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

https://www.npdb.hrsa.gov

5500000128459079

Process Date: 10/17/2017

Page: 1 of 1

To: BUTLER, DAN EDWARD

PO BOX 130

DERIDDER, LA 70634-0130

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.

https://www.npdb.hrsa.gov

5500000128459079

Process Date: 10/17/2017

Page: 1

BUTLER, DAN EDWARD - SELF-QUERY RESPONSE

ANSUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact the subject of Intere

Practitioner Name:

BUTLER, DAN EDWARD

11/12/1946

Gender: PO BOX 130, DERIDDER, LA 70634-0130

Delivery Address: Social Security Number:

***-**-4062

DEA:

AB8189107

MALE

NPI:

Date of Birth:

1497821367

License:

PHYSICIAN (MD), 14289R, LA, ORTHOPEDIC SURGERY

Professional School(s):

UNIVERSITY OF OKLAHOMA (1977)

B-PAYMENTAINFORMATION 144

Credit Card Information:

XXXXXXXXXXX2630 (09/2018)

NPDB Charge:

\$4.00*

NPDB BIII Reference Number:

NS4641657

* Each charge will appear separately on your credit card statement.

Transaction Date:

10/17/2017

Additional Paper Copies Requested: 0

Health Plan Action(s):

TO A SUMMARY OF REPORTS ON FILE WITH THE DATABANK

The following report types have been searched:

Medical Malpractice Payment Report(s):

State Licensure Action(s):

Exclusion or Debarment Action(s):

Government Administrative Action(s):

Clinical Privileges Action(s):

Yes, See Below

No Reports No Reports

No Reports No Reports

(a,b,a,b) which we are superconstructive and (a,b) and (a,b)

Professional Society Action(s): DEA/Federal Licensure Action(s):

Judgment or Conviction Report(s): Peer Review Organization Action(s):

No Reports No Reports No Reports

No Reports

No Reports

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

LOUISIANA MEDICAL MUTUAL INSURANCE CO

MEDICAL MALPRACTICE PAYMENT

Basis for Action: MPROPER PERFORMANCE

Initial Action:

- SETTLEMENT

DCN:

5500000088029648

Date of Action:

02/28/2014

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: ... - WHONG EQUIPMENT

DCN:

55000000068316436

Date of Action;

11/12/2010

LOUISIANA MEDICAL MUTUAL INSURANCE CO

MEDICAL MALPRACTICE PAYMENT

Basis for Action: MPROPER PERFORMANCE

Initial Action:

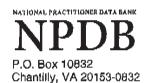
- SETTLEMENT

DCN;

5500000064945105

Date of Action:

10/13/2010



5500000128459079

Process Date: 10/17/2017

Page: 2 of 4

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: ... IMPROPER MANAGEMENT

DCN:

5600000068317951

Date of Action:

06/09/2010

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPER PERFORMANCE

Initial Action:

- SETTLEMENT

DCN: 5500000062451938

Date of Action:

05/25/2010

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: IMPROPER TECHNIQUE

DCN:

5500000062569458

Date of Action:

05/24/2010

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT

Basia for Action: - MPROPER MANAGEMENT

Initial Action:

- SETTLEMENT

DCN:

5500000061531115

Date of Action:

03/29/2010

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT

Basis for Action: IMPROPER PERFORMANCE

Initial Action:

DCN:

- SETTLEMENT

5500000055411931

Date of Action:

02/19/2009

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT.
Basis for Action: FAILURE TO TREAT

Initial Action:

- SETTLEMENT

DCN:

5500000054412133

Date of Action:

11/17/2008

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT

Basis for Action:(- FAILURE TO TREAT

Initial Action:

- SETTLEMENT

DCN: 5500000053931734

Date of Action:

10/31/2008

https://www.npdb.hrsa.gov

5500000128459079

Process Date: 10/17/2017

Page: 3 of

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT

Basis for Action: DELAY IN DIAGNOSIS

Initial Action:

- SETTLEMENT

DCN:

5500000052866035

Date of Action: 08/18/2008

PATIENTS' COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: IMPROPER PERFORMANCE

Initial Action:

- SETTLEMENT

DCN:

5500000038519312

Date of Action: 07/29/2005

PHYSICIANS LIABILITY INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basia for Action: -- IMPROPER PERFORMANCE

Initial Action:

- SETTLEMENT

DCN:

5500000038281124

Date of Action:

07/13/2005

PHYSICIANS LIABILITY INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basia for Action: OTHER, SEE SECTION C. OF THE REPORT: FOR DETAILS

Initial Action:

- SETTLEMENT

DCN:

5500000036001127

Date of Action:

12/21/2004

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPHACTICE PAYMENT.

Basia for Action: MPROPER REREORMANCE

Initial Action:

- SETTLEMENT

DCN:

5500000036095700

Date of Action:

12/15/2004

PHYSICIANS LIABILITY INSURANCE COMPANY

MEDICAL MALPRACTICE RAYMENT

Basis for Action: - UNKNOWN

Initial Action:

- SETTLEMENT

DCN:

5500000030871524

Date of Action:

08/28/2003

PHYSICIANS LIABILITY INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: UNKNOWN

- SETTLEMENT

Initial Action: DCN:

5500000016992364

Date of Action:

04/17/2000

https://www.npdb.hrsa.gov

5500000128459079

Process Date: 10/17/2017

Page: 4 of 4

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

https://www.npdb.hrsa.gov

DCN: 5500000088029648 Process Date: 03/17/2014

Page: 1 of BUTLER, DAN E

BUTLER, DAN E

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 02/28/2012

Basistor Initial Action

SETTLEMENT

IMPROPER PERFORMANCE



Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. *

Address: ONE GALLERIA BLVD.

SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN
Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 19800

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD 8TE 700
Clty, State, Zlp: METAIRIE, LA 70001-7510

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL) Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: P O BOX 130

City, State, ZiP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: No

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

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

MAINE MEDICAL CENTER (1978) ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

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

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

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(6): BEAUREGARD MEMORIAL HOSPITAL

DERIDDER, MA

https://www.npdb.hrsa.gov

DCN: 55000000088029648 Process Date: 03/17/2014

Page: 2 of BUTLER, DAN E



Date of Report: 03/17/2014

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 40,000.00 Date of This Payment: 02/28/2014

This Payment Represents: A SINGLE FINAL FAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 40,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, If Any: 02/13/2014

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: 20090673A

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: A SINGLE FINAL PAYMENT IN THE AMOUNT OF \$40,000 WAS

MADE, WHICH COVERED THE INDEMNITY PAYMENT AND LIEN,

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE Total Amount Pald or to Be Paid by This Payer for All

Practitioners in This Case: \$ 40,000.00

Number of Practitioners for Whom This Payer Has Pald

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

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

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?:

Amount Pald or Expected to Be Paid by Self-Insured

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

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 5 YEARS

Patient's Gender: MALE

Patient's Type: вотн

Description of the Medical Condition With Which the Patient

THIS FIVE YEAR OLD MALE BROKE HIS FEMUR WHEN AN SWINGSET Presented for Treatment:

FELL ON HIM, A BROKEN FEMUR.

SURGERY WAS PERFORMED TO CORRECT THE RIGHT MIDSHAFT Description of the Procedure Performed:

FEMUR FRACTURE, AND AN INTERMEDULLARY WIRE STABILIZED THE FRACTURE. THE PATIENT WAS PLACED IN A CAST.

Nature of Allegation: **SURGERY RELATED (020)**

Specific Allegation: IMPROPER PERFORMANCE (306)

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

> Outcome: MINOR TEMPORARY INJURY (03)

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

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

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

CARE.

https://www.npdb.hrsa.gov

DCN: 5500000088029648 Process Date: 03/17/2014

Page: 3 of 3 BUTLER, DAN E

D SUBJECT STATEMENT'S	If the subject identified In Section B of this	report has submitted a statement, it appears in this section.										
EVELETOIENSSVAVIUSV	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 identifier the Secretary of the U.S. Department is shown below:	d in Section B, this report was reviewed by t of Health and Human Services. The Secretary's decision										
	Date of Original Submission: 03/:	17/2014										
	Date of Most Recent Change: 03/	17/2014										
BANK BANK BANK BANK BANK BANK		nd by the reporting entity identified in Section A of this report. The nk from other sources and is intended to supplement the information										
	The Data Bank attempted to notify the Sui attempt was unsuccessful.	bject identified in Section B on 03/17/2014 at the address below, but the										
	109 W FOURTH											
	BOX 130 DERIDDER, LA 70634	·										
This report is maintained	under the provisions of: Title IV											
The Information contained provisions of Title IV of Put for the purpose for which it	in this report is maintained by the Natio blic Law 99-660, as amended, and 45 C	onal Practitioner Data Bank for restricted use under the CFR Part 60. All information is confidential and may be used only infidential information for other purposes is a violation of federal g entity identified in Section A.										
	END OF F	REPORT										

https://www.npdb.hrsa.gov

DCN: 5500000088029648 Process Date: 03/17/2014

Page: 1 of BUTLER, DAN E

DISCLOSURE HISTORY

Report Number: 5500000088029648



Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entitles 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 FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842 Entity Name						
11/10/2014							
Date Released							
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988						
Date Released	Entity Name						
10/17/2017	SELF-QUERIER						

NATIONAL PRACTITIONER DATA MANK P.O. Box 10832

Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000068316436
Process Date: 05/12/2011
Page: 1 of 3
BUTLER, DAN EDWARD

BUTLER, DAN EDWARD

PATIENT'S COMPENSATION FUND

MEDICAL MAUPRACTICE PAYMENT REPORT Date of Action: [17/12/2010]

https://www.npdb.hrsa.gov

DCN: 5500000066316436 Process Date: 05/12/2011

Page: 2 of 3 BUTLER, DAN EDWARD



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

Date of Report: 05/12/2011

Relationship of Entity to

This Practitioner: STATE MEDICAL MALPRACTICE PAYMENT FUND AS A SECONDARY

PAYER FOR THIS PRACTITIONER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 290,000.00 Date of This Payment: 11/12/2010

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Pald or to Be Pald by

This Payer for This Practitioner: \$ 290,000.00

Payment Result of:

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

Adjudicative Body Case Number: Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

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

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

\$ 290,000.00 Practitioners in This Case:

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?:

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

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or is/Are Such Payment(s) Expected to Be Made?:

Amount Pald or Expected to Be Pald by Self-Insured

Organization(s) and/or Other Insurance Company/Companies: \$ 85,000.00

CLASSIFICATION OF ACT(S) OR OMISSION(S)

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

* Patient's Gender: FEMALE

Patient's Type: BOTH

Description of the Medical Condition With Which the Patient

SOUGHT TREATMENT FOR A PAINFUL LEFT KNEE THAT HAD NOT Presented for Treatment:

RESPONDED TO JOINT INJECTIONS.

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

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: WRONG EQUIPMENT (332)

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

SIGNIFICANT PERMANENT INJURY (06) Outcome:

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

ALLEGES IMPROPERLY SIZED COMPONENT IN KNEE REPLACEMENT LED TO ADDITIONAL PAIN AND SECOND KNEE REPLACEMENT, THUS LEDGENING THE CHANCES OF A GOOD RESULT FROM THE ORIGINAL

SURGERY. CONTINUES WITH PAIN.

https://www.npdb.hrsa.gov

DCN: 5500000068316436 Process Date: 05/12/2011

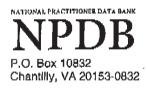
Page: 3 of 3 BUTLER, DAN EDWARD

D SUBJECT. STATEMENTS OF THE	If the subject identified in Section I	3 of this report has submitted a statement, it appears in this section.
E REPORT STATUS	This report has been disputed U.S. Department of Health ar reporting requirements. No continuous At the request of the subject to Department of Health and Huthe Secretary reconsider the	dentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that

This report is maintained under the provisions of: Title IV

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

END OF REPORT -



DCN: 5500000068316436 Process Date: 05/12/2011

Page: 1 of 2 BUTLER, DAN EDWARD

DISCLOSURE HISTORY

Report Number: 5500000068316436



Recipient(s) of the Current Version of this Report

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

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

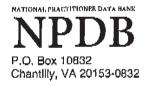
(337) 786-1200

https://www.npdb.hrsa.gov

DCN: 5500000066316436 Process Date: 05/12/2011

Page: 2 of 2 BUTLER, DAN EDWARD

Date Released	Entity Name					
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842					
Date Released	Entity Name					
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (688) 852-1988					
Date Released	Entity Name					
10/17/2017	SELF-OUERIER					



DCN: 5500000064945105 Process Date: 10/15/2010

Page: 1 οf BUTLER, DAN E

BUTLER, DAN E

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

ICAL MALPRACTICE PAYMENT REPORT

Date of Action 10/13

Initial Action

SETTLEMENT

- IMPROPER PERFORMANCE



Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. *

Address: ONE GALLERIA BLVD.

SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 20960

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700 City, State, Zip: METAIRIE, LA 70001-7510

Country:



Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: P O BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

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

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

MAINE MEDICAL CENTER (1978)

ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

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

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

Drug Enforcement Administration (DEA) Numbors:

Hospital Affiliation(6): BEAUREGARD MEMORIAL HOSPITAL

DERIDDER, MA

https://www.npdb.hrea.gov

DCN: 5500000064945105 Process Date: 10/15/2010

Page: 2 of BUTLER, DAN E



Date of Report: 10/15/2010

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 85,000.00 Date of This Payment: 10/13/2010

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 85,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 20/06/2010

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: ¢20080417B

Description of Judgment or Settlement and Any

Conditions, including Terms of Payment: A SINGLE PAYMENT OF \$85,000 WAS PAID ON BEHALF OF

INSURED.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

Practitioners in This Case: \$ 85,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?:

Amount Pald 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

Company/Companies Made Payment(s) for This Practitioner in This Case, or is/Are Such Payment(s) Expected to Be Made?: YE

Amount Paid or Expected to Be Pald by Self-Insured

Organization(s) and/or Other insurance Company/Companies: \$ 290,000.00

CLASSIFICATION OF ACT(S) OR OMISSION(S)

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

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: The

THE PATIENT PRESENTED WITH SEVERE OSTEOARTHRITIS OF HER

KNEE. CONSERVATIVE THERAPY AND ARTHROSCOPY DID NOT
PROVIDE RELIEF. INSURED PERFORMED A JOINT REPLACEMENT.

Description of the Procedure Performed: THE PROCEDURE PERFORMED WAS A TOTAL KNEE REPLACEMENT ON

THE LEFT.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

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

Outcome: MAJOR TEMPORARY INJURY (04)

Description of the Allegations and injuries or illnesses Upon

Which the Action or Claim Was Based:

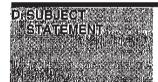
PLAINTIFF ALLEGED INSURED FAILED TO PROPERLY PERFORM THE KNEE REPLACEMENT SURGERY, RESULTING IN IMPROPER FIT AND

INFECTION, NECESSITATING ADDITIONAL PROCEDURES.

https://www.npdb.hrsa.gov

DCN: 5500000064945105 Process Date: 10/15/2010

of Page: 3 BUTLER, DAN E



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

Date Submitted: 10/26/2010 THE REFERRED PATIENT WAS A 52 Y/O FEMALE WHO WAS COMPLAINING OF LEFT KNEE PAIN. ON X-RAY, THE KNEE HAD MEDIAL COMPARTMENT NARROWING AND EVIDENCE OF OSTECARTHRITIS. SHE WAS TENDER ALONG THE MEDIAL JOINT LINE WITH A POSITIVE MC MURRY'S SIGN. MRI SHOWED A MEDIAL MENISCUS TEAR WITH DEGENERATIVE CHANGES PRESENT. OFFICIAL WERE GIVEN AND SHE SELECTED HAVING A DIAGNOSTIC ARTHROSCOPY WITH A PROBABLE MEDIAL MENICISECTOMY. THE PROCEDURE WAS PERFORMED. POSTOPERATIVE SHE CONTINUED TO COMPLAIN OF SEVERE PAIN DESPITE TRYING SEVERAL MODALITIES WHICH WERE LIMITED DUE TO HER BEING ON WELFARE/MEDICAID. ONLY PSYCHOTROPIC MEDICATION AND ANTIDEPRESSANTS HELPED THE PAIN. AFTER SIX MONTHS WITH NO RELIEF, I TOLD HER THERE WAS NOTHING MORE I COULD DO EXCEPT FOR A TOTAL KNEE ARTHROPLASTY, WHICH ONCE PERFORMED. COULD NOT BE UNDONE AND WITH HER OBESITY AND YOUTH, SHE WOULD PROBABLY NEED A REVISION IN THE FUTURE. SHE WANTED TO DO THE SURGERY WHICH WAS PERFORMED USING A ROTATING PLATFORM TOTAL KNEE WITH A THICKER POLY (12.5MM) AND A LARGER

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

EMBERG	EN SIG	ATTIUS WAR
Salara Park		
		AND PARTIES AND THE

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 compiles 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.

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

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:

https://www.npdb.hrsa.gov

DCN: 5500000064945105 Process Date: 10/15/2010

Page: 4 of 4 BUTLER, DAN E

Date of Original Submission:

10/15/2010

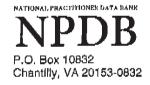
Date of Most Recent Change:

10/15/2010

This report is maintained under the provisions of: Title IV

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- END OF REPORT -



DCN: 5500000064945105 Process Date: 10/15/2010

Page: 1 of 2 BUTLER, DAN E

DISCLOSURE HISTORY

Report Number: 5500000064945105



Reciplent(s) of the Current Version of this Report

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

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

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DCN: 5500000062569458 Process Date: 06/04/2010

Page: 1 of BUTLER, DAN EDWARD

BUTLER, DAN EDWARD

PATIENT'S COMPENSATION FUND

EDICAL MALPRACTICE PAYMENTI REPORT

Basis for Initial-Action

IMPROPER TECHNIQUE

Entity Name: PATIENT'S COMPENSATION FUND *

Addrese: 8225 FLORIDA BLVD., 2ND FLOOR

P.O. BOX 3718

City, State, Zip: BATON ROUGE, LA 70821

Country:

Name or Office: CATHY MOSS

Title or Department: SURCHARGE MANAGER

Telephone: (225) 342-5432

Entity Internal Report Reference: 04D07228MITH

Type of Report: INITIAL

*The renorting entity has changed its name or address on file with the NPDR

to the NPDB on 08/01/2017:

ได้เลียงที่สายจริงการปรุ่ง ได้เลียงโลโฟฟล์เปียวจุ

Entity Name: PATIENT'S COMPENSATION FUND

Address: PO BOX 3718

627 NORTH FOURTH ST. SUITE 2-300

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

Country:

Subject Name: BUTLER, DAN EDWARD

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946 ·

Organization Name:

Work Address: 250 BEGLIS, SUITE 3 City, State, ZIP: SULPHUR, LA 70663

Home Address: City, State, ZIP:

Deceased: No

Social Security Numbers (SSN):

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

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

State License Number, State of Licensure: 29126, LA Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

INFORMATION

Date of Report: 06/04/2010

Relationship of Entity to

STATE MEDICAL MALPRACTICE PAYMENT FUND AS A SECONDARY This Practitioner:

PAYER FOR THIS PRACTITIONER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

https://www.npdb.hrsa.gov

DCN: 550000006256945B Process Date: 06/04/2010

Page: 2 of BUTLER, DAN EDWARD

for This Practitioner: \$ 300,000.00 Date of This Payment: 05/24/2010

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Pald or to Be Pald by

This Payer for This Practitioner: \$ 300,000.00

Payment Result of:

Date of Judgment or Settlement, If Any: 04/23/2010

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

\$300,000.00 PAYMENT ON BEHALF OF DR. DAN E. BUTLER AS Conditions, including Terms of Payment:

FULL AND FINAL SETTLEMENT OF ALL CLAIMS

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

Practitioners in This Case: \$ 300,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?:

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

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?:

Amount Pald or Expected to Be Paid by Self-Insured

\$ 100,000.00 Organization(s) and/or Other insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

YES

Patient's Age at Time of Initial Event: 53 YEARS

Patient's Gender: MALE

Patient's Type: BOTH

Description of the Medical Condition With Which the Patient

Presented for Treatment:

PATIENT SOUGHT TREATMENT FOR HER LEFT FOOT, WHICH CAUSES HER PAIN AND WAS TURNING INWARD, ROLLING, AND SWELLING.

PATIENT CONSENTED TO UNDERGO TRIPLE ARTHRODESIS,

Description of the Procedure Performed: PRONATOR FOOT OF LEFT LEG. THE PHYSICIAN INSTEAD

PERFORMED A SUBTALAR FUSION ARTHRODESIS OF THE LEFT

ANKLE.

Nature of Allegation:

SURGERY RELATED (020)

Specific Allegation:

IMPROPER TECHNIQUE (311)

Date of Event Associated With Allegation or Incident:

07/22/2002

Outcome:

MAJOR TEMPORARY INJURY (04)

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

ALLEGATION IS THAT PHYSICIAN PERFORMED AN INAPPROPRIATE. INEFFECTIVE SURGERY, AND THAT THE HARDWARE WAS TOO LARGE. IN ADDITION, PHYSICIAN FAILED TO PERFORM THE PLANNED TRIPLE ARTHRODESIS. AS A RESULT, THE PATIENT WAS IN PAIN FOR 1.5 YEARS UNTIL SCREW REMOVAL. SHE IS NOW

SUBJECT TO HIP REPLACEMENT AN

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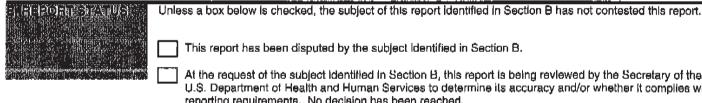
DCN: 5500000062569458 Process Date: 06/04/2010

Page: 3 οſ BUTLER, DAN EDWARD



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

Date Submitted: 06/24/2010 IN 2002, A 53 Y/O FEMALE WITH LEFT FOOT PAIN WITH WT-BEARING DUE TO A PRONATOR FOOT OR "ROLLING IN" OF THE LEFT FOOT WITH SUBSQUENT IMPINGEMENT OF THE "FLEXIBLE" CALCANEOUS AGAINST THE DISTAL FIBULA. THE PROBLEM WAS THOUGHT TO BE DUE TO AN INDEQUATE TIBIALS POSTERIOR LIGAMENT. ARCH SUPPORTS WERE TRIED AND WERE SUCCESSFUL IN REDUCING THE PAIN BUT THE WOMAN WAS NOT HAPPY SINCE THE SUPPORTS ONLY WORKED WITH "LITTLE OLD LADY" SHOES; NOT FLIP-FLOPS OR STYLISH SHOES; OF COURSE, BRACING OR ANY OTHER NONSURGICAL OFTION WAS OUT OF THE QUESTION. THE ONLY OTHER OPTION WAS A TRIPLE ARTHRODESIS, SHE AGREED WITH THE UNDERSTANDING THE THE FOOT WOULD BE STIFF. AFTER SEVERAL LAST MINUTE SURGERY CANCELLATIONS, WE WERE TO PERFORM THE PROCEDURE. DURING THE PROCEDURE, THE SUBTALOR ARTHRODESIS APPEARED TO STABILIZE AND CORRECT THE PROBLEM, SO I ELECTED TO NOT COMPLETE THE TRIPLE ARTHRODESIS. THIS WOULD MAKE THE FOOT LESS STIFF AND SHORTEN THE POST-OP PERIOD. PLUS WE COULD ALWAYS RETURN AT A LATER DATE TO PERFORM THE OTHER FUSIONS IF THEY WERE NEEDED. INITIALLY WE PLACED HER LEG AND FOOT IN A ROBERT JONES DRESSING POST-OP, THEN SHE WAS PLACED IN A CAST BOOT AND ALLOWED TO WT-BEAR AS TOLERATED. AT 6-8 WEEKS, THE FUSION APPEARED SOLID AND SHE WAS ALLOWED TO COME OUT OF THE IMMOBILIZATION AND BEGAN WEARING SHOES. WITH NO COMPLAINTS, SHE WAS RELEASED. ONE YEAR LATER SHE RETURNED COMPLAINING OF PAIN. X-RAYS SHOWED SUBSIDENCE AT THE SUBTALOR FUSION SITE WITH LOSS OF CALCANEAL BONE AND PROTRUSION OF THE THREE PLANTAR SCREWS INTO THE SOFT TISSUE. I TOLD HERE SHE WOULD NEED TO HAVE THE SCREWS REMOVED, PERFORM AN CALCANEAL OSTEOMY TO REBUILD THE ARCH AND TO PERFORM AN ACHILLES TENDON LENGTHENING DUE TO SHORTENING OF THE TENDON. SHE AGREED ON A SURGERY DATE, BUT THEN SAW ANOTHER OTHOPAEDIC SURGEON FOR A SECOND OPINION. PHYSICIAN CONSISTENTLY ALWAYS FINDS FAULT WITH OTHER PEOPLE'S WORK. HE ESSENTIALY TOLD HER THAT SHE HAD BEEN MISTREATED AND THE PROBLEM WAS SO BAD THAT HE COULD NOT CORRECT THE PROBLEM WOULD HAVE TO REFER HER TO SOMEONE ELSE. THE LAWSUIT THEN STARTED AND EIGHT YEARS LATER, THE INSURANCE COMPANY MADE THE DECISION TO SETTLE



This report has been dispute	d 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 reporting requirements. No decision has been reached.								
	Identified In Section B, this report was reviewed by the Secretary of the U.S. uman Services and a decision was reached. The subject has requested that original decision.							
	Identified in Section B, this report was reviewed by partment of Health and Human Services. The Secretary's decision							
Date of Original Submission:	06/04/2010							
Date of Most Recent Change:	06/04/2010							

THE LAWSUIT ONE WEEK BEFORE THE TRIAL WAS TO BEGIN.

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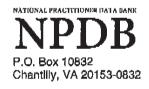
DCN: 5500000062569458 Process Date: 06/04/2010

Page: 4 of 4 BUTLER, DAN EDWARD

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END OF REPORT -



DCN: 5500000062569458 Process Date: 06/04/2010

Page: 1 of 2 BUTLER, DAN EDWARD

DISCLOSURE HISTORY

Report Number: 5500000062569458

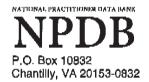


Recipient(s) of the Current Version of this Report

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

Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
Date Released	Entity Name
09/10/2012	SELF-QUERIER
Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 6088 HAWKS RD LEESVILLE, LA 71446
	(337) 462-0880
Date Released	(337) 462-6860 Entity Name

(337) 786-1200



10/17/2017

DCN: 5500000062569458 Process Date: 06/04/2010

Page: 2 of 2 BUTLER, DAN EDWARD

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

SELF-QUERIER

NATIONAL PRACTITIONER DATA BANK
NPDB

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

https://www.npdb.hrsa.gov

DCN: 5500000061531115 Process Date: 04/05/2010

Page: 1 of 3 BUTLER, DAN E

BUTLER, DAN E

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAEMALPRACTICE PAYMENT REPORT

Date of Action: 03/29/2010

https://www.npdb.hrsa.gov

DCN: 5500000061531115 Process Date: 04/05/2010

Page: 2 of BUTLER, DAN E



Date of Report: 04/05/2010

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 90,000.00 Date of This Payment: 03/29/2010

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 90,000.00

Payment Result of: BETTLEMENT

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

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: C20080221A

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: LAMMICO CONTRIBUTED \$90,000.00 IN SETTLEMENT ON BEHALF

OF DR. BUTLER. THE PATIENT COMPENSATION FUND MADE AN

ADDITIONAL CONTRIBUTION.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

Practitioners in This Case: \$ 90,000.00

Number of Practitioners for Whom This Payer Has Pald

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

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

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in

This Case, or is/Are Such Payment(s) Expected to Be Made?:

Amount Paid or Expected to Be Paid by Self-Insured

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

\$ 297,500.00

CLASSIFICATION OF ACT(S) OR OMISSION(S)

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

Patient's Gender: MALE

Patient's Type: вотн

Description of the Medical Condition With Which the Patient

Presented for Treatment:

THIS PATIENT WAS INJURED WHEN HE FELL TO THE GROUND ON A

METAL GRATING, SUSTAINING A LACERATION AND AN ELBOW INJURY. HE REQUIRED REPAIR OF THE DISTAL TRICEPS

TENDON, WHICH WAS RUPTURED.

Description of the Procedure Performed:

THE PATIENT UNDERWENT DISTAL TRICEPS TENDON REPAIR BY

THE INSURED SURGEON.

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation:

IMPROPER MANAGEMENT (305)

Date of Event Associated With Allegation or incident:

01/22/2005

MAJOR PERMANENT INJURY (07)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

ALLEGATIONS ARE INSURED FAILED TO PROPERLY PERFORM THE

SURGERY AND FAILED TO PROPERLY TREAT A SUBSEQUENT

INFECTION.

https://www.npdb.hrsa.gov

DCN: 5500000061531115 Process Date: 04/05/2010

Page: 3 of : BUTLER, DAN E



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

Date Submitted: 04/16/2010

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



U٢	less a	xod s	below	ile ch	recked	the	subj	ect o	of this	з героп	Identified	in .	Section I	Θ.	has i	not	contested	this :	report.
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	This	report	hae	been	disputed	by 1	the	subject	Identified	l In	Section	В.
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At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

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

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

Date of Original Submission:

04/05/2010

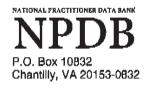
Date of Most Recent Change:

04/05/2010

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END OF REPORT -



DCN: 5500000061531115 Process Date: 04/05/2010

Page: 1 of 2 BUTLER, DAN E

DISCLOSURE HISTORY

Report Number: 5500000061531115

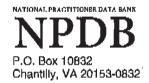


Recipient(s) of the Current Version of this Report

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

Date Released	Entity Name				
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880				
Date Released	Entity Name				
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (997) 786-1200				
Date Released	Entity Name				
09/10/2012	SELF-QUERIER				
Date Released	Entity Name				
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880				
Date Released	Entity Name				
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633				

(337) 786-1200



DCN; 5500000061531115 Process Date: 04/05/2010

Page: 2 of 2 BUTLER, DAN E

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

https://www.npdb.hrsa.gov

DCN: 5500000055411931 Process Date: 03/03/2009

Page: 1 of BUTLER, DAN E

BUTLER, DAN E

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

CAL MALPRACTICE PAYMENTER OF T

Date of Action: 02/

limikida (M/AYead Jean)

Basis don Indial Action

IMPROPER PERFORMANCE

None of A

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. *

Address: ONE GALLERIA BLVD.

SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 21113

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700 City, State, Zip: METAIRIE, LA 70001-7510

Country:

 $\mathbb{E}[U]\mathbb{E}[U]\mathbb{E}(C)$ TELEGIES (NASER (ODE) UNITED ELEGISTICO (ODE) (MANAGORA)

Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: 109 WEST 4TH STREET

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

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

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

MAINE MEDICAL CENTER (1978)

ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

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

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

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BEAUREGARD MEMORIAL HOSPITAL

DERIDDER, MA

https://www.npdb.hrsa.gov

DCN: 5500000055411931 Process Date: 03/03/2009

Page: 2 of BUTLER, DAN E



Date of Report: 03/03/2009

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 85,000.00 Date of This Payment: 02/19/2009

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Pald or to Be Paid by

This Payer for This Practitioner: \$ 65,000.00

Payment Result of: SETTLEMENT

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

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: C20080479B

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: A GLOBAL SETTLEMENT IN THE AMOUNT OF \$300,000.00 WAS PAID, INCLUSIVE OF LIENS. A SINGLE PAYMENT OF

\$85,000.00 WAS PAID AS PART OF THAT AMOUNT FROM THE

PRIMARY INSURER.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

Practitioners in This Case: \$ 85,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

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

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?:

Amount Paid or Expected to Be Paid by Self-Insured

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

CLASSIFICATION OF ACT(S) OR OMISSION(S)

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

Patient's Gender: MALE

Patient's Type:

Description of the Medical Condition With Which the Patient

Presented for Treatment:

OPEN DISLOCATED BIMALLEOLARFRACTURE OF THE LEFT ANKLE

Description of the Procedure Performed: OPEN REDUCTION OF BIMALLEOLAR FRACTURE ON THE MEDIAL

SIDE WITH PLACEMENT OF SCREWS AND PLATE

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation:

IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or incident:

10/25/2005

MINOR PERMANENT INJURY (05)

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

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

INFECTION AND ANKLE FUSION.

https://www.npdb.hrsa.gov

DCN: 5500000055411931 Process Date: 03/03/2009

Page: 3 of 3 BUTLER, DAN E

PASESTEVE STATEMENT	

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

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

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

Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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

Date of Original Submission:

03/03/2009

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

Date of Most Recent Change:

03/03/2009

This report is maintained under the provisions of: ∃itle 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 .

https://www.npdb.hrsa.gov

DCN: 5500000055411931 Process Date: 03/03/2009

Page: 1 of 2 BUTLER, DAN E

DISCLOSURE HISTORY

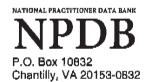
Report Number: 5500000055411931



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Date Released	Entity Name
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-6880
Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70638 (337) 786-1200
Date Released	Entity Name
09/10/2012	SELF-QUERIER
Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880



DCN: 5500000055411931 Process Date: 03/03/2009

Page: 2 of 2 BUTLER, DAN E

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

https://www.npdb.hrsa.gov

DCN: 5500000054412133 Process Date: 12/16/2008

Page: 1 of BUTLER, DAN EDWARD

BUTLER, DAN EDWARD

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action (14/17

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Basis for Infills Action

SETTLEMENT

FAILURE TO TREAT



Entity Name: PATIENT'S COMPENSATION FUND *

Address: 8225 FLORIDA BLVD., 2ND FLOOR

P.O. BOX 3718

City, State, Zip: BATON ROUGE, LA 70821

Country:

Name or Office: CATHY MOSS

Title or Department: SURCHARGE MANAGER

Telephone: (225) 342-5432

Entity Internal Report Reference: 05D12018EREN

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/01/2017:

Entity Name: PATIENT'S COMPENSATION FUND

Address: PO BOX 3718

627 NORTH FOURTH ST. SUITE 2-300

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

Country:



INFORMATION

alek(o)aknele)

Subject Name: BUTLER, DAN EDWARD

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Cruanization iveme:

Work Address: P.O. BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased:

Social Security Numbers (SSN):

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

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

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

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

Date of Report:

12/16/2008

Relationship of Entity to This Practitioner:

STATE MEDICAL MALPRACTICE PAYMENT FUND AS A SECONDARY

PAYER FOR THIS PRACTITIONER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

https://www.npdb.hrsa.gov

DCN: 5500000054412133 Process Date: 12/16/2008

Page: 2 of BUTLER, DAN EDWARD

for This Practitioner: \$ 300,000.00 Date of This Payment: 11/17/2008

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Pald or to Be Pald by

This Payer for This Practitioner: \$ 300,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 11/17/2008

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: FULL AND FINAL SETTLEMENT ON BEHALF OF LPCF

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

Practitioners in Thie Case: \$ 300,000.00

Number of Practitioners for Whom This Payer Has Pald

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?:

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

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in

This Case, or is/Are Such Payment(s) Expected to Be Made?: YES

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other insurance Company/Companies: \$ 100,000.00

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 49 YEARS

Patient's Gender: FEMALE

Patient's Type: вотн

Description of the Medical Condition With Which the Patient

Presented for Treatment: PATIENT HAD A TORN RIGHT ACHILLES TENDON

DR. BUTLER PERFORMED AN ACHILLES TENDON REPAIR AND Description of the Procedure Performed:

RELEASE OF THE TARSAL TUNNEL OF THE RIGHT ANKLE.

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: FAILURE TO TREAT (113)

Date of Event Associated With Allegation or Incident: 12/01/2004

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

PLAINTIFF ALLEGES FAILURE TO APPROPRIATELY, SURGICALLY AND POST OPERATIVELY TREAT THE TORN ACHILLES TENDON ON THE RIGHT RESULTED IN LIMITATION OF MOTION OF ANKLE.



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

NATIONAL PRACTITIONER DATA BANK
P.O. Box 10832
Chantllly, VA 20153-0832

https://www.npdb.hrsa.gov

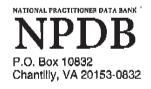
DCN: 5500000054412133 Process Date: 12/16/2008 Page: 3 of 3

Page: 3 of 3 BUTLER, DAN EDWARD

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e (elung-yngs/plator <mark>-pela</mark> li, e	Unless a box below is checked, th	e subject of this report identified in Section B has not contested this report.		
	This report has been dispute	d by the subject identified in Section B.		
	U.S. Department of Health a	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.		
		Identified in Section B, this report was reviewed by the Secretary of the U.S. uman Services and a decision was reached. The subject has requested that original decision.		
		identified in Section B, this report was reviewed by partment of Health and Human Services. The Secretary's decision		
	Date of Original Submission:	12/16/2008		
	Date of Most Recent Change:	12/16/2008		
-	under the provisions of: Title			

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

END OF REPORT -



DCN: 5500000054412133 Process Date: 12/16/2008

Page: 1 of 2 BUTLER, DAN BOWARD

DISCLOSURE HISTORY

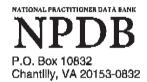
Report Number: 5500000054412133



Recipient(s) of the Current Version of this Report

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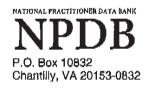
Date Released	Entity Name	
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880	
Date Released	Entity Name	
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8680	
Date Released	Entity Name	
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200	
Date Released	Entity Name	
09/10/2012	SELF-QUERIER	
Date Released	Entity Name	
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880	



DCN: 5500000054412133 Process Date: 12/16/2008

Page: 2 of 2 BUTLER, DAN EDWARD

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



DCN: 5500000053931734 Process Date: 11/15/2008

Page: 1 of 3 BUTLER, DAN E

BUTLER, DAN E

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

AL MALPRACTICE PAYMENT REPORT

Date of Action: 10/31

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ino) (cyA. listi inil (roi) (ejieta)

FAILURE TO TREAT



Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. *

Address: ONE GALLERIA BLVD,

SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: Lawrence warren

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 19660

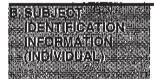
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700 City, State, Zip: METAIRIE, LA 70001-7510

Country:



Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: 109 WEST 4TH STREET City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

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

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

MAINE MEDICAL CENTER (1978) ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1903)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure:

Drug Enforcement Administration (DEA) Numbers:

14289R, LA

Hospital Affiliation(s):

BEAUREGARD MEMORIAL HOSPITAL

DERIDDER, MA



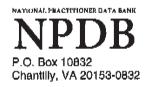
NATIONAL PRACTITIONER DATA BANK
P.O. Box 10892
Chantilly, VA 20153-0832

https://www.npdb.hrea.gov

DCN: 5500000053931734 Process Date: 11/15/2008

Page: 3 of 3 BUTLER, DAN E

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P) (SE)E[J] =(C) (EPIZAVIEIMEIN);	If the subject identified in Section B o	of this report has submitted	d a statement, it appears in this section.
	Unless a box below is checked, the subject of this report identified in Section B has not contested this report. This report has been disputed by the subject identified in Section B. At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached. At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision. At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:		
	Date of Original Submission:	11/15/2008	
	Date of Most Recent Change:	11/15/2008	
The information contained provisions of Title IV of Pu for the purpose for which it	blic Law 99-660, as amended, and	National Practitioner Da i 45 CFR Part 60. All int of confidential Informati	ata Bank for restricted use under the formation is confidential and may be used only lon for other purposes is a violation of federal in Section A.



DCN: 5500000053931734 Process Date: 11/15/2008

Page: 1 of BUTLER, DAN E

DISCLOSURE HISTORY

Report Number: 5500000053931734

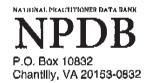


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Date Released	Entity Name
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8098 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
Date Released	Entity Name
09/10/2012	SELF-QUERIER
Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8086 HAWKS RD LEESVILLE, LA 71446

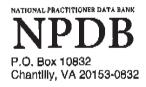
(337) 462-8880



DCN: 5500000053931734 Process Date: 11/15/2008

Page: 2 of 2 BUTLER, DAN E

Date Released	Entity Name
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
Date Released	Entity Name
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842
Date Released	Entity Name
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (868) 852-1988
Date Released	Entity Name
10/17/2017	SELF-QUERIER



DCN: 5500000052866035 Process Date: 09/09/2008

Page: 1 of 3 BULTER, DAN EDWARD

BULTER, DAN EDWARD

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 08/18/2008

Intititett Aeritani

Σ∃akataMieralIntillati√Axestorna

- SETTLEMENT

- DELAY IN DIAGNOSIS



Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO. *

Address: ONE GALLERIA BLVD.

SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference: 14657

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700 City, State, Zip: METAIRIE, LA 70001-7510

Country:



Subject Name: BULTER, DAN EDWARD

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name:

Work Address: P.O. BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

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

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

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):



Date of Report: 0

ort: 09/09/2008

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 80,000.00 Date of This Payment: 06/16/2006

https://www.npdb.hrsa.gov

DCN: 5500000052866035 Process Date: 09/09/2008

Page: 2 of BULTER, DAN EDWARD

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Pald or to Be Paid by

\$ 80,000.00 This Payer for This Practitioner: Payment Result of: SETTLEMENT

Date of Judgment or Settlement, If Any: 08/18/2008 Adjudicative Body Case Number:

Adjudicative Body Name: 14THJDC, CALCASSIEU PARRISH

Court File Number:

Description of Judgment or Settlement and Any

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

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

\$ 80,000.00 Practitioners in This Case:

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

Fayment Expected to Be Wader.

UNIVERSE

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

CLASSIFICATION OF ACT(S) OF OMISSION(S)

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

Patient's Gender: FEMALE

Patient's Type:

INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

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

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

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation:

DELAY IN DIAGNOSIS (200)

Date of Event Associated With Allegation or Incident:

07/30/2002

Outcome:

SIGNIFICANT PERMANENT INJURY (06)

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

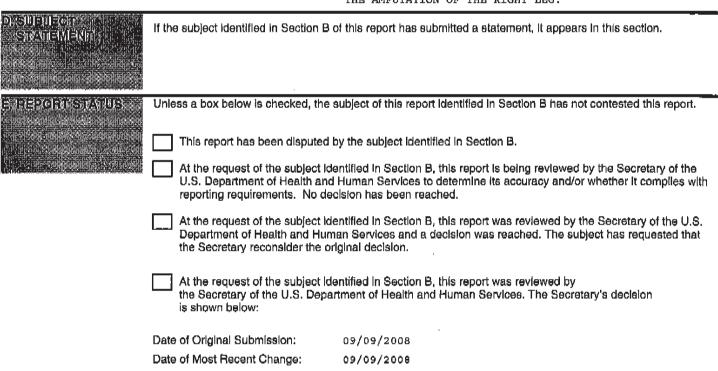
A 73 YEAR OLD FEMALE WITH A HISTORY OF INSULIN DEPENDENT DIABETEC AND OBEGITY, WAS SEEN BY OUR INCURED ONE DAY AFTER A FALL AND ADMISSION TO THE HOSPITAL FOR A RIGHT NON-DISPLACED BIMALLEOLAR FRACTURE. THE PATIENT WAS PLACED IN A CAST BOOT AND ONE WEEK LATER, SHE WAS NOTED TO HAVE A DISPLACED BIMALLEOLAR FRACTURE OF THE RIGHT ANKLE. OUR INSURED PERFORMED AN ORIF. THE PATIENT WAS

https://www.npdb.hrsa.gov

DCN: 5500000052866035 Process Date: 09/09/2008

Page: 3 of BULTER, DAN EDWARD

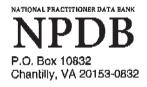
FOLLOWED BY OTHER PHYSICANS AFTER DISCHARGE AND EVENTUALLY UNDERWENT A BELOW THE KNEE AMPUTATION OF THE RIGHT LEG BY ANOTHER SURGEON DUE TO GANGRENE. IT IS ALLEGED THAT OUR INSURED FAILED TO APPROPRIATELY DIAGNOSE AND TREAT THE FRACTURE ALLEGEDLY RESULTING IN THE AMPUTATION OF THE RIGHT LEG.



This report is maintained under the provisions of: Title IV

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

END OF REPORT -



DCN: 5500000052866035 Process Date: 09/09/2008

Page: 1 of 2 BULTER, DAN EDWARD

DISCLOSURE HISTORY

Report Number: 5500000052866035



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 malled a copy of the current version.

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

(337) 462-8880

https://www.npdb.hrsa.gov

DCN: 5500000052866035 Process Date: 09/09/2008

Page: 2 of 2 BULTER, DAN EDWARD

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

NATIONAL PRACTIFIONER DATA BANK

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

https://www.npdb.hrsa.gov

DCN: 5500000038519312 Process Date: 08/03/2005

Page: 1 of 3 BUTLER, DAN EDWARD

BUTLER, DAN EDWARD

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT REPORTS

Date of Action: 07/29/2005

#Initial#Action#

Terepatanion Indian/Apatros

- SETTLEMENT

- IMPROPER PERFORMANCE



Entity Name: PATIENTS' COMPENSATION FUND *

Address: 150 THIRD ST., FIFTH FLOOR

P.O. BOX 3718

City, State, Zip: BATON ROUGE, LA 70821

Country:

Name or Office: CATHY MOSS

Title or Department: SURCHARGE MANAGER

Telephone: (225) 342-5432

Entity Internal Report Reference: 03D0401RUMBY

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/01/2017:

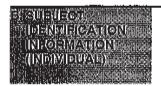
Entity Name: PATIENT'S COMPENSATION FUND

Address: PO BOX 3710

627 NORTH FOURTH ST. SUITE 2-300

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

Country:



Subject Name: BUTLER, DAN EDWARD

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name:

Work Address: P.O. BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: No

Social Security Numbers (SSN):

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

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

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

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):



Date of Report: 08/03/2005

Relationship of Entity to

This Practitioner: STATE MEDICAL MALPRACTICE PAYMENT FUND AS A SECONDARY

PAYER FOR THIS PRACTITIONER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000038519312 Process Date: 08/03/2005

Page: 2 of BUTLER, DAN EDWARD

for This Practitioner: \$ 75,000.00 Date of This Payment: 07/29/2005

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 75,000.00 Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 07/07/2005

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: \$75,000.00 PAID AS SETTLEMENT FOR A FULL AND FINAL

RELEASE

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

\$ 75,000.00 Practitioners in This Case:

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?:

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

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in

This Case, or is/Are Such Payment(s) Expected to Be Made?:

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies: \$ 100,000.00

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 59 YEARS

Patient's Gender: MALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

THE PATIENT HAD A HISTORY OF SEVERE OSTEOARTHRITIS OF Presented for Treatment:

HIS RIGHT KNEE.

Description of the Procedure Redormed: ביהיארי בינים בינים לינים בינים לינים בינים מינים בינים ביני

> Nature of Allegation: SURGERY RELATED (020) Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 04/01/2002

MINOR PERMANENT INJURY (05)

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



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

https://www.npdb.hrsa.gov

DCN: 5500000038519312 Process Date: 08/03/2005

Page: 3 of BUTLER, DAN EDWARD

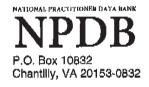
	This report has been disputed be	subject of this report identified in Section B has not contested this report. by the subject identified in Section B. entified in Section B, this report is being reviewed by the Secretary of the I Human Services to determine its accuracy and/or whether it complies with
	reporting requirements. No dec	
		entified in Section B, this report was reviewed by the Secretary of the U.S. nan Services and a decision was reached. The subject has requested that riginal decision.
		entified in Section B, this report was reviewed by rtment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	08/03/2005
	Date of Most Recent Change:	08/03/2005
This report is maintained	d under the provisions of: Title I\	
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

END OF REPORT

law. For additional information or clarification, contact the reporting entity identified in Section A.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



DCN: 5500000038519312 Process Date: 08/03/2005

Page: 1 of 3 BUTLER, DAN EDWARD

DISCLOSURE HISTORY

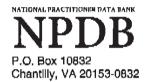
Report Number: 5500000038519312



Recipient(s) of the Current Version of this Report

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 malled a copy of the current version.

Date Released	Entity Name	
08/08/2005	GOVERNMENT EMPLOYEES HEALTH ASSOC. INC CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-5500	
Date Released	Entity Name	
12/28/2005	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880	
Date Released	Entity Name	
01/16/2008	PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 462-7409	
Date Released	Entity Name	
04/28/2006	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8680	
Date Released	Entity Name	
07/13/2006	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200	



DCN: 5500000038519312 Process Date: 08/03/2005

Page: 2 of BUTLER, DAN EDWARD

Date Released

Entity Name

03/28/2007

TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880

Date Released

Entity Name

09/10/2007

TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880

Date Released

Entity Name

09/29/2009

TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880

Date Released

Entity Name

11/07/2011

TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880

Date Released

Entity Name

06/22/2012

DEQUINCY MEMORIAL HOSPITAL

PO BOX 1166

110 WEST 4TH STREET PO BOX 1166

DEQUINCY, LA 70633

(337) 786-1200

Date Released

Entity Name

09/10/2012

SELF-QUERIER

Date Released

Entity Name

10/30/2013

TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880

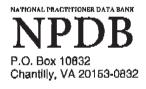
NATIONAL PRACTITIONER DATA BANK P.O. Box 10832 Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000038519312 Process Date: 09/03/2005

Page: 3 of 3 BUTLER, DAN EDWARD

Date Released	Entity Name
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
Date Released	Entity Name
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842
Date Released	Entity Name
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (688) 852-1988
Date Released	Entity Name
10/17/2017	SELF-QUERIER



DCN: 5500000038281124 Process Date: 07/14/2005

Page: 1 of 3 BUTLER, DAN M.D.

BUTLER, DAN M.D.

PLICO,INC.

MEDICAL MALPRACTICE PAYMENT REPORT.

Initial/Action

Date of Action: 07/13/2005

Basis for Initial Action

- SETTLEMENT

- IMPROPER PERFORMANCE



Entity Name: PHYSICIANS LIABILITY INSURANCE COMPANY *

Address: 1140 N.W. 63RD SUITE 200 Clty, State, Zlp: OKLAHOMA CITY, OK 73116

Country:

Name or Office: SANDRA DIX

Title or Department: ADMINISTRATIVE ASSISTANT

Telephone: (405) 015-4841

Entity Internal Report Reference: 10863

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/17/2017:

Entity Name: PLICO, INC.

Address: 126 HARRISON AVE STE 200

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

Country:



Subject Name: BUTLER, DAN M.D.

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: ENID ORTHO & HAND BURGERY, INC.

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

City, State, ZIP: ENID, OK 73701

Home Address:

City, State, ZIP:

Deceased: NO

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

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

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

State License Number, State of Licensure: 12156, OK

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BASS BAPTIST HEALTH CENTER

ENID, OK



Date of Report: 07/14/2005

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 15,000.00 Date of This Payment: 07/13/2005 NATIONAL PRACTITIONER DATA BANK
P.O. Box 10832
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000038281124 Process Date: 07/14/2005

Page: 2 of 3 BUTLER, DAN M.D.

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Pald or to Be Paid by

This Payer for This Practitioner: \$ 15,000.00

Payment Result of: SETTLEMENT

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

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

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

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

Practitioners in This Case: \$ 15,000.00

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?: 3

rayment Expected to be Made 7.

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

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner In

This Case, or is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Instited

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

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 51 YEARS

Patient's Gender: MALE

Patlent's Type: BOTH

Description of the Medical Condition With Which the Patient

Presented for Treatment: P7

PATIENT PRESENTED WITH A DUPUYTRENS GAGLION IN HIS LEFT

HAND.

Description of the Procedure Performed:

DR. BUTLER REMOVED THE CYST, AND ALSO PERFORMED CARPAL

TUNNEL RELEASE.

Nature of Allegation: Specific Allegation:

SURGERY RELATED (020) IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident:

03/14/2000

Outcome:

me: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

THE PATIENT ALLEGES THAT HE WAS NOT INFORMED PRIOR TO

SURGERY THAT A CARPAL TUNNEL RELEASE WOULD BE PERFORMED.

AND HE ALSO ALLEGES THAT IT WAS UNNECESSARY.



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

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J-, 1-11, 1-1, 1/2, 211 (-11-14, 241-11-14)	
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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.

https://www.npdb.hrsa.gov

DCN: 5500000038281124 Process Date: 07/14/2005

Page: 3 of 3 BUTLER, DAN M.D.

		dentified In Section B, this report is being reviewed by the Secretary of the difference to determine its accuracy and/or whether it complies with accision has been reached.
		dentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that original decision.
		dentified in Section B, this report was reviewed by artment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	07/14/2005
	Date of Most Recent Change:	07/14/2005
ble report le maintain	ed 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

RATIONAL PRACTITIONS PATA BANK

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

https://www.npdb.hrsa.gov

DCN: 5500000038281124 Process Date: 07/14/2005

Page: 1 BUTLER, DAN M.D.

DISCLOSURE HISTORY

Report Number: 5500000038281124



Recipient(s) of the Current Version of this Report

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https://www.npdb.hrsa.gov

DCN: 5500000038281124 Process Date: 07/14/2005

Page: 2 of 3 BUTLER, DAN M.D.

Date Released	Entity Name
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8680
Date Released	Entity Name
09/10/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8680
Date Released	Entity Name
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8068 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
Date Released	Entity Name
09/10/2012	SELF-QUERIER
Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446

(337) 462-8880

https://www.npdb.hrsa.gov

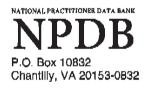
10/17/2017

DCN: 5500000038281124 Process Date: 07/14/2005

Page: 3 of 3 BUTLER, DAN M.D.

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

SELF-QUERIER



DCN: 5500000036001127 Process Date: 12/29/2004

Page: 1 of

BUTLER, DAN EDWARD M.D.

BUTLER, DAN EDWARD M.D.

PLICO.INC.

MEDICAL MALPRACTICE PAYMENT REPORT

Datte (6) Acriton #12/21/

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SETTLEMENT

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INFORMATION

USI e i (VAI e TEA VE)

OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

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Entity Name: PHYSICIANS LIABILITY INSURANCE COMPANY *

Address: 5005 N. LINCOLN ST.

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

Country:

Name or Office: SANDRA DIX

Title or Department: ADMINISTRATIVE ASSISTANT

Telephone: (405) 815-4841

Entity Internal Report Reference: 10835

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/17/2017:

Entity Name: PLICO, INC.

Address: 126 HARRISON AVE STE 200 City, State, Zip: OKLAHOMA CITY, OK 73104-1818

Country:

Subject Name: BUTLER, DAN EDWARD M.D.

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: ENID ORTHOPEDIC & HAND SURGERY

Work Address: 620 S MADISON, SUITE 2

MEDICAL PLAZA

City, State, ZIP: ENID, OK 73701

Home Address:

City, State, ZIP:

Deceased: NO

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

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

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 12156, OK

Drug Enforcement Administration (DEA) Numbers:

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

ENID, OK



Date of Report: 12/29/2004

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 45,000.00

https://www.npdb.hrea.gov

DCN: 5500000036001127 Process Date: 12/29/2004

Page: 2 of

BUTLER, DAN EDWARD M.D.

Date of This Payment: 12/21/2004

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 45,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, If Any: 12/08/2004

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: SETTLEMENT OF \$45,000, WITH A CONFIDENTIALITY AGREEMENT.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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

Practitioners in This Case:

\$ 90,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 2

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

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

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner In

This Case, or Is/Are Such Payment(s) Expected to Be Made?:

Amount Paid or Expected to Be Paid by Self-Insured

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

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 39 YEARS

Patient's Gender: FEMALE

INPATIENT Patient's Type:

Description of the Medical Condition With Which the Patient

Presented for Treatment: THE PATIENT PRESENTED WITH A VOLAR GANGLION CYST.

Description of the Procedure Performed: DR. BUTLER SURGICALLY REMOVED THE CYST, AND THEN PLACED

A HARD CAST.

Nature of Allegation:

TREATMENT RELATED (060)

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

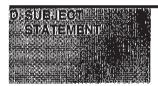
Other Specific Allegations: FAILURE TO TAKE APPROPRIATE ACTION Date of Event Associated With Allegation or Incident: 05/08/2001

Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or illnesses Upon

Which the Action or Claim Was Based: DR. BUTLER SURGICALLY REMOVED THE PATIENT'S VOLAR GANGLION CYST AND PLACED A HARD CAST. THE ALLEGATIONS WERE THAT IT WAS BELOW THE STANDARD OF CARE TO PLACE A HARD CAST, AND THAT THIS ALLEGEDLY RESULTED IN THE DEVELOPMENT OF CARPAL TUNNEL SYNDROME, FURTHER SURGERY, AND THEN THE DEVELOPMENT OF RSD. THE PATIENT STILL HAS

PROBLEMS WITH USE OF HER RIGHT HAND.



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

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DCN: 5500000036001127 Process Date: 12/29/2004

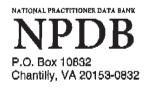
Page: 3 of 3

BUTLER, DAN EDWARD M.D.

::yiai-ia(o)abe\:3ii/\ij(\i)-3	Unless a box below is checked, the	e subject of this report identified in Section B has not contested this report.
	This report has been disputed	d by the subject identified in Section B.
	U.S. Department of Health ar	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 compiles with reporting requirements. No decision has been reached.
		dentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that original decision.
		dentified in Section B, this report was reviewed by eartment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	12/29/2004
	Date of Most Recent Change:	12/29/2004
•	d under the provisions of: Title	IV

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

___ END OF REPORT -



DCN: 5500000036001127 Process Date: 12/29/2004

Page: 1 of 3

BUTLER, DAN EDWARD M.D.

DISCLOSURE HISTORY

Report Number: 5500000036001127



Recipient(s) of the Current Version of this Report

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

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

(904) 473-1200



DCN: 5500000036001127 Process Date: 12/29/2004

Page: 2 of 3

BUTLER, DAN EDWARD M.D.

Date Released	Entity Name
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
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Date Released	Entity Name
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8860
Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
Date Released	Entity Name
09/10/2012	SELF-QUERIER
Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446

(337) 462-8880

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DCN: 5500000036001127 Process Date: 12/29/2004

Page: 3 of 3

BUTLER, DAN EDWARD M.D.

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

https://www.npdb.hrsa.gov

DCN: 5500000036095700 Process Date: 01/10/2005

Page: 1 of 3 BUTLER, DAN E

BUTLER, DAN E

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

GALIMALPRACTICE PAYMENT REPORT

Date of Action

ilinifikali. Ayetiledin

a Basis afor ilmidial Action

- IMPROPER PERFORMANCE



Entity Name: Louisiana Medical Mutual Insurance co. *

Address: ONE GALLERIA BLVD.

SUITE 700

City, State, Zip: METAIRIE, LA 70001

Country:

Name or Office: LAWRENCE WARREN

Title or Department: CLAIMS MANAGER

Telephone: (504) 831-3756 Ext. 2517

Entity Internal Report Reference:

Type of Report: INITIAL

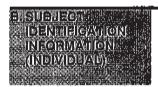
*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 02/13/2017:

Entity Name: LOUISIANA MEDICAL MUTUAL INSURANCE CO.

Address: 1 GALLERIA BLVD STE 700

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

Country:



Subject Name: BUTLER, DAN E

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name: DAN BUTLER, M.D.

Work Address: 109 WEST 4TH STREET

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (S\$N): ***-**-4062

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

MAINE MEDICAL CENTER (1978)

ST. JOSEPH MEDICAL CENTER (1979)

ST. LUKE'S HOSPITAL (1980)

UNIVERSITY OF MISSOURI HOSPITAL (1983)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 14289R, LA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): BEAUREGARD MEMORIAL HOSPITAL

DERIDDER, MA

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NATIONAL PRACTITIONER DATA BANK

DCN: 5500000036095700 Process Date: 01/10/2005

Page: 2

BUTLER, DAN E

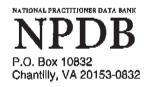
NATIONAL PRACTITIONER DATA BANK P.O. Box 10832 Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000036095700 Process Date: 01/10/2005

Page: 3 of 3 BUTLER, DAN E

	Unless a box below is checked, the	e subject of this report identified in Section B has not contested this report.	
	This report has been disputed	d 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 Most Recent Change:	01/10/2005
This report is maintainer	Lunder the proviolene of Title	IV	
The information contained provisions of Title IV of Pufor the purpose for which i	in this report is maintained by th blic Law 99-660, as amended, a t was disclosed. Disclosure or us	e National Practitioner Data Bank for restricted use under the nd 45 CFR Part 60. All information is confidential and may be used only se of confidential information for other purposes is a violation of federal eporting entity identified in Section A.	
	EN	ID OF REPORT	



DCN: 5500000036095700 Process Date: 01/10/2005

Page: 1 of BUTLER, DAN E

DISCLOSURE HISTORY

Report Number: 5500000036095700

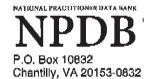


Recipient(s) of the Current Version of this Report

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Date Released	Entity Name	
01/16/2006	BEAUREGARD MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70634 (337) 462-7409	
Date Released	Entity Name	
04/28/2006	TRI PARISH REMABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8860	
Date Released	Entity Name	
07/13/2006	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081	

(904) 473-1200



Date Released

Date Released

Date Released

09/10/2012

10/30/2013

DCN: 5500000036095700 Process Date: 01/10/2005

Page: 2 of 3 BUTLER, DAN E

03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8680
Date Released	Entity Name
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Date Released	Entity Name
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166

Entity Name

TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD

110 WEST 4TH STREET PO BOX 1166

70633

LEESVILLE, LA 71446

(337) 462-8880

DEQUINCY, LA

(337) 786-1200

SELF-QUERIER

Entity Name

Entity Name

https://www.npdb.hrsa.gov

DCN: 5500000036095700 Process Date: 01/10/2005

Page: 3 of 3 BUTLER, DAN E

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

NATIONAL PRACTITIONES DATA BANK
PDB
P.O. Box 10832
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000030871524 Process Date: 09/08/2003

Page: 1 of BUTLER, DAN E.

BUTLER, DAN E.

PLICO,INC.

MEDICAL MALPRACTICE PAYMENT REPORT

:IDatieNoff/Actition# (0)57/2/63//2(0)0/6

Initial Action

Basis towinitial Action

- SETTLEMENT

- UNKNOWN

A.REPORPING DESCRIPTION OF THE PROPERTY OF THE

Entity Name: PHYSICIANS LIABILITY INSURANCE COMPANY

Address: 5005 N. LINCOLN ST.

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

Country:

Name or Office: SANDRA DIX

Title or Department: ADMINISTRATIVE ASSISTANT

Telephone: (405) 815-4841

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/17/2017:

Entity Name: PLICO, INC.

Address: 126 HARRISON AVE STE 200

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

Country:



Subject Name: BUTLER, DAN E.

Other Name(s) Used:

Gender: MALE

Date of Birth: 11/12/1946

Organization Name:

Work Address: 109 WEST 4TH STREET

P.O. BOX 130

City, State, ZIP: DERIDDER, LA 70634

Home Address:

City, State, ZIP:

Deceased: ทั่ง

Social Security Numbers (SSN):

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

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

State License Number, State of Licensure: 12156, OK

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):



Date of Report: 09/08/2003

Act/Omission Code: Surgery: improper management of surgical patient (200)

Date of Act/Omission: 07/15/1999

Payment Date: 08/28/2003

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 130,000.00

https://www.npdb.hrea.gov

DCN: 5500000030871524 Process Date: 09/08/2003

of Page: 2 BUTLER, DAN E.

Total Amount of Judgment or Settlement: \$ 130,000.00

Payment Result of: SETTLEMENT

Number of Practitioners for Whom Payment Is Made: 1

Relationship of Entity to the Practitioner: INSURANCE COMPANY

Date of Judgment/Settlement: Adjudicative Case Number:

Court File Number: 01-C-224-W

Adjudicative Body Name: COWLEY COUNTY, KS. DISTRICT COURT

Reporter's Description of Act or Omission: PHYSICIAN PERFORMED SURGICAL REPAIR OF MASSIVE ROTATOR CUFF TEAR ON 64 YR-OLD MALE PT. PLTF. ALLEGES PHYSICIAN

IMPROPERLY MANAGED POST-OP CARE, RESULTING IN WORSENING

OF CONDITION AND PERMANENT INJURY.

Reporter's Description of the Judgment or Settlement: SETTLEMENT IN AMOUNT OF \$130000.00 ON BEHALF OF THIS PHYSICIAN BY LUMP SUM SETTLEMENT WITH NON-DISCLOSURE

AGREEMENT.



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

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a proven k (cambala)
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)

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 compiles with reporting requirements. No decision has been reached.

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

Date of Original Submission:

09/08/2003

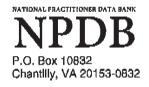
Date of Most Recent Change:

09/08/2003

This report is maintained under the provisions of: Title IV

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

END OF REPORT •

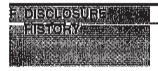


DCN: 5500000030871524 Process Date: 09/08/2003

Page: 1 of 4 BUTLER, DAN E.

DISCLOSURE HISTORY

Report Number: 5500000030871524



Bara Balancad

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Date Released	Entity Name	
11/24/2003	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847	
Date Released	Entity Name	
01/08/2004	BEAUREGARD MEMORIAL HOSPITAL PO BOX 730 600 SOUTH PINE STREET DERIDDER, LA 70694 (337) 462-7409	
Date Released	Entity Name	
03/18/2004	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 92081 (904) 473-1200	
Date Released	Entity Name	
04/21/2004	HEALTHNET FEDERAL SERVICES, INC (FORMERI 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 21032 121-13	
Date Released	Entity Name	
05/14/2004	FEDERAL BUREAU OF PRISIONS 320 1ST ST NW RM 424 WASHINGTON, DC 20534	

(202) 307-3055

https://www.npdb.hrsa.gov

DCN: 5500000030871524 Process Date: 09/08/2003

Page: 2 of 4 BUTLER, DAN E.

Date Released

Entity Name

06/10/2004

TRI PARISH REHABILITATION HOSPITAL

8088 HAWK\$ FID

LEESVILLE, LA 71446

(337) 462-8680

Date Released

Entity Name

09/22/2004

HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803

Date Released

Entity Name

10/20/2004

FIRST CHOICE HEALTH PLAN

5625 REITZ AVE

BATÓN ROUGE, LA 70809

(225) 298-1842

Date Released

Entity Name

08/08/2005

GOVERNMENT EMPLOYEES HEALTH ASSOC. INC

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

(816) 257-5600

Date Released

Entity Name

12/28/2005

TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880

Date Released

Entity Name

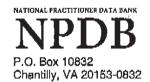
01/16/2006

BEAUREGARD MEMORIAL HOSPITAL

PO BOX 730

600 SOUTH PINE STREET DERIDDER, LA 70634

(337) 462-7409



06/22/2012

DCN: 5500000030871524 Process Date: 09/08/2003

Page: 3 of 4 BUTLER, DAN E.

Date Released	Entity Name	
04/28/2006	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880	
Date Released	Entity Name	
07/13/2006	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200	
Date Released	Entity Name	
03/28/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71448 (337) 462-8880	
Date Released	Entity Name	
09/10/2007	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880	
Date Released	Entity Name	
09/29/2009	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8860	
Date Released	Entity Name	
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880	
Date Released	Entity Name	

DEQUINCY MEMORIAL HOSPITAL

110 WEST 4TH STREET PO BOX 1166

PO BOX 1166

(337) 786-1200

DEQUINCY, LA 70633



DCN: 5500000030871524 Process Date: 09/08/2003

Page: 4 of 4 BUTLER, DAN E.

Date Released	Entity Name	
09/10/2012	SELF-QUERIER	
Date Released	Entity Name	
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8880	
Date Released	Entity Name	
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1186 DEQUINCY, LA 70633 (337) 786-1200	
Date Released	Entity Name	
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842	
Date Released	Entity Name	
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601 (888) 852-1988	
Date Released	Entity Name	
10/17/2017	SELF-QUERIER	

10/19/2017 THU 10:36 FAX

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NPDB

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

https://www.npdb.hrsa.gov

DCN: 5500000016992364 Process Date: 04/21/2000

Page: 1 of : BUTLER, DAN E

BUTLER, DAN E

PLICO.INC.

https://www.npdb.hrsa.gov

DCN: 5500000016992364 Process Date: 04/21/2000

Page: 2 of BUTLER, DAN E

Payment Result of: BETTLEMENT

Number of Practitioners for Whom Payment Is Made: 1

Relationship of Entity to the Practitioner: INSURANCE COMPANY

Date of Judgment/Settlement: Adjudicative Case Number: Adjudicative Body Name:

Court File Number:

Reporter's Description of Act or Omission: REMOVAL OF BONE SPUR FROM RIGHT ELBOW DAMAGED TENDON,

RESULTING IN PERMANENT WEAKNESS.

Reporter's Description of the Judgment or Settlement: SETTLEMENT IN THE AMOUNT OF \$150,000 BY LUMP SUM PAYMENT

WITH NON-DISCLOSURE AGREEMENT.



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

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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:

04/21/2000

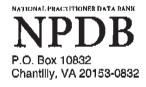
Date of Most Recent Change:

04/21/2000

This report is maintained under the provisions of: Title IV

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

END OF REPORT .



DCN: 5500000016992364 Process Date: 04/21/2000

Page: 1 of 7 BUTLER, DAN E

DISCLOSURE HISTORY

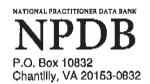
Report Number: 5500000016992364



Recipient(s) of the Current Version of this Report

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

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



DCN: 5500000016992364 Process Date: 04/21/2000

Page: 2 of BUTLER, DAN E

Date Released **Entity Name**

AETNA NORTH CENTRAL REGION 09/14/2000

> 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

INTEGRIS BASS BAPTIST HEALTH CTR. 12/28/2000

> 600 S MONROE ST ENID, OK 73701 (405) 951-2626

Date Released **Entity Name**

02/13/2001 AMCARE HEALTH PLANS OF TEXAS, INC.

3411 RICHMOND AVENUE

SUITE 500

HOUSTON, TX 77046

71398 571-68

Date Released **Entity Name**

WELLCOR AMERICA 03/07/2001

> 3030 N. W. EXPRESSWAY OKLAHOMA CITY, OK 73112

40595 147-00

Date Released Entity Name

10/09/2001 SABINE MEDICAL CENTER

> 240 HIGHLAND DR MANY, LA 71449 (318) 256-7380

Entity Name Date Released

BYRD REGIONAL HOSPITAL 12/18/2001

> 1020 W FERTITTA BLVD LEESVILLE, LA 71446

(337) 239-5242

Date Released Entity Name

01/16/2002 PRIVATE HEALTH CARE SYSTEMS

> 1100 WINTER ST WALTHAM, MA 02451

(781) 895-5847



DCN: 5500000016992364 Process Date: 04/21/2000

Page: 3 of BUTLER, DAN E

Date Released Entity Name

01/21/2002 FIRST CHOICE HEALTH PLAN

5525 REITZ AVE

BATON ROUGE, LA 70809

(225) 298-1842

Date Released Entity Name

01/24/2002 AMERICAN LIFECARE

1100 POYDRAS STREET, SUITE 2600

NEW ORLEANS, LA 70163

(504) 561-0600

Date Released Entity Name

02/27/2002 AMERICAN LIFECARE

1100 POYDRAS STREET, SUITE 2600

NEW ORLEANS, LA 70163

(504) 561-0600

Date Released Entity Name

04/08/2002 PPOPLUS, LLC

400 POYDRAS STREET, SUITE 2040

NEW ORLEANS, LA 70130

(504) 680-4487

Date Released Entity Name

05/07/2002 HEALTHNET FEDERAL SERVICES, INC (FORMERL

2025 AEROJET ROAD

RANCHO CORDOVA, CA 95742

21032 121-13

Date Released Entity Name

11/24/2003 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

01/08/2004 BEAUREGARD MEMORIAL HOSPITAL

PQ BQX 730

600 SOUTH PINE STREET DERIDDER, LA 70634

(337) 462-7409

NATIONAL PRACTITIONER DATA BANK
P.O. Box 10832
Chantilly, VA 20163-0832

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DCN: 5500000016992364 Process Date: 04/21/2000

Page: 4 of 7 BUTLER, DAN E

Date Released	Entity Name	
03/18/2004	MEDICAL DEVELOPMENT INTERNATIONAL 90 FORT WADE ROAD PONTE VEDRA, FL 32081 (904) 473-1200	
Date Released	Entity Name	
04/21/2004	HEALTHNET FEDERAL SERVICES, INC (FORMERL 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 21032 121-13	
Date Released	Entity Name	
05/14/2004	FEDERAL BUREAU OF PRISIONS 320 1ST ST NW RM 424 WASHINGTON, DC 20534 (202) 307-3055	
Date Released	Entity Name	

Date Released Entity Name

06/10/2004

09/22/2004 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

8088 HAWKS RD LEESVILLE, LA

(337) 462-8080

500 W MAIN STREET #516-4 LOUISVILLE, KY 40201

TRI PARISH REHABILITATION HOSPITAL

71446

(502) 318-0803

Date Released Entity Name

10/20/2004 FIRST CHOICE HEALTH PLAN

6525 REITZ AVE

BATON ROUGE, LA 70809

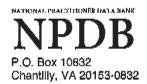
(225) 298-1842

Date Released Entity Name

08/08/2005 GOVERNMENT EMPLOYEES HEALTH ASSOC. INC

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

(816) 257-5500



DCN: 5500000016992364 Process Date: 04/21/2000

Page: 5 of 7 BUTLER, DAN E

Date Released

Entity Name

12/28/2005 TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS AD

LEESVILLE, LA 71446

(337) 462-8880

Date Released **Entity Name**

01/16/2006 BEAUREGARD MEMORIAL HOSPITAL

PO BOX 730

600 SOUTH PINE STREET DERIDDER, LA 70634

(337) 462-7409

Date Released **Entity Name**

04/28/2006 TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880

Date Released Entity Name

07/13/2006 MEDICAL DEVELOPMENT INTERNATIONAL

> 90 FORT WADE ROAD PONTE VEDRA, FL 32081

(904) 473-1200

Date Released Entity Name

TRI PARISH REHABILITATION HOSPITAL 03/28/2007

8088 HAWKS RD

LEESVILLE, LA

(337) 462-8880

Date Released **Entity Name**

09/10/2007 TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880

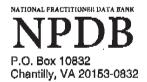
Date Released Entity Name

09/29/2009 TRI PARISH REHABILITATION HOSPITAL

8088 HAWKS RD

LEESVILLE, LA 71446

(337) 462-8880



DCN: 5500000016992364 Process Date: 04/21/2000

Page: 6 of 7 BUTLER, DAN E

Date Released	Entity Name
11/07/2011	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD LEESVILLE, LA 71446 (337) 462-8860
Date Released	Entity Name
06/22/2012	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1166 DEQUINCY, LA 70633 (337) 786-1200
Date Released	Entity Name
09/10/2012	SELF-QUERIER
Date Released	Entity Name
10/30/2013	TRI PARISH REHABILITATION HOSPITAL 8088 HAWKS RD
	LEESVILLE, LA 71446 (337) 462-8880
Date Released	Entity Name
12/09/2013	DEQUINCY MEMORIAL HOSPITAL PO BOX 1166 110 WEST 4TH STREET PO BOX 1186 DEQUINCY, LA 70633 (337) 786-1200
Date Released	Entity Name
11/10/2014	FIRST CHOICE HEALTH PLAN 5525 REITZ AVE BATON ROUGE, LA 70809 (225) 298-1842
Date Released	Entity Name
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST S LA CROSSE, WI 54601

(888) 852-1986

https://www.npdb.hrsa.gov

DCN: 5500000016992364 Process Date: 04/21/2000

Page: 7 of 7 BUTLER, DAN E

Date Released

Entity Name

10/17/2017

SELF-QUERIER

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Proc ss Date: 10/17/2017

Page 11 of

To: BUTLER, DAN EDWARD

PO BOX 130

DERIDDER, LA 70634-1130

From:

National Practitioner Data Bank Re: Response to Your Self-Query

The enclosed information is released by the Ni Idonal Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Cara Quality Improven ent Act of 1986, as amended; Section 1921 of the it point Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an informatio clearinghouse to collect and release certain inform ation related to malpractice payment history and professional competence or conduct of philipping dentists, and other licensed health care prelationers.

Section 1921 of the Social Security Act expant ad the scope of the NPDB. Section 1921 was enacled 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 ad: aree actions taken by state law or fraud enforcement agencies (including, but not limited to state law enforcement agencies, state Medical f.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 sui oliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the lealth Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly kny, yn as the Healthcare Integrity and Protection Data Bank) to combat fraud and ab se in health care delivery and to improve the quality of patient care. Section 1128E information Is now collected and disclosed by the NPDB 4 a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes' priain final adverse actions taken by federal agencil and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified it 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (H (S), 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 response a may contain more than one report on a particular incident, if two or more actions were laken 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 in sluded for a variety of reasons that do not necessarily reflect adverselycon the profession if competence or conduct of the subject named in the report.

All information received from the NPDB is concidered confidential and must be used solely for the jurpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFILENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONE) PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain Information about themselves from the NPDB : re-permitted to-share that information with anyone tiley shaced.

If you require additional assistance, visit the N 'DB web site (https://www.npdb.hrsa.gov) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Inform ation Specialists are available to speak with you werkdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Cultomer Service Center is closed on all Federal holid lys.

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Page ,1 of

BUTLER, DAN EDWARD - SELF-QUERY RESPONSE

APSUBJECT/IDENTIFICATION INFORM ATION (Recipion's should verify that subject in intified is finited the subject of interest

Practitioner Name:

BUTLER, DA

EDWARD

Gender: MALE

Date of Birth:

11/12/1946 PO BOX 130

DERIDDER, LA 70634-0130

Delivery Address: Social Security Numbet:

***-**-406:

DEA:

AB6169 07

NPI:

1497821367

PHYSICIAN MD), 14289R, LA, ORTHOPEDIC SURGERY

Professional School(s):

UNIVERSITY OF OKLAHOMA (1977)

SET PAYMENT LINEOR MATION

Credit Card Information:

XXXXXXXXXXXXX2638 (09/2018)

NPDB Charge: L

\$4.00*

NPDB Bill Reference Number;

* Each charge will appear separately on your credit card statement.

Transaction Date:

10/17/2017

Additional Paper Copie a Regulasted: 0

COSUMMARY OF GERORTSION FILLEN TO HATHESDATA BANK ASSOT SO/1972017

The following report types have been a sarched:

Medical Malprattice Payment Report(s): State Licensure/Action(s):

Yes, See Below No Reports

Health Plan Act on(s): n Professional Schlety Action(s):

No Reports No Reports

Exclusion or Debarment Action(s)

No Reports

DEA/Federal Li ensure Action(s): Judgment or Or aviction/Report(s):

No Reports

Government Administrative Action (s): Clinical Privileges Action(s):

No Reports No Reports

Peer Review O janization Action(s):

·C

No Reports No Reports

Copies of these reporterare enclosed for ⇒stricted/limited use as prescribed by statutes listed on the ∦receeding cover page.

LOUISIANA MEDICAL MUTUAL INSURANCE CO

MEDICAL MALPRACTICE PAYMENT

Initial Action:

- SETTLE MENT

DCN:

DCN:

5500000C 38029648

5500000(38316436

Date of Action: 02/28/2014 3

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: WRONG EQUIPM INT

Date of Action:

11/12/2010

LOUISIANA MEDICAL MUTU AL INSURANCE CO

MEDICAL MALPHACTICE PAYMENT

Basis for Action: MPHORER PERFORMANCE

J٤

Initial Action:

- SETTLE MENT

DCN:

55000000 34945105

Date of Action:

10/13/2010

Р

18

18 18

06/09/2010

05/25/2010

05/24/2010

03/29/2010

02/19/2009

11/17/2008

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Date of Action:

Date of Action:

Date of Action:

Date of Action;

Date of Action;

Date of Action:

Page:2 of 4

NATIONAL PRACTITIONER DATA BANK P.O. Box 10832 Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: (MPROPER MAN/ GEMENT)

5500000()8317951

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MAUPRACTICE PAYMENT

Basis for Action: ... MRROPER PERFORMANCE

Initial Action:

- SETTLE MENT

DCN:

55000000 32451938

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: PIMPROPER TECH VIQUE

DCN:

5500000% 32569458

LOUISIANA MEDICAL MUTU AL INSURANCE CO

MEDICAL MALPHACTICE PAYMENT Basis to Action: MPROPER MAN/ GEMENT

Initial Action:

- SETTLE MENT

DCN:

55000000@31531115

LOUISIANA MEDICAL MUTUAL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT

Initial Action:

- SETTLE MENT

DCN:

55000000 55411931

PATIENT'S COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: FAILURE TO THE 4T

Initial Action:

- SETTLE MENT

DCN:

55000000(.54412133

LOUISIANA MEDICAL MUTUAL INSURANCE CO

MEDICAL MALPRACTICE PAYMENT

Basis for Action: SEAILURE TO THE VT

Initial Action: -

- SETTLE MENT

55000000 33931734

Date of Action:

10/31/2008



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

https://www.npdb.hrsa.gov

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Pag€ .3 of

LOUISIANA MEDICAL MUTU AL INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - DELAY IN DIAGN ISIS

- SETTLE //ENT Initial Action: DCN: 55000000 52866035

Date of Action: 08/18/2008

PATIENTS' COMPENSATION FUND

MEDICAL MALPRACTICE PAYMENT Basis for Action: - IMPROREA REPRORMANCE

- SETTLE VIENT Initial Action: 55000000 3B519312 DCN:

Date of Action: 07/29/2005

PHYSICIANS LIABILITY INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT - IMPROPER PERF SAMANCE Basis for Action:

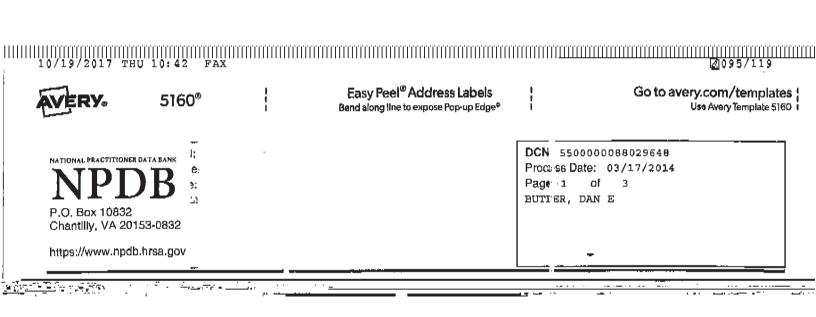
- SETTLE VIENT Initial Action:

55000001 38281124 DCN:

Date of Action:

07/13/2005

PHYSICIANS LIABILITY INSI RANGE COMPANY MEDICAL MALPRACTICE PAYMENT.



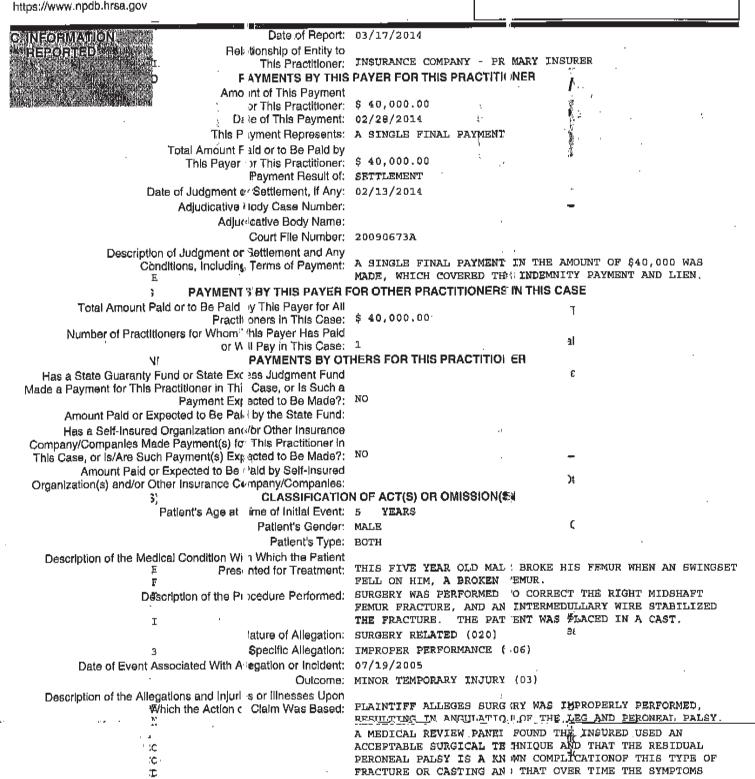
Easy Peol® Address Labels
Bend along line to expose Pop-up Edge®

Go to avery.com/templates | Use AveryTemplate 5160 |

NATIONAL PRACTITIONER DATA BANK II:

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

DCN 5500000088029648
Proc. ss Date: 03/17/2014
Page 2 of 3
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THE PANEL FOUND NO BREACH IN THE STANDARD OF

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Page ₁3 HUTTER, DAN E

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DISUBUECT IT If the subject Id	alified in Section B of this report has submitted a sta	ement, it appears in this section. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
This reporting reporting re-	by is checked, the subject of this report identified in the subject identified in Section B. This report is ment of Health and Human Services to determine its equirements. No decision has been reached.	a B. fc being reviewed by the Secretary of the accuracy and/or whether It complles with
, , Department the Secret	east of the subject Identified in Section B, this report of the air and Human Services and a decision was in a reconsider the original decision.	reached. The subject has requested that
n the Secret is shown b		res reviewed by vices. The Secretary's decision T. /ii
Date of Original		•
INTERMATION ON Information was contained in this EANIX	formation was not provided by the reporting entity io submitted to the Data Bank from other sources and report.	Is intended to supplement the information or P
This report is maintained under the pro	visions of: Title IV	9
The information contained in this report is provisions of Title IV of Public Law 99-660 for the purpose for which it was disclosed	maintained by the National Practitioner Data Bras amended, and 45 CFR Part 60. All information from the confidential information from contact the reporting entity identified in Section 1.	tion is confidential and may be used only other purposes is a violation of federal

CONFIDE STIAL DOCUMENT - FOR AUTHORIZED USE ONLYN Etiquettes d'adresse Easy Peel® ;

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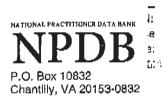
Utilises to Gabarit Avery 5160

Allez à avery.ca/gabarlts |

2098/119

Etilquettes d'adresse Easy Peel^{lo} Repliezà la hachura afin de révéler le rebord Pop-up^o

Pat: avery.com/patents



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DCN 5500000088029648 Process Date: 03/17/2014 Page:1 of 1 BUTDER, DAN E

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DISCLOSURE HISTORY

Report Number: 5500000088029648



Res iplent(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		JΕ
11/10/2014	FIRST CHOIG THEALTH PLAN 5525 REITZ A' 'E	-	nt Si
	BATON ROUGE, LA 70809 (225) 298-184:	i	e a
Date Released	Entity Name	:	
12/12/2014	LOGISTICS HEALTH INCORPORATED 328 FRONT ST'S LA CROSSE, VI 54601 (888) 852-198***		-
Date Released	SELF-QUERIE 3		S

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