

To: ZIOMEK, PAUL H

185 DIAMOND LOOP

RUTHERFORDTON, NC 28139-6546

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.

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ZIOMEK, PAUL H - SELF-QUERY RESPONSE

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

Practitioner Name: ZIOMEK, PAUL H
Date of Birth: 01/12/1962 Gender: MALE
Delivery Address: 185 DIAMOND LOOP, RUTHERFORDTON, NC 28139-6546
Social Security Number: ***-**-1037 DEA: FZ6251069
NPI: 1548357908 UPIN: F43133
License: PHYSICIAN (MD), 36083, NC, INTERNAL MEDICINE
Professional School(s): UNIVERSIDAD TECHNOLOGICA DE SANTIAGO, ESCUELA DE MEDICINA (1987)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX6926 (10/2021)
NPDB Charge: \$4.00 NPDB Bill Reference Number: N55819866
Transaction Date: 01/25/2018 Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/25/2018

The following report types have been searched:			
Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	Yes, See Below
State Licensure Action(s):	Yes, See Below	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):	Yes, See Below	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.

NC MEDICAL BOARD

STATE LICENSURE

Basis for Action: - VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER

Initial Action:	- SUSPENSION OF LICENSE	Date of Action:	02/27/2013
DCN:	5500000080431767		
Subsequent Action:	- LICENSE RESTORED OR REINSTATED, CONDITIONAL	Date of Action:	04/28/2014
DCN:	5500000089821619		
Subsequent Action:	- MODIFICATION OF PREVIOUS LICENSURE ACTION	Date of Action:	04/07/2015
	- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT		
DCN:	FOR DETAILS 5500000096556805		
Subsequent Action:	- MODIFICATION OF PREVIOUS LICENSURE ACTION	Date of Action:	04/07/2015
	- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT		
DCN:	FOR DETAILS 5500000096555989		

NC DIVISION OF MEDICAL ASSISTANCE

HEALTH PLAN ACTION

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

Initial Action:	- OTHER HEALTH PLAN ACTION, SEE SECTION C. OF THE	Date of Action:	02/27/2013
DCN:	REPORT FOR DETAILS 5500000081176717		

NC MEDICAL BOARD

STATE LICENSURE

Basis for Action: - VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER

Initial Action:	- VOLUNTARY SURRENDER OF LICENSE	Date of Action:	10/29/2012
DCN:	5500000081445573		

NC MEDICAL BOARD

STATE LICENSURE

Basis for Action: - SUBSTANDARD OR INADEQUATE CARE

Initial Action:	- SUSPENSION OF LICENSE	Date of Action:	09/27/2011
DCN:	5500000071415576		

Subsequent Action:	- MODIFICATION OF PREVIOUS LICENSURE ACTION - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	Date of Action:	04/07/2015
DCN:	5500000096553627		

CHARLES GEORGE VA MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES

Basis for Action: - SUBSTANDARD OR INADEQUATE CARE

Initial Action:	- REVOCATION OF CLINICAL PRIVILEGES	Date of Action:	09/29/2009
DCN:	5500000059451241		

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

ZIOMEK, PAUL HENRY

NC MEDICAL BOARD

STATE LICENSURE ACTION

Date of Action: 02/27/2013

Initial Action

Basis for Initial Action

- SUSPENSION OF LICENSE

- VIOLATION OF OR FAILURE TO COMPLY WITH
LICENSING BOARD ORDER

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - LICENSE RESTORED OR REINSTATED, CONDITIONAL Date of Action: 04/28/2014 DCN: 5500000089821619

Subsequent Action: - MODIFICATION OF PREVIOUS LICENSURE ACTION
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS Date of Action: 04/07/2015 DCN: 5500000096556805

Subsequent Action: - MODIFICATION OF PREVIOUS LICENSURE ACTION
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS Date of Action: 04/07/2015 DCN: 5500000096555989

A. REPORTING ENTITY

Entity Name: NC MEDICAL BOARD *

Address: 1203 FRONT STREET

City, State, Zip: RALEIGH, NC 27609-7533

Country:

Name or Office: BETTY SUTHERLAND

Title or Department: LEGAL DEPARTMENT COORDINATOR

Telephone: (919) 326-1109 Ext. 282

Entity Internal Report Reference: 2010-1777

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 08/15/2017:

Entity Name: NC MEDICAL BOARD

Address: 1203 FRONT ST

City, State, Zip: RALEIGH, NC 27609-7526

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/12/1962

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 185 DIAMOND LOOP

City, State, ZIP: RUTHERFORDTON, NC 28139

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Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***--**-1037
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSIDAD TECHNOLOGICA DE SANTIAGO-DOMINICAN REPUBLIC (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 36083, NC
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION
REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER (A5)
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: NORTH CAROLINA MEDICAL BOARD
Adverse Action
Classification Code(s): SUSPENSION OF LICENSE (1135)
Date Action Was Taken: 02/27/2013
Date Action Became Effective: 02/27/2013
Length of Action: INDEFINITE
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: NO
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: PURSUANT TO A CONSENT ORDER DATED FEBRUARY 27, 2013, THE BOARD INDEFINITELY SUSPENDED DR. ZIOMEK'S LICENSE FOR HIS FAILURE TO ENTER INTO A RE-ENTRY AGREEMENT OR OBTAIN WRITTEN APPROVAL FROM THE BOARD OR OMD BEFORE RESUMING THE PRACTICE OF MEDICINE. SPECIFICALLY, DR. ZIOMEK WORKED LOCUM TENENS POSITIONS IN STATESVILLE AND GREENVILLE, NORTH CAROLINA WITHOUT FIRST OBTAINING THE REQUIRED APPROVALS. DR. ZIOMEK FAILED TO NOTIFY THE BOARD IN ANY MANNER THAT HE HAD RESUMED THE PRACTICE OF MEDICINE. BY DOING THIS, DR. ZIOMEK VIOLATED THE TERMS AND CONDITIONS OF HIS SEPTEMBER 27, 2011 CONSENT ORDER.
Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of Patient(s)?: NO
☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

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

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission:02/27/2013

Date of Most Recent Change:02/27/2013

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000080431767

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
04/17/2013	NC MEDICAL BOARD 1203 FRONT ST RALEIGH, NC 27609 (919) 277-1873
Date Released	Entity Name
10/15/2013	SELF-QUERIER
Date Released	Entity Name
07/17/2014	SELF-QUERIER
Date Released	Entity Name
07/25/2014	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
08/27/2014	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
10/07/2014	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
11/07/2014	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
Date Released	Entity Name
06/08/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
07/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/16/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
02/19/2016	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
05/25/2016	RANDSTAD PROFESSIONALS DBA RANDSTAD HEALTHCARE 150 PRESIDENTIAL WAY # 3 WOBURN, MA 01801 (800) 919-9100
Date Released	Entity Name
07/20/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135

Date Released	Entity Name
08/12/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135

Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036

Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036

Date Released	Entity Name
08/23/2016	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708

Date Released	Entity Name
08/26/2016	RHINO MEDICAL SERVICES 2000 E LAMAR BLVD STE 250 ARLINGTON, TX 76006 (866) 267-4466

Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500

Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272

Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100

Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
09/27/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287

Date Released	Entity Name
10/12/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER

ZIOMEK, PAUL HENRY

NC MEDICAL BOARD

STATE LICENSURE ACTION

Date of Action: 04/28/2014

Subsequent Action

Basis for Initial Action

- LICENSE RESTORED OR REINSTATED, CONDITIONAL

- VIOLATION OF OR FAILURE TO COMPLY WITH
LICENSING BOARD ORDER

This action has related reports:

Initial Action: - SUSPENSION OF LICENSE Date of Action: 02/27/2013 DCN: 5500000080431767

Subsequent Action: [This Action]

Subsequent Action: - MODIFICATION OF PREVIOUS LICENSURE ACTION
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS Date of Action: 04/07/2015 DCN: 5500000096556805

Subsequent Action: - MODIFICATION OF PREVIOUS LICENSURE ACTION
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS Date of Action: 04/07/2015 DCN: 5500000096555989

A. REPORTING ENTITY

Entity Name: NC MEDICAL BOARD *

Address: 1203 FRONT STREET

City, State, Zip: RALEIGH, NC 27609-7533

Country:

Name or Office: CINDY HARRISON

Title or Department: PARALEGAL

Telephone: (919) 326-1109 Ext. 252

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000080431767

*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 08/15/2017:

Entity Name: NC MEDICAL BOARD

Address: 1203 FRONT ST

City, State, Zip: RALEIGH, NC 27609-7526

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/12/1962

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 185 DIAMOND LOOP

City, State, ZIP: RUTHERFORDTON, NC 28139-6546
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-1037
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSIDAD TECHNOLOGICA DE SANTIAGO-DOMINICAN REPUBLIC (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 36083, NC
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION
REPORTED

Type of Adverse Action: STATE LICENSURE
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: NORTH CAROLINA MEDICAL BOARD
Adverse Action
Classification Code(s): LICENSE RESTORED OR REINSTATED, CONDITIONAL (1282)
Date Action Was Taken: 04/28/2014
Date Action Became Effective: 04/28/2014
Length of Action: INDEFINITE
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: NO
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: MD ENTERED INTO A CONSENT ORDER WITH THIS BOARD WHICH
REINSTATES HIS LICENSE FOR A 6 MONTH PERIOD WITH RE-
ENTRY PROVISIONS.
Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of Patient(s)?: NO

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

D. SUBJECT
STATEMENT

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

Date Submitted: 07/10/2015
I have completed reentry and satisfied all requirementfor s and now have an
unrestricted license to practice in NC. Furthermore, I completed recertification
for the American Board of Internal Medicine on 7/7/15 and am board certified in
Internal medicine. I have been practicing in a traditional internal medicine
practice at Rapha Primary Care at 1905 Skibo Rd. Fayetteville, NC with Dr. [Name
Deleted (ND)] since June 2014. I see approximately 50 patients daily and have a
satisfied patient base. I plan to practice in a traditional internal medicine

capacity for the rest of my career and never to deviate into anything other than traditional internal medicine. I have completed more than 130 hours of CME in the last 2 years and will keep my license in good standing indefinitely.

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: 06/09/2014
Date of Most Recent Change: 06/09/2014

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000089821619

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
07/17/2014	SELF-QUERIER

Date Released	Entity Name
07/25/2014	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272

Date Released	Entity Name
08/27/2014	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514

Date Released	Entity Name
10/07/2014	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
11/07/2014	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512

Date Released	Entity Name
06/08/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Date Released	Entity Name
07/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/16/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
02/19/2016	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
05/25/2016	RANDSTAD PROFESSIONALS DBA RANDSTAD HEALTHCARE 150 PRESIDENTIAL WAY # 3 WOBURN, MA 01801 (800) 919-9100
Date Released	Entity Name
07/20/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/12/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036

Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/23/2016	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708
Date Released	Entity Name
08/26/2016	RHINO MEDICAL SERVICES 2000 E LAMAR BLVD STE 250 ARLINGTON, TX 76006 (866) 267-4466
Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500
Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112

Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
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Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
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Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER

ZIOMEK, PAUL HENRY

NC MEDICAL BOARD

STATE LICENSURE ACTION

Date of Action: 04/07/2015

Subsequent Action

Basis for Initial Action

- MODIFICATION OF PREVIOUS LICENSURE ACTION
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE
REPORT FOR DETAILS

- VIOLATION OF OR FAILURE TO COMPLY WITH
LICENSING BOARD ORDER

This action has related reports:

Initial Action:	- SUSPENSION OF LICENSE	Date of Action:	02/27/2013	DCN:	5500000080431767
Subsequent Action:	- LICENSE RESTORED OR REINSTATED, CONDITIONAL	Date of Action:	04/28/2014	DCN:	5500000089821619
Subsequent Action:	[This Action]				
Subsequent Action:	- MODIFICATION OF PREVIOUS LICENSURE ACTION - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	Date of Action:	04/07/2015	DCN:	5500000096555989

A. REPORTING
ENTITY

Entity Name: NC MEDICAL BOARD *
Address: 1203 FRONT STREET
City, State, Zip: RALEIGH, NC 27609-7533
Country:
Name or Office: LYNNE TAYLOR
Title or Department: PARALEGAL
Telephone: (919) 326-1109 Ext. 237
Entity Internal Report Reference: 2014-0557
Type of Report: REVISION
Related Report Number: 5500000089821619

*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 08/15/2017:

Entity Name: NC MEDICAL BOARD
Address: 1203 FRONT ST
City, State, Zip: RALEIGH, NC 27609-7526
Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY
Other Name(s) Used:
Gender: MALE
Date of Birth: 01/12/1962
Organization Name: RAPHA PRIMARY CARE
Work Address: 1905 SKIBO RD
City, State, ZIP: FAYETTEVILLE, NC 28314-0260
Organization Type: MEDICAL GROUP/PRACTICE (365)
Home Address: 185 DIAMOND LOOP
City, State, ZIP: RUTHERFORDTON, NC 28139-6546

Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***--**-1037
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSIDAD TECHNOLOGICA DE SANTIAGO-DOMINICAN REPUBLIC (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 36083, NC
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION
REPORTED

Type of Adverse Action: STATE LICENSURE
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: NC MEDICAL BOARD
Adverse Action
Classification Code(s): MODIFICATION OF PREVIOUS LICENSURE ACTION (1297)
OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)
Other, as Specified: RELIEF OF CONSENT ORDER OBLIGATIONS
Date Action Was Taken: 04/07/2015
Date Action Became Effective: 04/07/2015
Length of Action: INDEFINITE
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?:
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: PURSUANT AN ORDER DATED APRIL 7, 2015, THE BOARD
RELIEVED DR. ZIOMEK OF ALL OBLIGATIONS CONTAINED IN THE
NUMBERED PARAGRAPHS OF HIS APRIL 28, 2014, CONSENT
ORDER. THIS ACTION WAS BASED ON DR. ZIOMEK'S COMPLIANCE
WITH HIS CONSENT ORDER.
Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of Patient(s)?: NO
☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT
STATEMENT

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

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 04/28/2015
Date of Most Recent Change: 04/28/2015

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000096556805

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
06/08/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
07/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/16/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
02/19/2016	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
05/25/2016	RANDSTAD PROFESSIONALS DBA RANDSTAD HEALTHCARE 150 PRESIDENTIAL WAY # 3 WOBURN, MA 01801 (800) 919-9100

Date Released	Entity Name
07/20/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/12/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/23/2016	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708
Date Released	Entity Name
08/26/2016	RHINO MEDICAL SERVICES 2000 E LAMAR BLVD STE 250 ARLINGTON, TX 76006 (866) 267-4466
Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500

Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100

Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
09/27/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512

Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
10/12/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER

ZIOMEK, PAUL HENRY

NC MEDICAL BOARD

STATE LICENSURE ACTION

Date of Action: 04/07/2015

Subsequent Action

Basis for Initial Action

- MODIFICATION OF PREVIOUS LICENSURE ACTION
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE
REPORT FOR DETAILS

- VIOLATION OF OR FAILURE TO COMPLY WITH
LICENSING BOARD ORDER

This action has related reports:

Initial Action:	- SUSPENSION OF LICENSE	Date of Action:	02/27/2013	DCN:	5500000080431767
Subsequent Action:	- LICENSE RESTORED OR REINSTATED, CONDITIONAL	Date of Action:	04/28/2014	DCN:	5500000089821619
Subsequent Action:	- MODIFICATION OF PREVIOUS LICENSURE ACTION - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	Date of Action:	04/07/2015	DCN:	5500000096556805
Subsequent Action:	[This Action]				

A. REPORTING
ENTITY

Entity Name: NC MEDICAL BOARD *
Address: 1203 FRONT STREET
City, State, Zip: RALEIGH, NC 27609-7533
Country:
Name or Office: LYNNE TAYLOR
Title or Department: Paralegal
Telephone: (919) 326-1109 Ext. 237
Entity Internal Report Reference: 2010-1777
Type of Report: REVISION
Related Report Number: 5500000080431767

*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 08/15/2017:

Entity Name: NC MEDICAL BOARD
Address: 1203 FRONT ST
City, State, Zip: RALEIGH, NC 27609-7526
Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY
Other Name(s) Used:
Gender: MALE
Date of Birth: 01/12/1962
Organization Name: RAPHA PRIMARY CARE
Work Address: 1905 SKIBO RD
City, State, ZIP: FAYETTEVILLE, NC 28314-0260
Organization Type: MEDICAL GROUP/PRACTICE (365)
Home Address: 185 DIAMOND LOOP
City, State, ZIP: RUTHERFORDTON, NC 28139-6546

Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***--**-1037
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSIDAD TECHNOLOGICA DE SANTIAGO-DOMINICAN REPUBLIC (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 36083, NC
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION
REPORTED

Type of Adverse Action: STATE LICENSURE
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: NC MEDICAL BOARD
Adverse Action
Classification Code(s): MODIFICATION OF PREVIOUS LICENSURE ACTION (1297)
OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)
Other, as Specified: RELIEF OF CONSENT ORDER OBLIGATIONS
Date Action Was Taken: 04/07/2015
Date Action Became Effective: 04/07/2015
Length of Action: INDEFINITE
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?:
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: PURSUANT TO AN ORDER DATED APRIL 7, 2015, THE BOARD
RELIEVED DR. ZIOMEK OF ALL OBLIGATIONS CONTAINED IN THE
NUMBERED PARAGRAPHS OF HIS FEBRUARY 27, 2013, CONSENT
ORDER.
Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of Patient(s)?:
☐ NO
☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT
STATEMENT

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

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 04/28/2015
Date of Most Recent Change: 04/28/2015

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000096555989

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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Date Released	Entity Name
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Date Released	Entity Name
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Date Released	Entity Name
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Date Released	Entity Name
08/12/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/23/2016	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708
Date Released	Entity Name
08/26/2016	RHINO MEDICAL SERVICES 2000 E LAMAR BLVD STE 250 ARLINGTON, TX 76006 (866) 267-4466
Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500

Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100

Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
09/27/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512

Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
10/12/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER

ZIOMEK, PAUL HENRY

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES	
HEALTH PLAN ACTION	Date of Action: 02/27/2013
Initial Action	Basis for Initial Action
- OTHER HEALTH PLAN ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	- LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name: NC DIVISION OF MEDICAL ASSISTANCE *
Address: 2501 MAIL SERVICE CENTER
City, State, Zip: RALEIGH, NC 27616-2501
Country:
Name or Office: DMA PROVIDER SERVICES
Title or Department:
Telephone: (919) 855-4050
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 11/29/2017:

Entity Name: NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Address: 2501 MAIL SERVICE CTR
City, State, Zip: RALEIGH, NC 27699-2500
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY
Other Name(s) Used:
Gender: MALE
Date of Birth: 01/12/1962
Organization Name:
Work Address:
City, State, ZIP:
Organization Type:
Home Address: 1503 EAST BROAD STREET
City, State, ZIP: STATESVILLE, NC 28625-4301
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***--**-1037
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI): 1548357908
Professional School(s) & Year(s) of Graduation: UTESA-DOMINICAN REP (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 36083, NC
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.): FIRST CARE MEDICAL CLINIC
Business Address of Affiliate: 404 SOUTH SUTHERLAND AVENUE
City, State, ZIP: MONROE, NC 28112-5060
Nature of Relationship(s): SUBJECT IS EMPLOYEE OF AFFILIATE OR ASSOCIATE (200)
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.): MELANGE HEALTH SOLUTIONS LLC
Business Address of Affiliate: 145 B SCALEYBARK ROAD
City, State, ZIP: CHARLOTTE, NC 28209-2608
Nature of Relationship(s): SUBJECT IS EMPLOYEE OF AFFILIATE OR ASSOCIATE (200)

C. INFORMATION
REPORTED

Type of Adverse Action: HEALTH PLAN ACTION
Basis for Action: LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY
ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING
AUTHORITY (39)
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: NORTH CAROLINA MEDICAL BOAD
Adverse Action
Classification Code(s): OTHER HEALTH PLAN ACTION, SPECIFY (1989)
Other, as Specified: INDEFINITE MD LICENSE SUSPENSION
Date Action Was Taken: 02/27/2013
Date Action Became Effective: 02/27/2013
Length of Action: INDEFINITE
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: NO
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: ON SEPTEMBER 27, 2011, DR. ZIOMEK ENTERED INTO A CONSENT
ORDER WITH THE NC MEDICAL BOARD. THE CONSENT ORDER
SUSPENDED DR. ZIOMEK'S LICENSE TO PRACTICE MEDICINE FOR
SIX MONTHS RETROACTIVE TO NOVEMBER 1, 2010. DR. ZIOMEK
FAILED TO ENTER INTO A RE-ENTRY AGREEMENT OR OBTAIN
WRITTEN APPROVAL FROM THE BOARD BEFORE RESUMING THE
PRACTICE OF MEDICINE; WHICH VIOLATED THE TERMS AND
CONDITIONS OF HIS SEPTEMBER 27, 2011 CONSENT ORDER. ON
OCTOBER 29, 2012, DR. ZIOMEK VOLUNTARILY SURRENDERED HIS
LICENSE.

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

D. SUBJECT
STATEMENT

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

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary’s decision is shown below:

Date of Original Submission:

04/03/2013

Date of Most Recent Change:

04/03/2013

This report is maintained under the provisions of: Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000081176717

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
04/17/2013	NC MEDICAL BOARD 1203 FRONT ST RALEIGH, NC 27609 (919) 277-1873
Date Released	Entity Name
10/15/2013	SELF-QUERIER
Date Released	Entity Name
07/17/2014	SELF-QUERIER
Date Released	Entity Name
07/25/2014	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
08/27/2014	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
10/07/2014	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
11/07/2014	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
Date Released	Entity Name
06/08/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
07/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/16/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
02/19/2016	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
05/25/2016	RANDSTAD PROFESSIONALS DBA RANDSTAD HEALTHCARE 150 PRESIDENTIAL WAY # 3 WOBURN, MA 01801 (800) 919-9100
Date Released	Entity Name
07/20/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135

Date Released	Entity Name
08/12/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/23/2016	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708
Date Released	Entity Name
08/26/2016	RHINO MEDICAL SERVICES 2000 E LAMAR BLVD STE 250 ARLINGTON, TX 76006 (866) 267-4466
Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500
Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272

Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100

Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
09/27/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287

Date Released	Entity Name
10/12/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER

ZIOMEK, PAUL HENRY

NC MEDICAL BOARD

STATE LICENSURE ACTION

Date of Action: 10/29/2012

Initial Action

Basis for Initial Action

- VOLUNTARY SURRENDER OF LICENSE

- VIOLATION OF OR FAILURE TO COMPLY WITH
LICENSING BOARD ORDER

A. REPORTING
ENTITY

Entity Name: NC MEDICAL BOARD *

Address: 1203 FRONT STREET

City, State, Zip: RALEIGH, NC 27609-7533

Country:

Name or Office: LYNNE TAYLOR

Title or Department: LEGAL ASSISTANT

Telephone: (919) 326-1109 Ext. 237

Entity Internal Report Reference: 2010-1777

Type of Report: CORRECTION

Previous Report Number: 5500000078173938 (Please destroy all copies of the
previous report)

*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 08/15/2017:

Entity Name: NC MEDICAL BOARD

Address: 1203 FRONT ST

City, State, Zip: RALEIGH, NC 27609-7526

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/12/1962

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 185 DIAMOND LOOP

City, State, ZIP: RUTHERFORDTON, NC 28139

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***--**-1037

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNIVERSIDAD TECHNOLOGICA DE SANTIAGO-DOMINICAN REPUBLIC
(1987)

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

State License Number, State of Licensure: 36083, NC

Specialty: INTERNAL MEDICINE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION
REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Type of Adverse Action: STATE LICENSURE
Basis for Action: VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD
ORDER (A5)

Name of Agency or Program
That Took the Adverse Action
Specified in This Report: NORTH CAROLINA MEDICAL BOARD
Adverse Action
Classification Code(s): VOLUNTARY SURRENDER OF LICENSE (1145)
Date Action Was Taken: 10/29/2012
Date Action Became Effective: 10/29/2012
Length of Action: INDEFINITE

Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: NO

* Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: DR. ZIOMEK VOLUNTARILY SURRENDERED HIS NORTH CAROLINA
MEDICAL LICENSE AFTER IT WAS DISCOVERED THAT HE HAD NOT
COMPLIED WITH THE CONDITIONS OF HIS SEPTEMBER 27, 2011
CONSENT ORDER.

Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of Patient(s)?: NO

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

D. SUBJECT
STATEMENT

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

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

NPDB

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

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

DCN: 5500000081445573
Process Date: 04/17/2013
Page: 3 of 3
ZIOMEK, PAUL HENRY

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary’s decision is shown below:

Date of Original Submission: 10/30/2012
Date of Most Recent Change: 04/17/2013

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000081445573

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
10/15/2013	SELF-QUERIER

Date Released	Entity Name
07/17/2014	SELF-QUERIER

Date Released	Entity Name
07/25/2014	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272

Date Released	Entity Name
08/27/2014	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514

Date Released	Entity Name
10/07/2014	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
11/07/2014	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512

Date Released	Entity Name
06/08/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
07/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/16/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
02/19/2016	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
05/25/2016	RANDSTAD PROFESSIONALS DBA RANDSTAD HEALTHCARE 150 PRESIDENTIAL WAY # 3 WOBURN, MA 01801 (800) 919-9100
Date Released	Entity Name
07/20/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/12/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135

Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036

Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036

Date Released	Entity Name
08/23/2016	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708

Date Released	Entity Name
08/26/2016	RHINO MEDICAL SERVICES 2000 E LAMAR BLVD STE 250 ARLINGTON, TX 76006 (866) 267-4466

Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500

Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272

Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008

Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772

Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
09/27/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
10/12/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER

Recipient(s) of the Earlier Version of this Report

An earlier version of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report.

Date Released	Entity Name
11/09/2012	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
01/07/2013	MS STATE BOARD OF MEDICAL LICENSURE 1867 CRANE RIDGE DR STE 200B JACKSON, MS 39216 (601) 987-0223
Date Released	Entity Name
04/17/2013	NC MEDICAL BOARD 1203 FRONT ST RALEIGH, NC 27609 (919) 277-1873

ZIOMEK, PAUL HENRY

NC MEDICAL BOARD

STATE LICENSURE ACTION

Date of Action: 09/27/2011

Initial Action

Basis for Initial Action

- SUSPENSION OF LICENSE

- SUBSTANDARD OR INADEQUATE CARE

This action has related reports:

Initial Action:	[This Action]		
Subsequent Action:	- MODIFICATION OF PREVIOUS LICENSURE ACTION - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	Date of Action: 04/07/2015	DCN: 5500000096553627

A. REPORTING ENTITY

Entity Name: NC MEDICAL BOARD *
Address: 1203 FRONT STREET
City, State, Zip: RALEIGH, NC 27609-7533
Country:
Name or Office: BETTY SUTHERLAND
Title or Department: LEGAL DEPARTMENT COORDINATOR
Telephone: (919) 326-1109 Ext. 282
Entity Internal Report Reference: 2009-2680+
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 08/15/2017:

Entity Name: NC MEDICAL BOARD
Address: 1203 FRONT ST
City, State, Zip: RALEIGH, NC 27609-7526
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY
Other Name(s) Used:
Gender: MALE
Date of Birth: 01/12/1962
Organization Name:
Work Address:
City, State, ZIP:
Organization Type:
Home Address: 185 DIAMOND LOOP
City, State, ZIP: RUTHERFORDTON, NC 28139
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-1037
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSIDAD TECHNOLOGICA DE SANTIAGO-DOMINICAN REPUBLIC

(1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 36083, NC
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION
REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: SUBSTANDARD OR INADEQUATE CARE (F6)
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: NORTH CAROLINA MEDICAL BOARD
Adverse Action
Classification Code(s): SUSPENSION OF LICENSE (1135)
Date Action Was Taken: 09/27/2011
Date Action Became Effective: 09/27/2011
Length of Action: INDEFINITE
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: NO
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:
Pursuant to a Consent Order dated September 27, 2011,
the Board suspended Dr. Ziomek's license for six months
retroactive from November 1, 2010. This action is based
on the care provided to his patients. Dr. Ziomek is
currently not practicing medicine in North Carolina and
cannot resume practicing until he fulfills the
requirements of this Order.
Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of Patient(s)?: NO
☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT
STATEMENT

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

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission:10/27/2011

Date of Most Recent Change:10/27/2011

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000071415576

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
10/28/2011	TRI-COUNTY COMMUNITY HEALTH CENTER 3331 EASY ST DUNN, NC 28334 (910) 567-7025

Date Released	Entity Name
03/05/2012	LOCUM MEDICAL GROUP LLC 3700 PARK EAST DR. 4TH FLOOR CLEVELAND, OH 44122 (781) 761-6502

Date Released	Entity Name
03/16/2012	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135

Date Released	Entity Name
03/28/2012	NC DEPARTMENT OF HEALTH AND HUMAN SERVICES 2501 MAIL SERVICE CTR RALEIGH, NC 27699 (919) 855-4023

Date Released	Entity Name
04/23/2012	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112

Date Released	Entity Name
06/27/2012	CENSEOHEALTH 4055 VALLEY VIEW LN STE 400 DALLAS, TX 75244 (972) 715-3803
Date Released	Entity Name
10/15/2012	THE HEALING STAFF 10100 REUNION PLACE #750 SAN ANTONIO, TX 78216 (210) 299-7623
Date Released	Entity Name
11/09/2012	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
01/07/2013	MS STATE BOARD OF MEDICAL LICENSURE 1867 CRANE RIDGE DR STE 200B JACKSON, MS 39216 (601) 987-0223
Date Released	Entity Name
04/17/2013	NC MEDICAL BOARD 1203 FRONT ST RALEIGH, NC 27609 (919) 277-1873
Date Released	Entity Name
10/15/2013	SELF-QUERIER
Date Released	Entity Name
07/17/2014	SELF-QUERIER
Date Released	Entity Name
07/25/2014	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272

Date Released	Entity Name
08/27/2014	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
10/07/2014	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/07/2014	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
Date Released	Entity Name
06/08/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
07/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/16/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
02/19/2016	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772

Date Released

05/25/2016

Entity Name

RANDSTAD PROFESSIONALS DBA RANDSTAD HEALTHCARE
150 PRESIDENTIAL WAY # 3
WOBURN, MA 01801
(800) 919-9100

Date Released

07/20/2016

Entity Name

WASHINGTON COUNTY HOSPITAL
958 US HIGHWAY 64 E
PLYMOUTH, NC 27962
(252) 793-4135

Date Released

08/12/2016

Entity Name

WASHINGTON COUNTY HOSPITAL
958 US HIGHWAY 64 E
PLYMOUTH, NC 27962
(252) 793-4135

Date Released

08/15/2016

Entity Name

VISTA HEALTHCARE PARTNERS, INC.
1735 N BROWN RD
SUTE 200
LAWRENCEVILLE, GA 30043
(770) 362-1036

Date Released

08/15/2016

Entity Name

VISTA HEALTHCARE PARTNERS, INC.
1735 N BROWN RD
SUTE 200
LAWRENCEVILLE, GA 30043
(770) 362-1036

Date Released

08/23/2016

Entity Name

ONYX HEALTHCARE LLC
PO BOX 9387
DENVER, CO 80209
(817) 852-6708

Date Released

08/26/2016

Entity Name

RHINO MEDICAL SERVICES
2000 E LAMAR BLVD STE 250
ARLINGTON, TX 76006
(866) 267-4466

Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500
Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374

Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272

Date Released	Entity Name
09/27/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
10/12/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER

ZIOMEK, PAUL HENRY

NC MEDICAL BOARD

STATE LICENSURE ACTION

Date of Action: 04/07/2015

Subsequent Action

Basis for Initial Action

- MODIFICATION OF PREVIOUS LICENSURE ACTION
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE
REPORT FOR DETAILS

- SUBSTANDARD OR INADEQUATE CARE

This action has related reports:

Initial Action: - SUSPENSION OF LICENSE

Date of Action: 09/27/2011 DCN: 5500000071415576

Subsequent Action: [This Action]

A. REPORTING
ENTITY

Entity Name: NC MEDICAL BOARD *

Address: 1203 FRONT STREET

City, State, Zip: RALEIGH, NC 27609-7533

Country:

Name or Office: LYNNE TAYLOR

Title or Department: Paralegal

Telephone: (919) 326-1109 Ext. 237

Entity Internal Report Reference: 2010-1777

Type of Report: REVISION

Related Report Number: 5500000071415576

*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 08/15/2017:

Entity Name: NC MEDICAL BOARD

Address: 1203 FRONT ST

City, State, Zip: RALEIGH, NC 27609-7526

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/12/1962

Organization Name: RAPHA PRIMARY CARE

Work Address: 1905 SKIBO RD

City, State, ZIP: FAYETTEVILLE, NC 28314-0260

Organization Type: MEDICAL GROUP/PRACTICE (365)

Home Address: 185 DIAMOND LOOP

City, State, ZIP: RUTHERFORDTON, NC 28139-6546

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***--**-1037

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNIVERSIDAD TECHNOLOGICA DE SANTIAGO-DOMINICAN REPUBLIC
(1987)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 36083, NC
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION
REPORTED

Type of Adverse Action: STATE LICENSURE
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: NC MEDICAL BOARD
Adverse Action
Classification Code(s): MODIFICATION OF PREVIOUS LICENSURE ACTION (1297)
OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)
Other, as Specified: RELIEF OF CONSENT ORDER OBLIGATIONS
Date Action Was Taken: 04/07/2015
Date Action Became Effective: 04/07/2015
Length of Action: INDEFINITE
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?:
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: PURSUANT TO AN ORDER DATED APRIL 7, 2015, THE BOARD
RELIEVED DR. ZIOMEK OF ALL OBLIGATIONS CONTAINED IN THE
NUMBERED PARAGRAPHS OF HIS SEPTEMBER 27, 2011, CONSENT
ORDER.
Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of Patient(s)?: NO

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

D. SUBJECT
STATEMENT

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

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary’s decision is shown below:

Date of Original Submission: 04/28/2015

Date of Most Recent Change: 04/28/2015

This report is maintained under the provisions of: Section 1921

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END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000096553627

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
06/08/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
07/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/16/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
02/19/2016	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
05/25/2016	RANDSTAD PROFESSIONALS DBA RANDSTAD HEALTHCARE 150 PRESIDENTIAL WAY # 3 WOBURN, MA 01801 (800) 919-9100

Date Released	Entity Name
07/20/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/12/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/23/2016	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708
Date Released	Entity Name
08/26/2016	RHINO MEDICAL SERVICES 2000 E LAMAR BLVD STE 250 ARLINGTON, TX 76006 (866) 267-4466
Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500

Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100

Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
09/27/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512

Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
10/12/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER

ZIOMEK, PAUL HENRY

CHARLES GEORGE VA MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 09/29/2009

Initial Action

Basis for Initial Action

- REVOCATION OF CLINICAL PRIVILEGES

- SUBSTANDARD OR INADEQUATE CARE

A. REPORTING ENTITY

Entity Name: CHARLES GEORGE VA MEDICAL CENTER *
Address: 1100 TUNNEL ROAD
City, State, Zip: ASHEVILLE, NC 28805
Country:
Name or Office: DIANE MESSER
Title or Department: HEALTH SYSTEM SPECIALIST (C&P)
Telephone: (828) 298-7911 Ext. 5323
Entity Internal Report Reference: 63711172009
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/04/2017:

Entity Name: CHARLES GEORGE VA MEDICAL CENTER
Address: 1100 TUNNEL RD
MEDICAL STAFF OFFICE
City, State, Zip: ASHEVILLE, NC 28805-2576
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ZIOMEK, PAUL HENRY
Other Name(s) Used:
Gender: MALE
Date of Birth: 01/12/1962
Organization Name: CHARLES GEORGE VAMC
Work Address: 1100 TUNNEL ROAD
City, State, ZIP: ASHEVILLE, NC 28805
Home Address: 185 DIAMOND LOOP
City, State, ZIP: RUTHERFORDTON, NC 28739
Deceased: NO
Social Security Numbers (SSN): ***--*-1037
Professional School(s) & Year(s) of Graduation: UNIVERSITY TECH DE SANTIAGO (UTESA), ESC DE MED, SANTO DOMINGO (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 36083, NC
Drug Enforcement Administration (DEA) Numbers: BZ8708983
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION
REPORTED

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

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: SUBSTANDARD OR INADEQUATE CARE (F6)
Adverse Action
Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 09/29/2009
Date Action Became Effective: 09/29/2009
Length of Action: PERMANENT

Dr. Paul Ziomek's clinical privileges as a Primary Care physician at the Charles George VA Medical Center, Asheville, NC were summarily suspended on 3/11/09 following a fact finding by his supervisory physcician indicating reasonable cause for concern regarding Dr. Ziomek's quality of care. On 4/7/09, a medical center Summary Review Board reveiwed the allegations and patient care records and found evidence to support the following: 1) misuse of an electronic health care record template- inappropriately recording performance of a fundoscopic examination that was not performed; 2) failure to document attribution for nursing notes copied, and 3) substandard care for 11 patients- inaccurate or untimely workup of presenting complaints; inadequate documentation or failure to perform appropriate assessment; failure to timely follow-up abnormal physical examination and abnormal laboratory results; failure to follow-up with appropriate laboratory studies following medication changes. Dr. Ziomek's employment was terminated by the Charles George VA Medical Center effective 4/30/09 and his clinical privilieges and medical staff appointment were revoked. In its report of 9/29/09, an Appeals Board reviewed the evidence cases and sustained the findings in it of the Summary Review Board for inappropriately recording performance of a fundoscopic examination and failure to document attribution for nusing notes copied. The Summary Board determined there was substandard care for 5 of the 11 patients reviewed. The Appeals Board concluded the allegations of misuse of a documentation template and failure to document attribution of nursing notes did not appear to significantly endanger patients. The allegations regarding the care given the 5 patients did fail to meet generally accepted standards of clinical practice as to raise reasonable concern for the safety of the patients. The Appeals Board concluded that Dr. Ziomek did not meet the accepted standard of care and that his actions constituted professional incompetence or misconduct.

D. SUBJECT
STATEMENT

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

Date Submitted: 12/02/2009
An underhanded and likely illegal persecution by a politically motivated colleague resulted in the demise of my stint at the VA. Despite being well liked by patients and other colleagues and having received an exemplary annual review with commendation for my more than 1500 patient encounters (some of which were quite complex), I was sucked into a maelstrom of spite. Please read the complaint

against me closely. I was found deficient in five instances of not having documented a visit or ordered a lab or Xray to my "peers'" standard. No poor outcome or calamity resulted, only theoretical or potential consequences might have resulted. For example, in one instance I did not order a TSH on a veteran who was under the care of an endocrinologist. In another I did not order LFT's on someone who was started on a lipid lowering statin (an issue which is completely at the discretion of the physician). The issues regarding templates were clerical in nature and never brought up until this fact finding mission retrospectively reviewed charts going back months in time. Imagine being reported to the NPDB for such trivialities in 5/1500, or one in 300 encounters. Please note that I have 16 years of practice experience (19 if you count residency) with no previous claim of inadequacy or malpractice. Surely this database is reserved for seriously egregious conduct. Mr. NPDB Secretary, I ask you to rescind this report as without merit. If the VA has its way, soon this database will be littered with accounts of physicians who part their hair on the wrong side or wear the wrong deodorant.

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: 11/19/2009
Date of Most Recent Change: 11/19/2009

This report is maintained under the provisions of: Title IV

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

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000059451241

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
12/28/2009	SAMPSON REGIONAL MEDICAL CENTER 607 BEAMAN ST CLINTON, NC 28328 (910) 590-8720
Date Released	Entity Name
01/05/2010	ASHE MEMORIAL HOSPITAL 200 HOSPITAL AVE JEFFERSON, NC 28640 (336) 846-0779
Date Released	Entity Name
05/20/2010	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
03/31/2011	WESTERN NC COMMUNITY HEALTH SERVICES PO BOX 338 ASHEVILLE, NC 28802 (828) 285-0622
Date Released	Entity Name
05/12/2011	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708

Date Released	Entity Name
06/13/2011	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
06/15/2011	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200
Date Released	Entity Name
10/28/2011	TRI-COUNTY COMMUNITY HEALTH CENTER 3331 EASY ST DUNN, NC 28334 (910) 567-7025
Date Released	Entity Name
03/05/2012	LOCUM MEDICAL GROUP LLC 3700 PARK EAST DR. 4TH FLOOR CLEVELAND, OH 44122 (781) 761-6502
Date Released	Entity Name
03/16/2012	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
04/23/2012	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
06/27/2012	CENSEOHEALTH 4055 VALLEY VIEW LN STE 400 DALLAS, TX 75244 (972) 715-3803

Date Released	Entity Name
10/15/2012	THE HEALING STAFF 10100 REUNION PLACE #750 SAN ANTONIO, TX 78216 (210) 299-7623
Date Released	Entity Name
11/09/2012	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
01/07/2013	MS STATE BOARD OF MEDICAL LICENSURE 1867 CRANE RIDGE DR STE 200B JACKSON, MS 39216 (601) 987-0223
Date Released	Entity Name
04/17/2013	NC MEDICAL BOARD 1203 FRONT ST RALEIGH, NC 27609 (919) 277-1873
Date Released	Entity Name
10/15/2013	SELF-QUERIER
Date Released	Entity Name
07/17/2014	SELF-QUERIER
Date Released	Entity Name
07/25/2014	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
08/27/2014	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514

Date Released	Entity Name
10/07/2014	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/07/2014	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
Date Released	Entity Name
06/08/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
07/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/16/2015	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
02/19/2016	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
05/25/2016	RANDSTAD PROFESSIONALS DBA RANDSTAD HEALTHCARE 150 PRESIDENTIAL WAY # 3 WOBURN, MA 01801 (800) 919-9100

Date Released	Entity Name
07/20/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/12/2016	WASHINGTON COUNTY HOSPITAL 958 US HIGHWAY 64 E PLYMOUTH, NC 27962 (252) 793-4135
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/15/2016	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
Date Released	Entity Name
08/23/2016	ONYX HEALTHCARE LLC PO BOX 9387 DENVER, CO 80209 (817) 852-6708
Date Released	Entity Name
08/26/2016	RHINO MEDICAL SERVICES 2000 E LAMAR BLVD STE 250 ARLINGTON, TX 76006 (866) 267-4466
Date Released	Entity Name
10/19/2016	CHSI 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 (321) 868-8500

Date Released	Entity Name
10/25/2016	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
11/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
11/11/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/29/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7514
Date Released	Entity Name
12/07/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
12/28/2016	MEDCOST, LLC. 165 KIMEL PARK DR WINSTON SALEM, NC 27103 (336) 774-4374
Date Released	Entity Name
06/23/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100

Date Released	Entity Name
06/26/2017	LOYAL SOURCE GOVERNMENT SERVICES 12612 CHALLENGER PKWY STE 365 ORLANDO, FL 32826 (407) 591-3100
Date Released	Entity Name
07/13/2017	AB STAFFING SOLUTIONS LLC 3451 S MERCY RD STE 102 GILBERT, AZ 85297 (480) 258-7772
Date Released	Entity Name
07/18/2017	TINKBIRD HEALTHCARE STAFFING, LLC 4800 SIX FORKS RD STE 200 RALEIGH, NC 27609 (919) 326-4112
Date Released	Entity Name
07/19/2017	HIGH COUNTRY COMMUNITY HEALTH 108 DOCTORS DR BOONE, NC 28607 1828 262-3886
Date Released	Entity Name
08/30/2017	AUSTIN MAJOR GROUP 545 E JOHN CARPENTER FWY STE 975 IRVING, TX 75062 (214) 396-6021
Date Released	Entity Name
09/26/2017	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702 (919) 765-4272
Date Released	Entity Name
09/27/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512

Date Released	Entity Name
10/02/2017	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
Date Released	Entity Name
10/12/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
11/21/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
12/14/2017	MEDPARTNERS LOCUM TENENS 5810 CORAL RIDGE DR STE 250 CORAL SPRINGS, FL 33076 (954) 282-6074
Date Released	Entity Name
12/22/2017	MSI SYSTEMS CORP. SUITE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
Date Released	Entity Name
01/25/2018	SELF-QUERIER