedure Performed:

DR. BUTLER SURGICALLY REMOVED THE CYST, AND THEN PLACED A HARD CAST.

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: ALLEGATION - NOT OTHERWISE CLASSIFIED, SPECIFY (999)

Other Specific Allegations: FAILURE TO TAKE APPROPRIATE ACTION

Date of Event Associated With Allegation or Incident: 05/08/2001

Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:

DR. BUTLER SURGICALLY REMOVED THE PATIENT'S VOLAR GANGLION CYST AND PLACED A HARD CAST. THE ALLEGATIONS WERE THAT IT WAS BELOW THE STANDARD OF CARE TO PLACE A HARD CAST, AND THAT THIS ALLEGEDLY RESULTED IN THE DEVELOPMENT OF CARPAL TUNNEL SYNDROME, FURTHER SURGERY, AND THEN THE DEVELOPMENT OF RSD. THE PATIENT STILL HAS PROBLEMS WITH USE OF HER RIGHT HAND.

**D. SUBJECT STATEMENT**

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

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000036001127  
Process Date: 12/29/2004  
Page: 3 of 3  
BUTLER, DAN EDWARD M.D.**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: 12/29/2004

Date of Most Recent Change: 12/29/2004

**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**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000036001127  
Process Date: 12/29/2004  
Page: 1 of 3  
BUTLER, DAN EDWARD M.D.**DISCLOSURE HISTORY**

Report Number: 5500000036001127

**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.

<u>Date Released</u>	<u>Entity Name</u>
08/08/2005	GOVERNMENT EMPLOYEES HEALTH ASSOC. INC CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-5500
12/28/2005	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
01/16/2006	BEAUREGARD MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 462-7409
04/28/2006	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
07/13/2006	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000036001127  
**Process Date:** 12/29/2004  
**Page:** 2 of 3  
**BUTLER, DAN EDWARD M.D.**

<u>Date Released</u>	<u>Entity Name</u>
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/10/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
09/10/2012	SELF-QUERIER
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
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DCN: 5500000036001127

Process Date: 12/29/2004

Page: 3 of 3

BUTLER, DAN EDWARD M.D.

Date Released	Entity Name
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

Date Released	Entity Name
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

Date Released	Entity Name
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988

Date Released	Entity Name
10/17/2017	SELF-QUERIER



NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000036095700  
Process Date: 01/10/2005  
Page: 1 of 3  
BUTLER, DAN E**BUTLER, DAN E****LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 12/15/2004

**Initial Action****Basis for Initial Action****- SETTLEMENT****- IMPROPER PERFORMANCE****A. REPORTING  
ENTITY**

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. \*

Address: ONE GALLERIA BLVD.  
SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

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 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700

City, State, Zip: METAIRIE, LA 70001-7510

Country:

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

Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: 109 WEST 4TH STREET

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-4062

Professional School(s) &amp; Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY (1977)

MAINE MEDICAL CENTER (1978)

ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

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

State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BEAUREGARD MEMORIAL HOSPITAL

DERIDDER, MA

10/19/2017 THU 10:32 FAX

2070/119

NATIONAL PRACTITIONER DATA BANK

**NPDB**

**DCN:** 5500000036095700

**Process Date:** 01/10/2005

**Page:** 2 of 3

**BUTLER, DAN E**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000036095700  
**Process Date:** 01/10/2005  
**Page:** 3 of 3  
**BUTLER, DAN 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: 01/10/2005

Date of Most Recent Change: 01/10/2005

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

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000036095700  
Process Date: 01/10/2005  
Page: 1 of 3  
BUTLER, DAN E**DISCLOSURE HISTORY**

Report Number: 5500000036095700

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

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<u>Date Released</u>	<u>Entity Name</u>
08/08/2005	GOVERNMENT EMPLOYEES HEALTH ASSOC. INC CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-5500
12/28/2005	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71448 (337) 462-8880
01/16/2006	BEAUREGARD MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 462-7409
04/28/2006	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71448 (337) 462-8880
07/13/2006	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200

NATIONAL PRACTITIONER DATA BANK

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Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000036095700  
**Process Date:** 01/10/2005  
**Page:** 2 of 3  
**BUTLER, DAN E**

<u>Date Released</u>	<u>Entity Name</u>
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/10/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
09/10/2012	SELF-QUERIER
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

NATIONAL PRACTITIONER DATA BANK

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**Process Date:** 01/10/2005  
**Page:** 3 of 3  
**BUTLER, DAN E**

<u>Date Released</u>	<u>Entity Name</u>
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

<u>Date Released</u>	<u>Entity Name</u>
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

<u>Date Released</u>	<u>Entity Name</u>
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988

<u>Date Released</u>	<u>Entity Name</u>
10/17/2017	SELF-QUERIER



NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000030871524  
Process Date: 09/08/2003  
Page: 1 of 2  
BUTLER, DAN E.**BUTLER, DAN E.****PLICO, INC.****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 08/28/2003

Initial Action

Basis for Initial Action

- SETTLEMENT

- UNKNOWN

**A. REPORTING  
ENTITY**

Entity Name: PHYSICIANS LIABILITY INSURANCE COMPANY \*

Address: 5005 N. LINCOLN ST.

City, State, Zip: OKLAHOMA CITY, OK 73126-0727

Country:

Name or Office: SANDRA DIX

Title or Department: ADMINISTRATIVE ASSISTANT

Telephone: (405) 815-4841

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 07/17/2017:

Entity Name: PLICO, INC.

Address: 126 HARRISON AVE STE 200

City, State, Zip: OKLAHOMA CITY, OK 73104-1818

Country:

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

Subject Name: BUTLER, DAN E.

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name:

Work Address: 109 WEST 4TH STREET

P.O. BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) &amp; Year(s) of Graduation: UNIVERSITY OF OKLAHOMA (1977)

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

State License Number, State of Licensure: 12156, OK

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 09/08/2003

Act/Omission Code: SURGERY: IMPROPER MANAGEMENT OF SURGICAL PATIENT (280)

Date of Act/Omission: 07/15/1999

Payment Date: 08/28/2003

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 130,000.00

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000030871524  
Process Date: 09/08/2003  
Page: 2 of 2  
BUTLER, DAN E.

Total Amount of Judgment or Settlement: \$ 130,000.00  
Payment Result of: SETTLEMENT  
Number of Practitioners for Whom Payment Is Made: 1  
Relationship of Entity to the Practitioner: INSURANCE COMPANY  
Date of Judgment/Settlement:  
Adjudicative Case Number:  
Adjudicative Body Name: COWLEY COUNTY, KS. DISTRICT COURT  
Court File Number: 01-C-224-W  
Reporter's Description of Act or Omission: PHYSICIAN PERFORMED SURGICAL REPAIR OF MASSIVE ROTATOR CUFF TEAR ON 64 YR-OLD MALE PT. PLTF. ALLEGES PHYSICIAN IMPROPERLY MANAGED POST-OP CARE, RESULTING IN WORSENING OF CONDITION AND PERMANENT INJURY.  
Reporter's Description of the Judgment or Settlement: SETTLEMENT IN AMOUNT OF \$130000.00 ON BEHALF OF THIS PHYSICIAN BY LUMP SUM SETTLEMENT WITH NON-DISCLOSURE AGREEMENT.

**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: 09/08/2003

Date of Most Recent Change: 09/08/2003

**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**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000030871524  
Process Date: 09/08/2003  
Page: 1 of 4  
BUTLER, DAN E.**DISCLOSURE HISTORY**

Report Number: 5500000030871524

**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.

<u>Date Released</u>	<u>Entity Name</u>
11/24/2003	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847

<u>Date Released</u>	<u>Entity Name</u>
01/08/2004	BEAUREGARD MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 462-7409

<u>Date Released</u>	<u>Entity Name</u>
03/18/2004	MEDICAL DEVELOPMENT INTERNATIONAL 80 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200

<u>Date Released</u>	<u>Entity Name</u>
04/21/2004	HEALTHNET FEDERAL SERVICES, INC (FORMERL 2026 AEROJET ROAD RANCHO CORDOVA, CA 95742 21032 121-13

<u>Date Released</u>	<u>Entity Name</u>
05/14/2004	FEDERAL BUREAU OF PRISONS 320 1ST ST NW RM 424 WASHINGTON, DC 20534 (202) 307-3055

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000030871524  
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BUTLER, DAN E.

<u>Date Released</u>	<u>Entity Name</u>
06/10/2004	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
09/22/2004	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803

<u>Date Released</u>	<u>Entity Name</u>
10/20/2004	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

<u>Date Released</u>	<u>Entity Name</u>
08/08/2005	GOVERNMENT EMPLOYEES HEALTH ASSOC. INC CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-5500

<u>Date Released</u>	<u>Entity Name</u>
12/28/2005	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
01/16/2006	BEAUREGARD MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 462-7409

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**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000030871524  
**Process Date:** 09/08/2003  
**Page:** 3 of 4  
**BUTLER, DAN E.**

<u>Date Released</u>	<u>Entity Name</u>
04/28/2006	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
07/13/2006	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/10/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000030871524  
Process Date: 09/08/2003  
Page: 4 of 4  
BUTLER, DAN E.

Date Released	Entity Name
09/10/2012	SELF-QUERIER
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988
10/17/2017	SELF-QUERIER



10/19/2017 THU 10:36 FAX

081/119

NATIONAL PRACTITIONER DATA BANK

**NPDB**

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DCN: 5500000016992364

Process Date: 04/21/2000

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BUTLER, DAN E

**BUTLER, DAN E**

**PLICO, INC.**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
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Process Date: 04/21/2000  
Page: 2 of 2  
BUTLER, DAN E

Payment Result of: SETTLEMENT  
Number of Practitioners for Whom Payment Is Made: 1  
Relationship of Entity to the Practitioner: INSURANCE COMPANY  
Date of Judgment/Settlement:  
Adjudicative Case Number:  
Adjudicative Body Name:  
Court File Number:  
Reporter's Description of Act or Omission: REMOVAL OF BONE SPUR FROM RIGHT ELBOW DAMAGED TENDON,  
RESULTING IN PERMANENT WEAKNESS.  
Reporter's Description of the Judgment or Settlement: SETTLEMENT IN THE AMOUNT OF \$150,000 BY LUMP SUM PAYMENT  
WITH NON-DISCLOSURE AGREEMENT.

**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**

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- ☐ 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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Date of Original Submission: 04/21/2000  
Date of Most Recent Change: 04/21/2000

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

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**END OF REPORT**

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000016992364  
Process Date: 04/21/2000  
Page: 1 of 7  
BUTLER, DAN E**DISCLOSURE HISTORY**

Report Number: 5500000016992364

**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
05/02/2000	SELF-QUERIER
Date Released	Entity Name
06/15/2000	ST. MARY'S REGIONAL MEDICAL CENTER PO BOX 232 ENID, OK 73702 (580) 249-3754
Date Released	Entity Name
06/22/2000	BLACKWELL REGIONAL HOSPITAL 710 S 13TH ST BLACKWELL, OK 74631 (405) 742-5432
Date Released	Entity Name
08/08/2000	MERCY HOSPITAL EL RENO 2115 PARKVIEW DR P.O BOX 129 EL RENO, OK 73036 (405) 295-1340
Date Released	Entity Name
09/05/2000	SURGERY CENTER OF ENID 1133 W WILLOW RD ENID, OK 73703 (580) 233-7171

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
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BUTLER, DAN E

Date Released	Entity Name
09/14/2000	AETNA NORTH CENTRAL REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
12/28/2000	INTEGRIS BASS BAPTIST HEALTH CTR. 600 S MONROE ST ENID, OK 73701 (405) 951-2626
02/13/2001	AMCARE HEALTH PLANS OF TEXAS, INC. 3411 RICHMOND AVENUE SUITE 500 HOUSTON, TX 77046 71398 671-68
03/07/2001	WELLCOR AMERICA 3030 N. W. EXPRESSWAY OKLAHOMA CITY, OK 73112 40595 147-00
10/09/2001	SABINE MEDICAL CENTER 240 HIGHLAND DR MANY, LA 71449 (318) 256-7380
12/18/2001	BYRD REGIONAL HOSPITAL 1020 W FERTITTA BLVD LEESVILLE, LA 71446 (337) 239-5242
01/16/2002	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847

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BUTLER, DAN E

Date Released	Entity Name
01/21/2002	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

Date Released	Entity Name
01/24/2002	AMERICAN LIFECARE 1100 POYDRAS STREET, SUITE 2600 NEW ORLEANS, LA 70163 (504) 561-0600

Date Released	Entity Name
02/27/2002	AMERICAN LIFECARE 1100 POYDRAS STREET, SUITE 2600 NEW ORLEANS, LA 70163 (504) 561-0600

Date Released	Entity Name
04/08/2002	PPOPLUS, LLC 400 POYDRAS STREET, SUITE 2040 NEW ORLEANS, LA 70130 (504) 680-4487

Date Released	Entity Name
05/07/2002	HEALTHNET FEDERAL SERVICES, INC (FORMERL 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 21032 121-13

Date Released	Entity Name
11/24/2003	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847

Date Released	Entity Name
01/08/2004	BEAUREGARD MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 482-7409

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000016992364  
**Process Date:** 04/21/2000  
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**BUTLER, DAN E**

<u>Date Released</u>	<u>Entity Name</u>
03/18/2004	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200

<u>Date Released</u>	<u>Entity Name</u>
04/21/2004	HEALTHNET FEDERAL SERVICES, INC (FORMERL 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 21032 121-13

<u>Date Released</u>	<u>Entity Name</u>
05/14/2004	FEDERAL BUREAU OF PRISONS 320 1ST ST NW RM 424 WASHINGTON, DC 20534 (202) 307-3055

<u>Date Released</u>	<u>Entity Name</u>
06/10/2004	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

<u>Date Released</u>	<u>Entity Name</u>
09/22/2004	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803

<u>Date Released</u>	<u>Entity Name</u>
10/20/2004	FIRST CHOICE HEALTH PLAN 6525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

<u>Date Released</u>	<u>Entity Name</u>
08/08/2005	GOVERNMENT EMPLOYEES HEALTH ASSOC. INC CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-5500



NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000016992364  
**Process Date:** 04/21/2000  
**Page:** 5 of 7  
**BUTLER, DAN E**

<u>Date Released</u>	<u>Entity Name</u>
12/28/2005	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
01/16/2006	BEAUREGARD MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 462-7409
04/28/2006	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
07/13/2006	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/10/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
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BUTLER, DAN E

Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

Date Released	Entity Name
09/10/2012	SELF-QUERIER

Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880

Date Released	Entity Name
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200

Date Released	Entity Name
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842

Date Released	Entity Name
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
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BUTLER, DAN E

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**Date Released**

10/17/2017

**Entity Name**SELF-QUERIER

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NATIONAL PRACTITIONER DATA BANK

# NPDB

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Chantilly, VA 20153-0832

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5500000128459079

Process Date: 10/17/2017

Page 1 of 1

To: BUTLER, DAN EDWARD

PO BOX 130

DERIDDER, LA 70634-1130

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 Medical L. 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 8403 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: 1-703-302-9395). 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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NATIONAL PRACTITIONER DATA BANK

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5500000128459079

Process Date: 10/17/2017

Page 1 of 4

## BUTLER, DAN EDWARD - SELF-QUERY RESPONSE

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

Practitioner Name: BUTLER, DAN EDWARD  
 Date of Birth: 11/12/1946 Gender: MALE  
 Delivery Address: PO BOX 130 DERIDDER, LA 70634-0130  
 Social Security Number: \*\*\*-\*\*-4061 DEA: AB8189 07  
 NPI: 1497821367  
 License: PHYSICIAN (MD), 14289R, LA, ORTHOPEDIC SURGERY  
 Professional School(s): UNIVERSITY OF OKLAHOMA (1977)

### B. PAYMENT INFORMATION

Credit Card Information: XXXXXX-XXXX2638 (09/2018)  
 NPDB Charge: \$4.00\* NPDB Bill Reference Number: N54641657  
 \* Each charge will appear separately on your credit card statement.  
 Transaction Date: 10/17/2017 Additional Paper Copies Requested: 0

### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/17/2017

The following report types have been searched:

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

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

### LOUISIANA MEDICAL MUTUAL INSURANCE CO.

#### MEDICAL MALPRACTICE PAYMENT

Basis for Action: IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
 DCN: 5500000038029648

Date of Action: 02/28/2014

### PATIENT'S COMPENSATION FUND

#### MEDICAL MALPRACTICE PAYMENT

Basis for Action: - WRONG EQUIPMENT

DCN: 5500000038316436

Date of Action: 11/12/2010

### LOUISIANA MEDICAL MUTUAL INSURANCE CO.

#### MEDICAL MALPRACTICE PAYMENT

Basis for Action: IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
 DCN: 5500000034945105

Date of Action: 10/13/2010

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**PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER MANAGEMENT

DCN: 55000000138317951

Date of Action: 06/09/2010

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 55000000132451938

Date of Action: 05/25/2010

**PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER TECHNIQUE

DCN: 55000000132589458

Date of Action: 05/24/2010

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER MANAGEMENT

Initial Action: - SETTLEMENT  
DCN: 55000000131531115

Date of Action: 03/29/2010

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 55000000135411931

Date of Action: 02/19/2009

**PATIENT'S COMPENSATION FUND****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT  
DCN: 55000000134412133

Date of Action: 11/17/2008

**LOUISIANA MEDICAL MUTUAL INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT  
DCN: 55000000133931734

Date of Action: 10/31/2008





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## LOUISIANA MEDICAL MUTUAL INSURANCE CO.

## MEDICAL MALPRACTICE PAYMENT

Basis for Action: - DELAY IN DIAGNOSIS

Initial Action: - SETTLEMENT  
DCN: 5500000032866035

Date of Action: 08/18/2008

## PATIENTS' COMPENSATION FUND

## MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 5500000038519312

Date of Action: 07/29/2005

## PHYSICIANS LIABILITY INSURANCE COMPANY

## MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT  
DCN: 5500000038281124

Date of Action: 07/13/2005

## PHYSICIANS LIABILITY INSURANCE COMPANY

## MEDICAL MALPRACTICE PAYMENT



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## C INFORMATION REPORTED

Date of Report: 03/17/2014

Relationship of Entity to  
This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

### PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment  
or This Practitioner: \$ 40,000.00

Date of This Payment: 02/28/2014

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: 02/13/2014

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: 20090673A

Description of Judgment or Settlement and Any  
Conditions, Including, Terms of Payment:

A SINGLE FINAL PAYMENT IN THE AMOUNT OF \$40,000 WAS  
MADE, WHICH COVERED THE INDEMNITY PAYMENT AND LIEN.

### 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: \$ 40,000.00

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: 5 YEARS

Patient's Gender: MALE

Patient's Type: BOTH

Description of the Medical Condition With Which the Patient  
Presented for Treatment:

THIS FIVE YEAR OLD MALE BROKE HIS FEMUR WHEN AN SWINGSET  
FELL ON HIM, A BROKEN FEMUR.

Description of the Procedure Performed:

SURGERY WAS PERFORMED TO CORRECT THE RIGHT MIDSHAFT  
FEMUR FRACTURE, AND AN INTERMEDULLARY WIRE STABILIZED  
THE FRACTURE. THE PATIENT WAS PLACED IN A CAST.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (006)

Date of Event Associated With Allegation or Incident: 07/19/2005

Outcome: MINOR TEMPORARY INJURY (03)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:

PLAINTIFF ALLEGES SURGERY WAS IMPROPERLY PERFORMED,  
RESULTING IN ANGIOTIC OF THE LEG AND PERONEAL PALSY.

A MEDICAL REVIEW PANEL FOUND THE INSURED USED AN  
ACCEPTABLE SURGICAL TECHNIQUE AND THAT THE RESIDUAL  
PERONEAL PALSY IS A KNOWN COMPLICATION OF THIS TYPE OF  
FRACTURE OR CASTING AND THAT OVER TIME THE SYMPTOMS  
RESOLVED. THE PANEL FOUND NO BREACH IN THE STANDARD OF  
CARE.

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## 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: 03/17/2014

Date of Most Recent Change: 03/17/2014

## 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.

The Data Bank attempted to notify the Subject Identified in Section B on 03/17/2014 at the address below, but the attempt was unsuccessful.

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## 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

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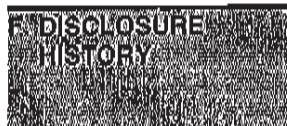
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## DISCLOSURE HISTORY

Report Number: 5500000088029648



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

A copy of this report has been disclosed to the following entity(ies) 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
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1841
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1981
10/17/2017	SELF-QUERY

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