

5500000136430180

Process Date: 07/07/2018

Page: 1 of 1

To: ALASTRA, ANTHONY JOHN GERARD

401 E 34TH ST APT S30E NEW YORK, NY 10016-6618

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.

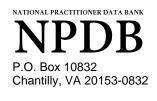
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud 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.



5500000136430180

Process Date: 07/07/2018

Date of Action:

01/16/2018

Page: 1 of 2

ALASTRA, ANTHONY JOHN GERARD - SELF-QUERY RESPONSE

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

ALASTRA, ANTHONY JOHN GERARD Practitioner Name:

Date of Birth: 02/24/1970 Gender: MALE 401 E 34TH ST APT S30E, NEW YORK, NY 10016-6618 **Delivery Address:** Social Security Number: ***-**-1580 DEA: BA8742896

NPI: 1720069438

License: PHYSICIAN (MD), 217720, NY, NEUROLOGICAL SURGERY

> PHYSICIAN (MD), 25MA07917400, NJ, NEUROLOGICAL SURGERY PHYSICIAN (MD), 1561324, CA, NEUROLOGICAL SURGERY

Professional School(s): CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE (1997)

VANDERBILT UNIVERSITY MEDICAL CENTER (2004)

B. PAYMENT INFORMATION

XXXXXXXXXXX4880 (06/2019) **Credit Card Information:**

NPDB Charge: \$4.00 NPDB Bill Reference Number: N58241895 **Transaction Date:** 07/07/2018 Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/07/2018

The following report types have been searched:

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

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

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT DCN: 5500000131130824

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO DIAGNOSE

Initial Action: - SETTLEMENT Date of Action: 08/24/2016

DCN: 5500000111410130

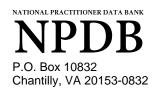
APPLIED MEDICO-LEGAL SOLUTIONS RRG

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPER PERFORMANCE

Initial Action: Date of Action: 09/29/2014 - SETTLEMENT

DCN: 5500000093021355



5500000136430180

Process Date: 07/07/2018

Page: 2 of 2

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO RECOGNIZE A COMPLICATION - FAILURE TO TREAT

Initial Action: - SETTLEMENT 5500000085019114

Date of Action: 09/05/2013

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO ORDER APPROPRIATE TEST

Initial Action: - SETTLEMENT **DCN:** 550000076340126

Date of Action: 07/23/2012

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT

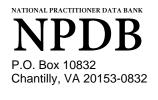
Basis for Action: - FAILURE TO RECOGNIZE A COMPLICATION

 Initial Action:
 - SETTLEMENT

 DCN:
 5500000070612211

Date of Action: 08/01/2011

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



DCN: 5500000131130824 Process Date: 01/24/2018

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ALASTRA, ANTHONY

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 01/16/2018

Initial Action

Basis for Initial Action

- SETTLEMENT - IMPROPER PERFORMANCE

A. REPORTING ENTITY

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD City, State, Zip: ROSLYN, NY 11576-1140

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 141605

Type of Report: CORRECTION

Previous Report Number: 5500000131130527 (Please destroy all copies of the

previous report)

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE ST

City, State, ZIP: STATEN ISLAND, NY 10304-4310

Home Address: City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: WESTERN UNIVERSITY (1997)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

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

Date of Report: 01/24/2018

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

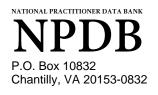
for This Practitioner: \$ 1,000,000.00 Date of This Payment: 01/16/2018

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 1,000,000.00

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



DCN: 5500000131130824 Process Date: 01/24/2018

Page: 2 of 3 ALASTRA, ANTHONY

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 01/11/2018

Adjudicative Body Case Number: 104018/11

Adjudicative Body Name: SCNY COUNTY OF RICHMOND

Court File Number:

* Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: CASE SETTLED FOR \$1.825 MIO : PRI PAID \$1.0 MIO FROM

HEALTHCARE ASSOCIATES IN MEDICINE PC POLICY .. 100 % (\$1.0 MIO) ALLOCATED FOR THE ACTS OF DR ANTHONY ALASTRA

AND THE BALANCE PAID BY HAM PC

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: \$ 1,000,000.00

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

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

YES

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies: \$ 825,000.00

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 82 YEARS

Patient's Gender: MALE
Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: FALL

Description of the Procedure Performed: Burr hole procedure

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 02/09/2011

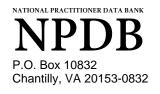
Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: Alleged negligent performance of burr hole procedure for

evacuation of a hematoma resulting in injuries

	evacuation of a nemacoma resulting in injuries
D. SUBJECT STATEMENT	If the subject identified in Section B of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	Unless a box below is checked, the subject of this report identified in Section B has not contested this report. This report has been disputed by the subject identified in Section B. At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.



DCN: 5500000131130824 Process Date: 01/24/2018

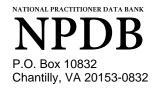
Page: 3 of 3
ALASTRA, ANTHONY

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.	
	entified in Section B, this report was reviewed by rtment of Health and Human Services. The Secretary's decision
Date of Original Submission: Date of Most Recent Change:	01/24/2018 01/24/2018

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: 5500000131130824 Process Date: 01/24/2018

Page: 1 of 2 ALASTRA, ANTHONY

DISCLOSURE HISTORY

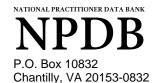
Report Number: 5500000131130824

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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

Date Released	Entity Name	
01/24/2018	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210	
Date Released	Entity Name	
03/15/2018	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511	
Date Released	Entity Name	
04/03/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726	
Date Released	Entity Name	
04/27/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639	
Date Released	Entity Name	
05/09/2018	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903	



DCN: 5500000131130824 Process Date: 01/24/2018

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Date Released Entity Name

05/22/2018 WELLCARE OF NEW YORK, INC.

110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

Date Released Entity Name

07/07/2018 SELF-QUERIER

Recipient(s) of the Earlier Version of this Report

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

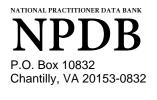
Date Released Entity Name

01/24/2018 HEALTHCARE ASSOCIATES IN MEDICINE, PC

2535 ARTHUR KILL RD

STATEN ISLAND, NY 10309

(718) 448-3210



DCN: 5500000111410130 Process Date: 08/24/2016

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ALASTRA, ANTHONY

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 08/24/2016

Initial Action

Basis for Initial Action

- SETTLEMENT - FAILURE TO DIAGNOSE

A. REPORTING ENTITY

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD City, State, Zip: ROSLYN, NY 11576-1140

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 145637

Type of Report: INITIAL

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE ST

City, State, ZIP: STATEN ISLAND, NY 10304-4310

Home Address: City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: WESTERN UNIVERSITY (1997)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 08/24/2016

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 75,000.00 Date of This Payment: 08/24/2016

This Payment Represents: A SINGLE FINAL PAYMENT

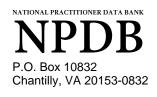
Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 75,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 07/26/2016

Adjudicative Body Case Number: INDEX #100081/13



DCN: 5500000111410130 Process Date: 08/24/2016

Page: 2 of 3 ALASTRA, ANTHONY

Adjudicative Body Name: SCNY COUNTY OF RICHMOND

Court File Number:

Description of Judgment or Settlement and Any

CASE SETTLED FOR \$75,000.00 PAID BY PRI FROM HEALTHCARE Conditions, Including Terms of Payment:

ASSOCIATES IN MEDICINE PC POLICY...APPORTIONED 100%

(\$75,000.00) FOR THE ACTS OF ANTHONY ALASTRA MD

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid 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?: NO

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

Has a Self-Insured Organization and/or Other Insurance

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

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

Amount Paid or Expected to Be Paid by Self-Insured

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

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 62 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: Back pain

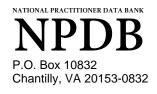
Description of the Procedure Performed: PE

Nature of Allegation: DIAGNOSIS RELATED (001) Specific Allegation: FAILURE TO DIAGNOSE (101)

Date of Event Associated With Allegation or Incident: 11/30/2011

Outcome: SIGNIFICANT PERMANENT INJURY (06)

•	egations and Injuries or Illnesses Upon Which the Action or Claim Was Based: Alleged failure to timely diagnose and treat metastatic cancer resulting in injury
D. SUBJECT STATEMENT	If the subject identified in Section B of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	Unless a box below is checked, the subject of this report identified in Section B has not contested this report.
	This report has been disputed by the subject identified in Section B.
	At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
	At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.



DCN: 5500000111410130 Process Date: 08/24/2016

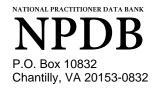
Page: 3 of 3 ALASTRA, ANTHONY

	<u> </u>
At the request of the subject ide the Secretary of the U.S. Depar is shown below:	entified in Section B, this report was reviewed by tment of Health and Human Services. The Secretary's decision
Date of Original Submission:	08/24/2016
Date of Most Recent Change:	08/24/2016

This report is maintained under the provisions of: Title IV

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—— END OF REPORT —



DCN: 5500000111410130 Process Date: 08/24/2016

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DISCLOSURE HISTORY

Report Number: 5500000111410130

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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

Date Released	Entity Name	
09/15/2016	METROPOLITAN SURGICAL INSTITUTE, LLC 540 BORDENTOWN AVE BOX B5 SOUTH AMBOY, NJ 08879 (732) 525-2227	
Date Released	Entity Name	
01/18/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512	
Date Released	Entity Name	
02/10/2017	HEALTHSMART PREFERRED CARE 222 LAS COLINAS BLVD W STE 500N IRVING, TX 75039 (214) 574-1171	
Date Released	Entity Name	
02/14/2017	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210	
Date Released	Entity Name	
03/23/2017	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193	



DCN: 5500000111410130 Process Date: 08/24/2016

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Date Released Entity Name

04/03/2017 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

05/23/2017 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

08/09/2017 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

08/31/2017 VNS CHOICE

1250 BROADWAY FL 3 NEW YORK, NY 10001

(212) 946-9106

Date Released Entity Name

10/28/2017 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

12/18/2017 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

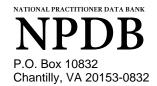
Date Released Entity Name

03/15/2018 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511



Date Released

Date Released

07/07/2018

DCN: 5500000111410130 Process Date: 08/24/2016

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04/03/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726		
Date Released	Entity Name		
04/27/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639		
Date Released	Entity Name		
05/09/2018	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903		
Date Released	Entity Name		
05/22/2018	WELLCARE OF NEW YORK, INC.		

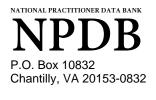
110 5TH AVE FL 3 NEW YORK, NY 10011

(813) 206-3839

SELF-QUERIER

Entity Name

Entity Name



DCN: 5500000093021355 Process Date: 11/06/2014

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ALASTRA, ANTHONY

APPLIED MEDICO-LEGAL SOLUTIONS RRG

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 09/29/2014

Initial Action

Basis for Initial Action

- SETTLEMENT

- IMPROPER PERFORMANCE

A. REPORTING **ENTITY**

Entity Name: APPLIED MEDICO-LEGAL SOLUTIONS RRG *

Address: 12700 PARK CENTRAL

SUITE 900

City, State, Zip: DALLAS, TX 75251

Country:

Name or Office: DENA MASTROGIOVANNI Title or Department: ASSOCIATE CLAIMS COUNSEL

Telephone: (866) 520-6896

Entity Internal Report Reference: NY-HCA-10 Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/19/2015. The NPDB has no additional information regarding this entity.

Entity Name: APPLIED MEDICO-LEGAL SOLUTIONS RRG

Address: 101 E PARK BLVD STE 201 City, State, Zip: PLANO, TX 75074-8811

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE Date of Birth: 02/04/1970

Organization Name:

Work Address: 1099 TARGEE ST

City, State, ZIP: STATEN ISLAND, NY 10304-4310

Home Address: City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

(1997)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 217720, NY

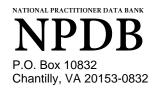
Drug Enforcement Administration (DEA) Numbers: BA8742896

Hospital Affiliation(s): RICHMOND UNIVERSITY MEDICAL CENTER

STATEN ISLAND, NY

NORTH SHORE LONG ISLAND JEWISH

STATEN ISLAND, NY



DCN: 5500000093021355 Process Date: 11/06/2014

Page: 2 of 3 ALASTRA, ANTHONY

C. INFORMATION REPORTED

Date of Report: 11/06/2014

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 175,000.00 Date of This Payment: 09/29/2014

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 175,000.00
Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 09/29/2014

Adjudicative Body Case Number: 101521/13

Adjudicative Body Name: SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF

RICHMOND

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: PAYMENT OF \$175,000.00 IN EXCHANGE FOR A FULL AND FINAL

RELEASE OF ALL CLAIMS BY PLAINTIFF AGAINST THIS INSURED PHYSICIAN. SETTLEMENT OF THIS CLAIM IS NOT AN ADMISSION OF LIABILITY. THE DECISION TO SETTLE THIS CASE WAS A BUSINESS DECISION MADE WITH THE INTENT OF AVOIDING THE

RISK AND EXPENSE OF A TRIAL.

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: \$ 175,000.00

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

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

Has a Self-Insured Organization and/or Other Insurance

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

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

Amount Paid or Expected to Be Paid by Self-Insured

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

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 35 YEARS

Patient's Gender: FEMALE Patient's Type: BOTH

Description of the Medical Condition With Which the Patient

Presented for Treatment: PATIENT PRESENTED TO THIS INSURED PHYSICIAN FOR

EVALUATION AND TREATMENT OF LONG HISTORY OF BACK PAIN,

NUMBNESS AND TINGLING RADIATING INTO THE LOWER

EXTREMITIES BILATERALLY. IT WAS NOTED THAT THE PATIENT HAD RECENTLY BEEN TREATED FOR NECK PAIN WITH AN EPIDURAL INJECTION WITHOUT RELIEF OF HER SYMPTOMS. FOLLOWING MULTIPLE EXAMS AND TESTING THE DIAGNOSIS WAS NOTED OF DEGENERATIVE DISC DISEASE AT L5-S1 WITH AN ANTERIOR TEAR

WITH CONCORDANT PAIN AT L3-L4.

Description of the Procedure Performed: INSURED PHYSICIAN PERFORMED A FUSION OF L4-L5 AND L5-S1.

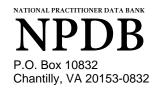
Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 03/04/2009

Outcome: MINOR TEMPORARY INJURY (03)

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



DCN: 5500000093021355 Process Date: 11/06/2014

Page: 3 **of** 3 ALASTRA, ANTHONY

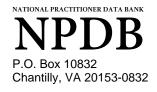
Description of the	Allegations	and Injuries	or Illnesses	Upon
	14/1 1 41	A (*	OI . M/ D	

Which the Action or Claim Was Based: FOLLOWING THE SURGERY THE PATIENT CONTINUED TO COMPLAIN OF BACK PAIN, SPASMS, NUMBENSS AND TINGLING WITH NO RESOLUTION OF HER SYMPTOMS. SHE REQUIRED AN ADDITIONAL SURGICAL PROCEDURE TO PERFORM A FUSION OF L3-L4 WITH REVISION OF THE HARDWARE AT L4-S1. PLAINTIFF ALLEGED THAT THIS INSURED PHYSICIAN FAILED TO PERFORM THE APPROPRIATE PROCEDURE DURING THE INTIAL SURGERY RESULTING IN DELAY OF TREATMENT AND WORSENING PAIN AND

		DISABILITY.
D. SUBJECT STATEMENT	If the subject identified in Section	3 of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	This report has been dispute At the request of the subject U.S. Department of Health ar reporting requirements. No compartment of the subject Department of Health and Huthe Secretary reconsider the At the request of the subject	identified in Section B, this report was reviewed by the Secretary of the U.S. Iman Services and a decision was reached. The subject has requested that
This report is maintaine	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: 5500000093021355 Process Date: 11/06/2014

Page: 1 of 5 ALASTRA, ANTHONY

DISCLOSURE HISTORY

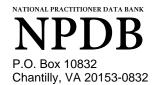
Report Number: 550000093021355

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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

ŭ	. ,
Date Released	Entity Name
02/24/2015	TOUCHSTONE HEALTH HMO 1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601 (914) 288-1106
Date Released	Entity Name
03/18/2015	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
Date Released	Entity Name
03/19/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
05/19/2015	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
Date Released	Entity Name
06/11/2015	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903



DCN: 5500000093021355 Process Date: 11/06/2014

Page: 2 of 5 ALASTRA, ANTHONY

Date Released Entity Name

07/09/2015 AMERIGROUP CORPORATION

5800 NORTHAMPTON BLVD NORFOLK, VA 23502

(757) 473-2737

Date Released Entity Name

09/21/2015 AMIDA CARE

14 PENN PLZ # 2

NEW YORK, NY 10122

(646) 757-7073

Date Released Entity Name

10/06/2015 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

11/17/2015 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

1603 268-7699

Date Released Entity Name

12/31/2015 QUALITY HEALTH PLANS OF NEW YORK, INC

2805 VETERANS MEMORIAL HWY STE 17

RONKONKOMA, NY 11779

(631) 403-4265

Date Released Entity Name

02/10/2016 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

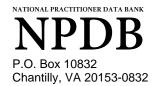
Date Released Entity Name

05/04/2016 EMBLEMHEALTH

55 WATER ST

NEW YORK, NY 10041

(646) 447-6572



DCN: 5500000093021355 Process Date: 11/06/2014

Page: 3 of 5 ALASTRA, ANTHONY

Date Released Entity Name

05/11/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

05/26/2016 CATHOLIC SPECIAL NEEDS PLAN, LLC

33 IRVING PL FL 11 NEW YORK, NY 10003

(646) 233-5746

Date Released Entity Name

06/09/2016 NEXUS ENTERPRISES, LLC

1650 INDEPENDENCE DR STE 300 NEW BRAUNFELS, TX 78132

(512) 216-6711

Date Released Entity Name

06/21/2016 FIDELIS CARE

480 CROSSPOINT PKWY GETZVILLE, NY 14068

(718) 896-6500

Date Released Entity Name

09/15/2016 METROPOLITAN SURGICAL INSTITUTE, LLC

540 BORDENTOWN AVE

BOX B5

SOUTH AMBOY, NJ 08879

(732) 525-2227

Date Released Entity Name

01/18/2017 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

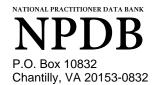
(423) 553-6512

Date Released Entity Name

02/10/2017 HEALTHSMART PREFERRED CARE

222 LAS COLINAS BLVD W STE 500N

IRVING, TX 75039 (214) 574-1171



DCN: 5500000093021355 Process Date: 11/06/2014

Page: 4 of 5 ALASTRA, ANTHONY

Date Released Entity Name

02/14/2017 HEALTHCARE ASSOCIATES IN MEDICINE, PC

2535 ARTHUR KILL RD

STATEN ISLAND, NY 10309

(718) 448-3210

Date Released Entity Name

03/23/2017 ELDERPLAN

745 64TH ST

BROOKLYN, NY 11220

(718) 759-4193

Date Released Entity Name

04/03/2017 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

05/23/2017 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

08/09/2017 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

08/31/2017 VNS CHOICE

1250 BROADWAY FL 3 NEW YORK, NY 10001

(212) 946-9106

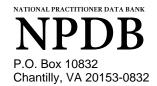
Date Released Entity Name

10/28/2017 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511



DCN: 5500000093021355 Process Date: 11/06/2014

Page: 5 of 5 ALASTRA, ANTHONY

Date Released Entity Name

12/18/2017 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

03/15/2018 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

04/03/2018 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

04/27/2018 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

05/09/2018 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ # 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

05/22/2018 WELLCARE OF NEW YORK, INC.

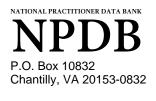
110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

Date Released Entity Name

07/07/2018 SELF-QUERIER



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 1 of 3 ALASTRA, ANTHONY

ALASTRA, ANTHONY

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT REPORT **Date of Action:** 09/05/2013

> **Initial Action Basis for Initial Action**

- FAILURE TO RECOGNIZE A COMPLICATION - SETTLEMENT

- FAILURE TO TREAT

A. REPORTING **ENTITY**

Entity Name: PHYSICIANS RECIPROCAL INSURERS *

Address: 1800 NORTHERN BLVD City, State, Zip: ROSLYN, NY 11576

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 123197

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 07/24/2017:

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD City, State, Zip: ROSLYN, NY 11576-1140

Country:

B. SUBJECT IDENTIFICATION INFORMATION

(INDIVIDUAL)

C. INFORMATION

REPORTED

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE STREET City, State, ZIP: STATEN ISLAND, NY 10304

Home Address: City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: WESTERN UNIVERSITY (1997)

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

State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers: Hospital Affiliation(s):

Date of Report: 10/09/2013

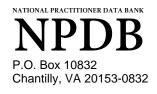
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 950,000.00



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 2 of 3 ALASTRA, ANTHONY

Date of This Payment: 09/05/2013

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 950,000.00
Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 08/23/2013

Adjudicative Body Case Number: INDEX #101455/09

Adjudicative Body Name: SCNY COUNTY OF RICHMOND

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: CASE SETTLED FOR \$950,000.00 PAID BY PRI FROM HEALTHCARE

ASSOCIATES IN MEDICINE POLICY APPORTIONED 100%

(\$950,000.00) FOR THE ACTS OF DR ALASTRA.

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: \$ 950,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:
Has a Self-Insured Organization and/or Other Insurance
Company/Companies Made Payment(s) for This Practitioner in
This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured

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

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 44 YEARS

Patient's Gender: FEMALE
Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: BACK PAIN

Description of the Procedure Performed: TRANFORAMINAL LUMBAR INTERBODY FUSION

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: FAILURE TO RECOGNIZE A COMPLICATION (112)

Date of Event Associated With Allegation or Incident: 04/27/2008

Specific Allegation: FAILURE TO TREAT (113)

Date of Event Associated With Allegation or Incident: 05/09/2008

Outcome: DEATH (09)

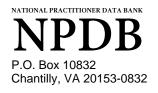
Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: ALLEGED FAILURE TO RE-EXPLORE RESULTING IN SPINAL CORD

INJURY.

D. SUBJECT STATEMENT

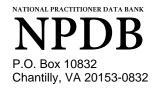
If the subject identified in Section B of this report has submitted a statement, it appears in this section.



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 3 of 3 ALASTRA, ANTHONY

E. REPORT STATUS	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.
		identified in Section B, this report is being reviewed by the Secretary of the not Human Services to determine its accuracy and/or whether it complies with 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:	10/09/2013
	Date of Most Recent Change:	10/09/2013
This report is maintaine	ed under the provisions of: Title	IV
The information containe provisions of Title IV of P for the purpose for which	d in this report is maintained by thublic Law 99-660, as amended, a it was disclosed. Disclosure or us	ne National Practitioner Data Bank for restricted use under the and 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 reporting entity identified in Section A.
	EN	ND OF PEROPT



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 1 of 7 ALASTRA, ANTHONY

DISCLOSURE HISTORY

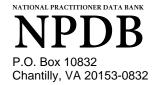
Report Number: 5500000085019114

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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

-	• •	
Date Released	Entity Name	
10/09/2013	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210	
Date Released	Entity Name	
12/05/2013	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511	
Date Released	Entity Name	
03/06/2014	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193	
Date Released	Entity Name	
04/02/2014	AFFINITY HEALTH PLAN INC 1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197	
Date Released	Entity Name	
04/14/2014	AFFINITY HEALTH PLAN INC 1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197	



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 2 of 7 ALASTRA, ANTHONY

Date Released Entity Name

05/27/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

06/23/2014 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

08/25/2014 INDEPENDENT LIVING SYSTEMS, LLC

5200 BLUE LAGOON DR STE 500

MIAMI, FL 33126 (305) 262-1292

Date Released Entity Name

10/16/2014 VNS CHOICE

1250 BROADWAY FL 3 NEW YORK, NY 10001

(212) 946-9106

Date Released Entity Name

02/24/2015 TOUCHSTONE HEALTH HMO

1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601

(914) 288-1106

Date Released Entity Name

03/18/2015 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

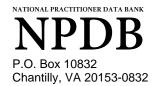
(718) 818-2426

Date Released Entity Name

03/19/2015 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 3 of 7 ALASTRA, ANTHONY

Date Released Entity Name

05/19/2015 WELLCARE OF NEW YORK, INC.

110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

Date Released Entity Name

06/11/2015 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ # 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

07/09/2015 AMERIGROUP CORPORATION

5800 NORTHAMPTON BLVD

NORFOLK, VA 23502

(757) 473-2737

Date Released Entity Name

09/21/2015 AMIDA CARE

14 PENN PLZ # 2

NEW YORK, NY 10122

(646) 757-7073

Date Released Entity Name

10/06/2015 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

11/17/2015 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

1603 268-7699

Date Released Entity Name

12/31/2015 QUALITY HEALTH PLANS OF NEW YORK, INC

2805 VETERANS MEMORIAL HWY STE 17

RONKONKOMA, NY 11779

(631) 403-4265



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 4 of 7 ALASTRA, ANTHONY

Date Released Entity Name

02/10/2016 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

05/04/2016 EMBLEMHEALTH

55 WATER ST

NEW YORK, NY 10041

(646) 447-6572

Date Released Entity Name

05/11/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

05/26/2016 CATHOLIC SPECIAL NEEDS PLAN, LLC

33 IRVING PL FL 11 NEW YORK, NY 10003

(646) 233-5746

Date Released Entity Name

06/09/2016 NEXUS ENTERPRISES, LLC

1650 INDEPENDENCE DR STE 300 NEW BRAUNFELS, TX 78132

(512) 216-6711

Date Released Entity Name

06/21/2016 FIDELIS CARE

480 CROSSPOINT PKWY GETZVILLE, NY 14068

(718) 896-6500

Date Released Entity Name

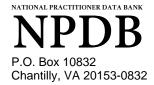
09/15/2016 METROPOLITAN SURGICAL INSTITUTE, LLC

540 BORDENTOWN AVE

BOX B5

SOUTH AMBOY, NJ 08879

(732) 525-2227



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 5 of 7 ALASTRA, ANTHONY

Date Released Entity Name

01/18/2017 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/10/2017 HEALTHSMART PREFERRED CARE

222 LAS COLINAS BLVD W STE 500N

IRVING, TX 75039

(214) 574-1171

Date Released Entity Name

02/14/2017 HEALTHCARE ASSOCIATES IN MEDICINE, PC

2535 ARTHUR KILL RD

STATEN ISLAND, NY 10309

(718) 448-3210

Date Released Entity Name

03/23/2017 ELDERPLAN

745 64TH ST

BROOKLYN, NY 11220

(718) 759-4193

Date Released Entity Name

04/03/2017 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

05/23/2017 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

08/09/2017 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 6 of 7 ALASTRA, ANTHONY

Date Released Entity Name

08/31/2017 VNS CHOICE

1250 BROADWAY FL 3 NEW YORK, NY 10001

(212) 946-9106

Date Released Entity Name

10/28/2017 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

12/18/2017 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

03/15/2018 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

04/03/2018 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

04/27/2018 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

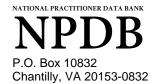
Date Released Entity Name

05/09/2018 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ # 9

NEW YORK, NY 10001

(212) 356-4903



DCN: 5500000085019114 Process Date: 10/09/2013

Page: 7 of 7 ALASTRA, ANTHONY

Date Released Entity Name

05/22/2018 WELLCARE OF NEW YORK, INC.

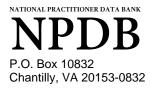
110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

Date Released Entity Name

07/07/2018 SELF-QUERIER



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 1 of 3 ALASTRA, ANTHONY

ALASTRA, ANTHONY

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT REPORT

Basis for Initial Action

Date of Action: 07/23/2012

Initial Action

- FAILURE TO ORDER APPROPRIATE TEST

A. REPORTING ENTITY

- SETTLEMENT

Entity Name: PHYSICIANS RECIPROCAL INSURERS *

Address: 1800 NORTHERN BLVD City, State, Zip: ROSLYN, NY 11576

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 122357

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 07/24/2017:

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD City, State, Zip: ROSLYN, NY 11576-1140

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE
Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE STREET
City, State, ZIP: STATEN ISLAND, NY 10304

Home Address: City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): ***-**-1580

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: WESTERN UNIVERSITY (1997)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 07/25/2012

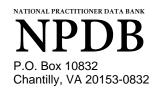
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 750,000.00 Date of This Payment: 07/23/2012



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 2 of 3 ALASTRA, ANTHONY

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 750,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 07/02/2012

Adjudicative Body Case Number: INDEX #101701/08

Adjudicative Body Name: SCNY COUNTY OF RICHMOND

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: CASE SETTLED FOR \$750,000.00 PAID BY PRI FROM HEALTHCARE

ASSOCIATES IN MEDICINE, PC POLICY - APPORTIONED 100%

(\$750,000.00) FOR THE ACTS OF DR ALASTRA.

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: \$ 750,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

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

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

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

Patient's Gender: MALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: CERVICAL MYELOPATHY

Description of the Procedure Performed: ANTERIOR CERVICAL CORPECTOMY C5-6 AND ANTERIOR FUSION

C4-7

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: FAILURE TO ORDER APPROPRIATE TEST (108)

Date of Event Associated With Allegation or Incident: 12/19/2005

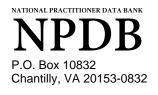
Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: ALLEGED NEGLIGENT PERFORMANCE OF CERVICAL CORPECTOMY AND

FUSION RESULTING IN SPINAL CORD DAMAGE.

D. SUBJECT STATEMENT	If the subject identified in Section B of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	Unless a box below is checked, the subject of this report identified in Section B has not contested this report.
	This report has been disputed by the subject identified in Section B.



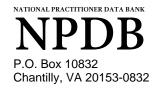
DCN:	550000	007634	0126
Proces	ss Date:	07/25	/2012

Page: 3 of 3 ALASTRA, ANTHONY

U.S. Department of Health	ct identified in Section B, this report is being reviewed by the Secretary of the and Human Services to determine its accuracy and/or whether it complies with o decision has been reached.		
Department of Health and H	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:		
the Secretary of the U.S. De			
Date of Original Submission:	07/25/2012		
Date of Most Recent Change:	07/25/2012		
•	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: 5500000076340126 Process Date: 07/25/2012

Page: 1 of 8 ALASTRA, ANTHONY

DISCLOSURE HISTORY

Report Number: 5500000076340126

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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

Date Released **Entity Name** HEALTHCARE ASSOCIATES IN MEDICINE, PC 07/25/2012 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210 Date Released **Entity Name** AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 07/27/2012 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946 **Date Released Entity Name** US FAMILY HEALTH PLAN AT SVCMC 08/28/2012 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903 Date Released **Entity Name** 11/08/2012 AMERIGROUP CORPORATION 5800 NORTHAMPTON BLVD NORFOLK, VA 23502 (757) 473-2737 Date Released **Entity Name** 12/10/2012 CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 1603 268-7699



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 2 of 8 ALASTRA, ANTHONY

Date Released Entity Name

01/02/2013 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

01/02/2013 CONSUMER HEALTH NETWORK PLUS, LLC

300 AMERICAN METRO BLVD STE 170

CREDENTIALING DEPARTMENT

HAMILTON, NJ 08619

(800) 225-4246

Date Released Entity Name

02/26/2013 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

03/14/2013 AMIDA CARE

14 PENN PLZ # 2

NEW YORK, NY 10122

(646) 757-7073

Date Released Entity Name

03/21/2013 EMBLEMHEALTH

55 WATER ST

NEW YORK, NY 10041

(646) 447-6572

Date Released Entity Name

08/01/2013 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

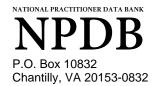
(916) 294-4726

Date Released Entity Name

09/11/2013 FIDELIS CARE

480 CROSSPOINT PKWY GETZVILLE, NY 14068

(718) 896-6500



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 3 of 8 ALASTRA, ANTHONY

Date Released Entity Name

12/05/2013 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

03/06/2014 ELDERPLAN

745 64TH ST

BROOKLYN, NY 11220

(718) 759-4193

Date Released Entity Name

04/02/2014 AFFINITY HEALTH PLAN INC

1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197

Date Released Entity Name

04/14/2014 AFFINITY HEALTH PLAN INC

1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197

Date Released Entity Name

05/27/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

06/23/2014 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

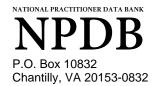
(603) 541-2389

Date Released Entity Name

08/25/2014 INDEPENDENT LIVING SYSTEMS, LLC

5200 BLUE LAGOON DR STE 500

MIAMI, FL 33126 (305) 262-1292



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 4 of 8 ALASTRA, ANTHONY

Date Released Entity Name

10/16/2014 VNS CHOICE

1250 BROADWAY FL 3 NEW YORK, NY 10001

(212) 946-9106

Date Released Entity Name

02/24/2015 TOUCHSTONE HEALTH HMO

1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601

(914) 288-1106

Date Released Entity Name

03/18/2015 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

03/19/2015 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

05/19/2015 WELLCARE OF NEW YORK, INC.

110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

Date Released Entity Name

06/11/2015 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ # 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

07/09/2015 AMERIGROUP CORPORATION

5800 NORTHAMPTON BLVD

NORFOLK, VA 23502

(757) 473-2737



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 5 of 8 ALASTRA, ANTHONY

Date Released Entity Name

09/21/2015 AMIDA CARE

14 PENN PLZ # 2

NEW YORK, NY 10122

(646) 757-7073

Date Released Entity Name

10/06/2015 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

11/17/2015 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

1603 268-7699

Date Released Entity Name

12/31/2015 QUALITY HEALTH PLANS OF NEW YORK, INC

2805 VETERANS MEMORIAL HWY STE 17

RONKONKOMA, NY 11779

(631) 403-4265

Date Released Entity Name

02/10/2016 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

05/04/2016 EMBLEMHEALTH

55 WATER ST

NEW YORK, NY 10041

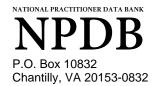
(646) 447-6572

Date Released Entity Name

05/11/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 6 of 8 ALASTRA, ANTHONY

Date Released Entity Name

05/26/2016 CATHOLIC SPECIAL NEEDS PLAN, LLC

33 IRVING PL FL 11 NEW YORK, NY 10003

(646) 233-5746

Date Released Entity Name

06/09/2016 NEXUS ENTERPRISES, LLC

1650 INDEPENDENCE DR STE 300 NEW BRAUNFELS, TX 78132

(512) 216-6711

Date Released Entity Name

06/21/2016 FIDELIS CARE

480 CROSSPOINT PKWY GETZVILLE, NY 14068

(718) 896-6500

Date Released Entity Name

09/15/2016 METROPOLITAN SURGICAL INSTITUTE, LLC

540 BORDENTOWN AVE

BOX B5

SOUTH AMBOY, NJ 08879

(732) 525-2227

Date Released Entity Name

01/18/2017 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/10/2017 HEALTHSMART PREFERRED CARE

222 LAS COLINAS BLVD W STE 500N

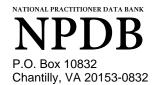
IRVING, TX 75039 (214) 574-1171

Date Released Entity Name

02/14/2017 HEALTHCARE ASSOCIATES IN MEDICINE, PC

2535 ARTHUR KILL RD STATEN ISLAND, NY 10309

(718) 448-3210



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 7 of 8 ALASTRA, ANTHONY

Date Released Entity Name

03/23/2017 ELDERPLAN

745 64TH ST

BROOKLYN, NY 11220

(718) 759-4193

Date Released Entity Name

04/03/2017 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

05/23/2017 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

08/09/2017 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

08/31/2017 VNS CHOICE

1250 BROADWAY FL 3 NEW YORK, NY 10001

(212) 946-9106

Date Released Entity Name

10/28/2017 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

12/18/2017 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946



DCN: 5500000076340126 Process Date: 07/25/2012

Page: 8 of 8 ALASTRA, ANTHONY

Date Released Entity Name

03/15/2018 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

04/03/2018 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

04/27/2018 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

05/09/2018 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ # 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

05/22/2018 WELLCARE OF NEW YORK, INC.

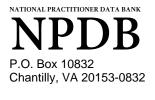
110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

Date Released Entity Name

07/07/2018 SELF-QUERIER



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 1 of 3
ALASTRA, ANTHONY

ALASTRA, ANTHONY

PHYSICIANS RECIPROCAL INSURERS

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 08/01/2011

Initial Action

Basis for Initial Action

- SETTLEMENT - FAILURE TO RECOGNIZE A COMPLICATION

A. REPORTING ENTITY

Entity Name: PHYSICIANS RECIPROCAL INSURERS *

Address: 1800 NORTHERN BLVD City, State, Zip: ROSLYN, NY 11576

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 122704

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 07/24/2017:

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD City, State, Zip: ROSLYN, NY 11576-1140

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE STREET City, State, ZIP: STATEN ISLAND, NY 10304

Home Address:
City, State, ZIP:
Deceased: NO

Social Security Numbers (SSN): ***-**-1580

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

(1997)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 09/14/2011

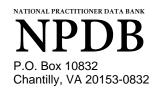
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 500,000.00



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 2 of 3 ALASTRA, ANTHONY

Date of This Payment: 08/01/2011

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 500,000.00 Payment Result of: SETTLEMENT Date of Judgment or Settlement, if Any: 07/22/2011

Adjudicative Body Case Number: 101158/08

Adjudicative Body Name: SCNY COUNTY OF RICHMOND

Court File Number:

Description of Judgment or Settlement and Any

SETTLEMENT FOR \$500,000.00 BY PRI PAID FROM HEALTHCARE Conditions, Including Terms of Payment:

ASSOCIATES IN MEDICINE PC POLICY, 100% APPORTIONED FOR

THE ACTS OF DR. ANOTHY ALASTRA.

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: \$ 500,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

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

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund: Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 46 YEARS

Patient's Gender: FEMALE Patient's Type: BOTH

Description of the Medical Condition With Which the Patient

Presented for Treatment: ANTERIOR COMMUNICATING ARTERY.

Description of the Procedure Performed: CRANIOTOMY FOR MICRODISSECTION AND CLIPPING OF ANTERIOR

COMMUNICATING ARTERY.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: FAILURE TO RECOGNIZE A COMPLICATION (112)

Date of Event Associated With Allegation or Incident: 03/20/2006

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

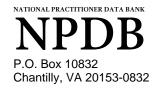
ALLEGED NEGLIGENT PERFORMANCE OF CRANIOTOMY RESULTING IN Which the Action or Claim Was Based:

INTRA-OPERATIVE CARDIO-PULMONARY ARREST WITH ANOXIC ISCHEMIC ENCEPHALOPATHY AND DEATH OF A 46 Y/O MARRIED

EMPLOYED FEMALE.

D. SUBJECT **STATEMENT**

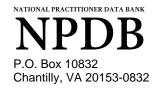
If the subject identified in Section B of this report has submitted a statement, it appears in this section.



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 3 of 3 ALASTRA, ANTHONY

E. REPORT STATUS	Unless a box below is checked, the	subject of this report identified in Section B has not contested this report.
	This report has been disputed	by the subject identified in Section B.
		entified in Section B, this report is being reviewed by the Secretary of the Human Services to determine its accuracy and/or whether it complies with ecision has been reached.
		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 artment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	09/14/2011
	Date of Most Recent Change:	09/14/2011
This report is maintaine	d under the provisions of: Title I	V
provisions of Title IV of Put for the purpose for which	ublic Law 99-660, as amended, an it was disclosed. Disclosure or use	e National Practitioner Data Bank for restricted use under the d 45 CFR Part 60. All information is confidential and may be used only of confidential information for other purposes is a violation of federal eporting entity identified in Section A.
	ENI	O OF REPORT



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 1 of 9 ALASTRA, ANTHONY

DISCLOSURE HISTORY

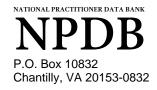
Report Number: 5500000070612211

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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

Date Released	Entity Name
11/29/2011	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
Date Released	Entity Name
02/13/2012	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
Date Released	Entity Name
03/05/2012	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
Date Released	Entity Name
04/19/2012	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
Date Released	Entity Name
05/07/2012	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 2 of 9 ALASTRA, ANTHONY

Date Released Entity Name

05/09/2012 TOUCHSTONE HEALTH HMO

1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601

(914) 288-1106

Date Released Entity Name

05/10/2012 HEALTHCARE ASSOCIATES IN MEDICINE, PC

2535 ARTHUR KILL RD

STATEN ISLAND, NY 10309

(718) 448-3210

Date Released Entity Name

06/21/2012 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

07/27/2012 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

08/28/2012 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ # 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

11/08/2012 AMERIGROUP CORPORATION

5800 NORTHAMPTON BLVD

NORFOLK, VA 23502

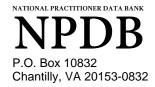
(757) 473-2737

Date Released Entity Name

12/10/2012 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

1603 268-7699



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 3 of 9 ALASTRA, ANTHONY

Date Released Entity Name

01/02/2013 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

01/02/2013 CONSUMER HEALTH NETWORK PLUS, LLC

300 AMERICAN METRO BLVD STE 170

CREDENTIALING DEPARTMENT

HAMILTON, NJ 08619

(800) 225-4246

Date Released Entity Name

02/26/2013 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

03/14/2013 AMIDA CARE

14 PENN PLZ # 2

NEW YORK, NY 10122

(646) 757-7073

Date Released Entity Name

03/21/2013 EMBLEMHEALTH

55 WATER ST

NEW YORK, NY 10041

(646) 447-6572

Date Released Entity Name

08/01/2013 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

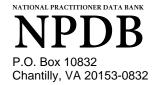
(916) 294-4726

Date Released Entity Name

09/11/2013 FIDELIS CARE

480 CROSSPOINT PKWY GETZVILLE, NY 14068

(718) 896-6500



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 4 of 9 ALASTRA, ANTHONY

Date Released Entity Name

12/05/2013 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

03/06/2014 ELDERPLAN

745 64TH ST

BROOKLYN, NY 11220

(718) 759-4193

Date Released Entity Name

04/02/2014 AFFINITY HEALTH PLAN INC

1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197

Date Released Entity Name

04/14/2014 AFFINITY HEALTH PLAN INC

1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197

Date Released Entity Name

05/27/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

06/23/2014 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

08/25/2014 INDEPENDENT LIVING SYSTEMS, LLC

5200 BLUE LAGOON DR STE 500

MIAMI, FL 33126 (305) 262-1292



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Page: 5 of 9 ALASTRA, ANTHONY

Date Released Entity Name

10/16/2014 VNS CHOICE

1250 BROADWAY FL 3 NEW YORK, NY 10001

(212) 946-9106

Date Released Entity Name

02/24/2015 TOUCHSTONE HEALTH HMO

1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601

(914) 288-1106

Date Released Entity Name

03/18/2015 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

03/19/2015 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

05/19/2015 WELLCARE OF NEW YORK, INC.

110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

Date Released Entity Name

06/11/2015 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ # 9

NEW YORK, NY 10001

(212) 356-4903

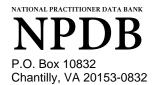
Date Released Entity Name

07/09/2015 AMERIGROUP CORPORATION

5800 NORTHAMPTON BLVD

NORFOLK, VA 23502

(757) 473-2737



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Page: 6 of 9 ALASTRA, ANTHONY

Date Released Entity Name

09/21/2015 AMIDA CARE

14 PENN PLZ # 2

NEW YORK, NY 10122

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Date Released Entity Name

10/06/2015 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

11/17/2015 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

1603 268-7699

Date Released Entity Name

12/31/2015 QUALITY HEALTH PLANS OF NEW YORK, INC

2805 VETERANS MEMORIAL HWY STE 17

RONKONKOMA, NY 11779

(631) 403-4265

Date Released Entity Name

02/10/2016 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

05/04/2016 EMBLEMHEALTH

55 WATER ST

NEW YORK, NY 10041

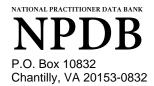
(646) 447-6572

Date Released Entity Name

05/11/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 7 of ALASTRA, ANTHONY

Date Released **Entity Name**

05/26/2016 CATHOLIC SPECIAL NEEDS PLAN, LLC

> 33 IRVING PL FL 11 NEW YORK, NY 10003

(646) 233-5746

Date Released **Entity Name**

06/09/2016 NEXUS ENTERPRISES, LLC

> 1650 INDEPENDENCE DR STE 300 NEW BRAUNFELS, TX 78132

(512) 216-6711

Date Released **Entity Name**

06/21/2016 FIDELIS CARE

> 480 CROSSPOINT PKWY GETZVILLE, NY 14068

(718) 896-6500

Date Released **Entity Name**

09/15/2016 METROPOLITAN SURGICAL INSTITUTE, LLC

540 BORDENTOWN AVE

BOX B5

SOUTH AMBOY, NJ 08879

(732) 525-2227

Date Released **Entity Name**

BEECH STREET CORPORATION 01/18/2017

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released **Entity Name**

02/10/2017 HEALTHSMART PREFERRED CARE

222 LAS COLINAS BLVD W STE 500N

IRVING, TX 75039 (214) 574-1171

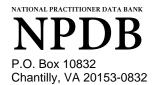
Date Released **Entity Name**

02/14/2017 HEALTHCARE ASSOCIATES IN MEDICINE, PC

2535 ARTHUR KILL RD

STATEN ISLAND, NY 10309

(718) 448-3210



DCN: 5500000070612211 Process Date: 09/14/2011

Page: 8 of 9 ALASTRA, ANTHONY

Date Released Entity Name

03/23/2017 ELDERPLAN

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Date Released Entity Name

04/03/2017 RICHMOND UNIVERSITY MEDICAL CENTER

355 BARD AVE

STATEN ISLAND, NY 10310

(718) 818-2426

Date Released Entity Name

05/23/2017 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

08/09/2017 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

08/31/2017 VNS CHOICE

1250 BROADWAY FL 3 NEW YORK, NY 10001

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Date Released Entity Name

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475 SEAVIEW AVE

STATEN ISLAND, NY 10305

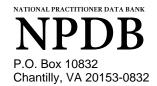
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Date Released Entity Name

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151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946



DCN: 5500000070612211 Process Date: 09/14/2011

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Date Released	Entity Name

03/15/2018 STATEN ISLAND UNIVERSITY HOSPITAL

475 SEAVIEW AVE

STATEN ISLAND, NY 10305

(718) 226-9511

Date Released Entity Name

04/03/2018 HEALTH NET FEDERAL SERVICES

2019 AEROJET RD

RANCHO CORDOVA, CA 95742

(916) 294-4726

Date Released Entity Name

04/27/2018 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

05/09/2018 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ # 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

05/22/2018 WELLCARE OF NEW YORK, INC.

110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

Date Released Entity Name

07/07/2018 SELF-QUERIER