

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

5500000136106782

Process Date: 07/03/2018

Page: 1 of 1

**To:** RICKERT, JEFFREY C2699  
WHISPERING OAKS  
ROCKWALL, TX 75087**From:**  
**Re:** National Practitioner Data Bank  
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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**NPDB**P.O. Box 10832  
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5500000136106782

Process Date: 07/03/2018

Page: 1 of 1

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

**Practitioner Name:** RICKERT, JEFFREY C  
**Date of Birth:** 03/20/1974 **Gender:** MALE  
**Delivery Address:** 2699, WHISPERING OAKS, ROCKWALL, TX 75087  
**Social Security Number:** \*\*\*-\*\*-2744 **DEA:** MR1456260  
**NPI:** 1972719151  
**License:** PHYSICIAN ASSISTANT, PA04912, TX  
**Professional School(s):** UNIVERSITY OF SAINT FRANCIS (2006)

**B. PAYMENT INFORMATION**

**Credit Card Information:** XXXXXXXXXXXX5820 (01/2022)  
**NPDB Charge:** \$4.00 **NPDB Bill Reference Number:** N58184599  
**Transaction Date:** 07/03/2018 **Additional Paper Copies Requested:** 0

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/03/2018****The following report types have been searched:**

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

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

**THE MEDICAL PROTECTIVE COMPANY****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO DIAGNOSE

**Initial Action:** - SETTLEMENT  
**DCN:** 5500000069864162

**Date of Action:** 07/21/2011----- **Unabridged Report(s) Follow** -----

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000069864162  
Process Date: 08/02/2011  
Page: 1 of 3  
RICKERT, JEFF C**RICKERT, JEFF C****THE MEDICAL PROTECTIVE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 07/21/2011****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO DIAGNOSE

**A. REPORTING  
ENTITY**

Entity Name: THE MEDICAL PROTECTIVE COMPANY \*

Address: 5814 REED RD., PO BOX 15021

City, State, Zip: FT. WAYNE, IN 46885-5021

Country:

Name or Office: Rebecca Barton

Title or Department: REGIONAL CLAIMS OPS REPRESENTATIVE

Telephone: (800) 463-3776 Ext. 6308

Entity Internal Report Reference: 107749

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 06/08/2017:

Entity Name: THE MEDICAL PROTECTIVE COMPANY

Address: PO BOX 15021

5814 REED RD

City, State, Zip: FORT WAYNE, IN 46885-5021

Country:

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

Subject Name: RICKERT, JEFF C

Other Name(s) Used:

Gender: MALE

Date of Birth: 03/20/1974

Organization Name:

Work Address: 1005 W RALPH HALL PKWY, SUITE 201

City, State, ZIP: ROCKWALL, TX 75032-6662

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: UNIVERSITY OF ST FRANCIS, ALBUQUERQUE, NM (2006)

Occupation/Field of Licensure (Code): PHYSICIAN ASSISTANT

State License Number, State of Licensure: PA04912, TX

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 08/02/2011

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 240,000.00

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000069864162  
Process Date: 08/02/2011  
Page: 2 of 3  
RICKERT, JEFF C

Date of This Payment: 07/21/2011  
 This Payment Represents: A SINGLE FINAL PAYMENT  
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 240,000.00  
 Payment Result of: SETTLEMENT  
 Date of Judgment or Settlement, if Any: 06/23/2011  
 Adjudicative Body Case Number:  
 Adjudicative Body Name:  
 Court File Number:  
 Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: CLAIM SETTLED BEFORE TRIAL, WITH NO ADMISSION OF LIABILITY.

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: \$ 240,000.00  
 Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

**PAYMENTS BY OTHERS FOR THIS PRACTITIONER**

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: UNKNOWN  
 Amount Paid or Expected to Be Paid by the State Fund:  
 Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: UNKNOWN  
 Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

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

Patient's Age at Time of Initial Event: 40 YEARS  
 Patient's Gender: FEMALE  
 Patient's Type: OUTPATIENT  
 Description of the Medical Condition With Which the Patient Presented for Treatment: EXAMINATION OF LEFT LEG FOR CRAMPS.  
 Description of the Procedure Performed: TESTING AND PRESCRIBED FLEXERIL.  
 Nature of Allegation: DIAGNOSIS RELATED (001)  
 Specific Allegation: FAILURE TO DIAGNOSE (101)  
 Date of Event Associated With Allegation or Incident: 08/18/2010  
 Outcome: DEATH (09)

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

ON AUGUST 18, 2010, AN ESTABLISHED, 40 YEAR OLD FEMALE PATIENT WAS EXAMINED BY THIS HEALTH CARE PROVIDER (HCP) FOR COMPLAINTS OF LEFT LEG MUSCLE CRAMPS. AFTER A THOROUGH PHYSICAL EXAMINATION THAT REVEALED FINDINGS OF NO PALPABLE CORDS IN THE LEGS, NO CALF/LEG REDNESS OR EDEMA, AND NEGATIVE HOMANS SIGNS, THIS HCP DIAGNOSED HER WITH LEFT LEG PAIN/CRAMPS. HOWEVER, THIS HCP ALSO DREW BLOOD FOR A BMP AND D-DIMER TEST ON A NON-STAT BASIS, ADVISING THE PATIENT THAT IF HER PROBLEMS WORSENER, THAT SHE SHOULD PRESENT AT THE ER. BEFORE THE D-DIMER TEST RESULTS WERE RECEIVED BY THIS HCP, THE PATIENT WAS TRANSPORTED BY AMBULANCE ON AUGUST 19, 2010 TO THE HOSPITAL, WHERE SHE DIED OF A DVT THAT DEVELOPED INTO A PULMONARY EMBOLISM. USING THE WELLS PREDICTION CRITERIA, THE PATIENT DID NOT SCORE ABOVE A 1, THOUGH SHE WAS MORBIDLY OBESE. SHE HAD TRAVELED DOMESTICALLY, BUT THAT WAS OVER A MONTH BEFORE SHE EXPIRED. THE D-DIMER RESULTS WERE SLIGHTLY ELEVATED BUT A SONOGRAM WAS NOT CONDUCTED ON AUGUST 18, 2010 BECAUSE THIS HCP DID

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**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000069864162  
Process Date: 08/02/2011  
Page: 3 of 3  
RICKERT, JEFF C

NOT BELIEVE THAT THE PATIENT WAS SUFFERING FROM DVT.

**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: 08/02/2011

Date of Most Recent Change: 08/02/2011

**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: 5500000069864162

### F. DISCLOSURE HISTORY

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

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

**Date Released**

08/02/2011

**Entity Name**VA NORTH TEXAS HEALTH CARE SYSTEM  
4500 S LANCASTER RD OFC 11G  
CHIEF OF STAFF  
DALLAS, TX 75216  
(214) 857-1167**Date Released**

10/20/2011

**Entity Name**BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380**Date Released**

02/15/2012

**Entity Name**BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380**Date Released**

02/15/2012

**Entity Name**BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380**Date Released**

03/16/2012

**Entity Name**BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000069864162

Process Date: 08/02/2011

Page: 2 of 5

RICKERT, JEFF C

Date Released

04/15/2012

Entity NameBAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380Date Released

05/15/2012

Entity NameBAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380Date Released

06/14/2012

Entity NameBAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380Date Released

07/14/2012

Entity NameBAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380Date Released

11/10/2012

Entity NameUNITEDHEALTHCARE  
9200 WORTHINGTON RD  
WESTERVILLE, OH 43082  
(614) 410-7008Date Released

01/03/2013

Entity NameBAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE  
6800 SCENIC DR  
ROWLETT, TX 75088  
(972) 412-3380Date Released

01/16/2013

Entity NameCONIFER HEALTH SOLUTIONS  
15821 VENTURA BLVD STE 600  
ENCINO, CA 91436  
(818) 461-5572

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000069864162

Process Date: 08/02/2011

Page: 3 of 5

RICKERT, JEFF C

Date Released	Entity Name
02/11/2013	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 1603 268-7699
03/27/2013	SEDGWICK PREFERRED NETWORK 9601 MCALLISTER FWY STE 500 SAN ANTONIO, TX 78216 (210) 332-1637
04/10/2013	HEALTHSMART PREFERRED CARE 222 LAS COLINAS BLVD W STE 500N IRVING, TX 75039 (214) 574-1171
04/23/2013	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
05/01/2013	MOLINA HEALTHCARE OF TEXAS 84 NE LOOP 410 STE 200 SAN ANTONIO, TX 78216 (888) 562-5442
05/28/2013	HERITAGE HEALTH SYSTEMS 4888 LOOP CENTRAL DR STE 300 HOUSTON, TX 77081 (713) 558-7168
07/08/2013	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000069864162

Process Date: 08/02/2011

Page: 4 of 5

RICKERT, JEFF C

Date Released	Entity Name
07/31/2013	HERITAGE HEALTH SYSTEMS 4888 LOOP CENTRAL DR STE 300 HOUSTON, TX 77081 (713) 558-7168
08/30/2013	BLUE CROSS AND BLUE SHIELD OF TEXAS INC PO BOX 650267 DALLAS, TX 75265 (972) 996-8237
06/19/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
04/29/2015	BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE 6800 SCENIC DR ROWLETT, TX 75088 (972) 412-3380
09/29/2015	HEALTHTEXAS PROVIDER NETWORK 8080 N CENTRAL EXPY STE 600 LB 82 DALLAS, TX 75206 (469) 800-8649
11/02/2015	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
11/02/2015	HERITAGE HEALTH SYSTEMS 4888 LOOP CENTRAL DR STE 300 HOUSTON, TX 77081 (713) 558-7168

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000069864162**Process Date:** 08/02/2011**Page:** 5 of 5

RICKERT, JEFF C

Date Released	Entity Name
11/06/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
12/10/2015	BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE 6800 SCENIC DR ROWLETT, TX 75088 (972) 412-3380
12/18/2015	CONIFER HEALTH SOLUTIONS 15821 VENTURA BLVD STE 600 ENCINO, CA 91436 (818) 461-5572
01/21/2016	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 1603 268-7699
03/18/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
07/03/2018	SELF-QUERIER