

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

5500000144814435

Process Date: 03/18/2019

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To: RENTAS BONILLA, EVELYN
5179 MICHELLE ST
WINTER HAVEN, FL 33881-4381

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

Practitioner Name: RENTAS BONILLA, EVELYN
Date of Birth: 03/24/1975 **Gender:** FEMALE
Delivery Address: 5179 MICHELLE ST, WINTER HAVEN, FL 33881-4381
Social Security Number: ***-**-8071 **DEA:** FR3695383
NPI: 1952483356 **UPIN:** 172096
License: PHYSICIAN (MD), ME97290, FL, INTERNAL MEDICINE
Professional School(s): PONCE SCHOOL OF MEDICINE (2001)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXXX1480 (01/2023)
NPDB Charge: \$4.00 **NPDB Bill Reference Number:** N61956776
Transaction Date: 03/18/2019 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/18/2019**The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
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):	No Reports	Peer Review Organization Action(s):	No Reports

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

DIVISION OF MEDICAL QUALITY ASSURANCE**STATE LICENSURE**

Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES - NOLO CONTENDERE PLEA - ERROR IN PRESCRIBING, DISPENSING OR ADMINISTERING MEDICATION

Initial Action: - REPRIMAND OR CENSURE **Date of Action:** 11/10/2011
 - PUBLICLY AVAILABLE FINE/MONETARY PENALTY
DCN: 5500000071739107

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

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RENTAS, EVELYN**RENTAS, EVELYN*****DIVISION OF MEDICAL QUALITY ASSURANCE*****STATE LICENSURE ACTION****Date of Action: 11/10/2011****Initial Action**

- REPRIMAND OR CENSURE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

Basis for Initial Action

- VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES
- NOLO CONTENDERE PLEA
- ERROR IN PRESCRIBING, DISPENSING OR ADMINISTERING MEDICATION

A. REPORTING ENTITY

Entity Name: DIVISION OF MEDICAL QUALITY ASSURANCE *

Address: BUREAU OF OPERATIONS

4052 BALD CYPRESS WAY, BIN C-90

City, State, Zip: TALLAHASSEE, FL 32399-3251

Country:

Name or Office: AMY CARRAWAY, OPERATIONAL SUPPORT SVC

Title or Department: FLORIDA DEPARTMENT OF HEALTH

Telephone: (850) 245-4120

Entity Internal Report Reference: 2009-10598 BR

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 08/15/2018:

Entity Name: DIVISION OF MEDICAL QUALITY ASSURANCE

Address: BUREAU OF OPERATIONS

4052 BALD CYPRESS WAY BIN C-01

City, State, Zip: TALLAHASSEE, FL 32399-0001

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: RENTAS, EVELYN

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 03/24/1975

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 20 HODGES DR.

City, State, ZIP: WAYNESVILLE, NC 28786

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-8071

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: PONCE SCHOOL OF MEDICINE (2001)

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

State License Number, State of Licensure: 97290, FL

Specialty: UNSPECIFIED

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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 FEDERAL OR STATE STATUTES, REGULATIONS OR
RULES (A6)

NOLO CONTENDERE PLEA (B1)

ERROR IN PRESCRIBING, DISPENSING OR ADMINISTERING
MEDICATION (H5)Name of Agency or Program
That Took the Adverse Action

Specified in This Report: BOARD OF MEDICINE

Adverse Action

Classification Code(s): REPRIMAND OR CENSURE (1140)

PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

Date Action Was Taken: 11/10/2011

Date Action Became Effective: 11/10/2011

Length of Action: PERMANENT

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 8,903.98

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:

Allegations of making deceptive, untrue, or fraudulent representations in or related to the practice of medicine or employing a trick and/or scheme in the practice of medicine; prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice; prescribing, dispensing, or administering any medicinal drug appearing on any schedule set forth in chapter 893 by the physician to himself or herself, except one prescribed, dispensed, or administered to the physician by another practitioner authorized to prescribe, dispense, or administer medicinal drugs; and pled nolo contendere to a crime directly related to the practice of medicine.

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.

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RENTAS, EVELYN**E. REPORT STATUS**

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

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

Date of Original Submission: 11/15/2011

Date of Most Recent Change: 11/15/2011

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

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

National Provider Identifiers (NPI): 1952483356

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

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DISCLOSURE HISTORY

Report Number: 5500000071739107

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

11/15/2011

Entity NameQTC MEDICAL GROUP, INC
21700 COPLEY DR STE 200
DIAMOND BAR, CA 91765
(800) 260-1515**Date Released**

11/15/2011

Entity NameCAROLINAEAST HEALTH SYSTEM
2000 NEUSE BOULEVARD
PO BOX 12157
NEW BERN, NC 28561
(252) 633-8842**Date Released**

11/15/2011

Entity NameMISSION HOSPITAL
509 BILTMORE AVE
ASHEVILLE, NC 28801
(828) 213-1064**Date Released**

04/18/2012

Entity NameFLORIDA HOSPITAL HEALTHCARE SYSTEM
602 COURTLAND ST STE 163
ORLANDO, FL 32804
(407) 357-1725**Date Released**

06/07/2012

Entity NameDIVISION OF MEDICAL QUALITY ASSURANCE
BUREAU OF OPERATIONS
4052 BALD CYPRESS WAY BIN C-01
TALLAHASSEE, FL 32399
(850) 245-4120

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Date Released	Entity Name
01/29/2013	EAGLE TELEMEDICINE 280 INTERSTATE NORTH CIR SE STE 150 ATLANTA, GA 30339 (678) 441-8539
04/24/2013	EAGLE TELEMEDICINE 280 INTERSTATE NORTH CIR SE STE 150 ATLANTA, GA 30339 (678) 441-8539
04/25/2013	ONslow MEMORIAL HOSPITAL 317 WESTERN BLVD JACKSONVILLE, NC 28546 (910) 577-4716
10/15/2014	EAGLE TELEMEDICINE 280 INTERSTATE NORTH CIR SE STE 150 ATLANTA, GA 30339 (678) 441-8539
12/30/2014	WINTER HAVEN HOSPITAL 200 AVENUE F NE PAULA HOLLINGTON MEDICAL STAFF COORD WINTER HAVEN, FL 33881 (863) 293-1121
07/01/2015	WATSON CLINIC LLP 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805 (863) 680-7810
10/28/2015	BOND CLINIC, P.A. 500 E CENTRAL AVE WINTER HAVEN, FL 33880 (863) 293-1191

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Date Released	Entity Name
11/05/2015	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
11/09/2015	HEART OF FLORIDA REGIONAL MEDICAL CENTER 40100 HIGHWAY 27 DAVENPORT, FL 33837 (863) 419-2399
12/02/2015	HUMANA HEALTH PLANS INC 101 E MAIN ST LOUISVILLE, KY 40202 (513) 826-7169
12/11/2015	SELF-QUERIER
12/15/2015	AMN HEALTHCARE, INC. 12400 HIGH BLUFF DR SAN DIEGO, CA 92130 (858) 465-2793
01/19/2016	SANFORD BARROWS GROUP 7665 DAVIE ROAD EXT STE 104 HOLLYWOOD, FL 33024 (305) 614-5072
01/28/2016	FLORIDA HOSPITAL HEALTHCARE SYSTEM 602 COURTLAND ST STE 163 ORLANDO, FL 32804 (407) 357-1725

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Date Released	Entity Name
03/07/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
04/08/2016	WELLMED MEDICAL MANAGEMENT 12459 NETWORK BLVD SAN ANTONIO, TX 78249 (210) 617-4029
04/27/2016	WELL CARE OF FLORIDA, INC. 8735 HENDERSON RD REN2 TAMPA, FL 33634 (813) 206-3839
05/02/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
05/05/2016	AVMED HEALTH PLANS 4300 NW 89TH BLVD GAINESVILLE, FL 32606 (352) 372-8400
05/06/2016	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
05/27/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403

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Date Released	Entity Name
06/22/2016	AMERIGROUP CORPORATION 5800 NORTHAMPTON BLVD NORFOLK, VA 23502 (757) 473-2737
07/15/2016	SUNSHINE STATE HEALTH PLAN 1301 INTERNATIONAL PKWY STE 400 SUNRISE, FL 33323 (954) 514-1721
07/15/2016	SUNSHINE STATE HEALTH PLAN 1301 INTERNATIONAL PKWY STE 400 SUNRISE, FL 33323 (954) 514-1721
12/08/2016	AMN HEALTHCARE, INC. 12400 HIGH BLUFF DR SAN DIEGO, CA 92130 (858) 465-2793
10/06/2017	HEART OF FLORIDA REGIONAL MEDICAL CENTER 40100 HIGHWAY 27 DAVENPORT, FL 33837 (863) 419-2399
01/23/2018	BAYCARE SELECT HEALTH PLANS, INC 17757 US HIGHWAY 19 N STE 600 CLEARWATER, FL 33764 (727) 519-1970
04/12/2018	COMMUNITY HEALTH ALLIANCE 3501 KNICKERBOCKER RD SAN ANGELO, TX 76904 (325) 947-6512

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Date Released	Entity Name
06/14/2018	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
06/19/2018	ORLANDO HEALTH 1414 KUHL AVE., MP38 ORLANDO, FL 32806 (407) 841-5139
06/29/2018	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
07/30/2018	ST. CLOUD REGIONAL MEDICAL CENTER 2906 17TH ST SAINT CLOUD, FL 34769 (407) 498-3433
08/23/2018	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
09/04/2018	BAYCARE SELECT HEALTH PLANS, INC 17757 US HIGHWAY 19 N STE 600 CLEARWATER, FL 33764 (727) 519-1970
09/25/2018	MOLINA HEALTHCARE OF FLORIDA, INC. 1330 N WASHINGTON ST STE 4000 SPOKANE, WA 99201 (509) 321-1320

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Date Released

02/04/2019

Entity NameBLUE CROSS BLUE SHIELD
4800 DEERWOOD CAMPUS PKWY BLDG 800
JACKSONVILLE, FL 32246
(904) 905-1996

Date Released

03/05/2019

Entity NameAETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(860) 273-5403

Date Released

03/18/2019

Entity Name

SELF-QUERIER