

5500000116969595

Process Date: 12/01/2016

Page: 1 of 1

To: ALLEN, PAUL E

2795 MAIN ST W # 27

SNELLVILLE, GA 30078-3164

From: Re:

National Practitioner Data Bank Response to Your Self-Query

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

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

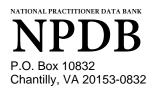
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud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

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

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



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Process Date: 12/01/2016

Page: 1 of 2

ALLEN, PAUL E - SELF-QUERY RESPONSE

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

Practitioner Name: ALLEN, PAUL E

Date of Birth: 04/23/1950 Gender: MALE

Organization Name: HORIZONS HEALTHCARE

Organization Type: MEDICAL GROUP/PRACTICE (365)

Delivery Address: 2795 MAIN ST W # 27, SNELLVILLE, GA 30078-3164

Social Security Number: ***-**-8074 DEA: FA1424946

NPI: 1417990334

License: PHYSICIAN (MD), 028490, GA, INTERNAL MEDICINE

Professional School(s): STATE UNIVERSITY OF NEW YORK, HEALTH SCIENCE CENTER AT BROOKLYN (1976)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXX1012 (11/2019)

NPDB Charge: \$4.00* NPDB Bill Reference Number: N48655414

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

Transaction Date: 12/01/2016 Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/01/2016

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

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

GEORGIA COMPOSITE MEDICAL BOARD

STATE LICENSURE

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

Initial Action: - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT Date of Action: 02/18/2016

FOR DETAILS

DCN: 5500000104338937

GEORGIA COMPOSITE MEDICAL BOARD

STATE LICENSURE

Basis for Action: - FAILURE TO PAY CHILD SUPPORT/DELINQUENT CHILD SUPPORT

Initial Action: - SUSPENSION OF LICENSE Date of Action: 12/16/2015

DCN: 5500000102817188

NEW YORK STATE DEPARTMENT OF HEALTH

STATE LICENSURE

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

OR LOCAL LICENSING AUTHORITY - CRIMINAL CONVICTION

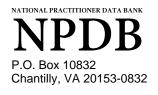
Initial Action: - SUSPENSION OF LICENSE Date of Action: 01/18/2008

DCN: 5500000049423262

Subsequent Action: - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT Date of Action: 01/17/2013

FOR DETAILS

DCN: 5500000096057941



5500000116969595

Process Date: 12/01/2016

Date of Action:

Date of Action:

09/20/2006

12/04/2002

Page: 2 of 2

UPSON REGIONAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES

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

Initial Action: - REVOCATION OF CLINICAL PRIVILEGES

- DENIAL OF CLINICAL PRIVILEGES

DCN: 5500000043544584

COMPOSITE STATE BOARD OF MEDICAL EXAMINE

STATE LICENSURE

Basis for Action: - FAILURE TO PROVIDE MEDICALLY REASONABLE AND/OR NECESSARY ITEMS OR SERVICES

Initial Action: - REPRIMAND OR CENSURE Date of Action: 06/09/2006

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT

FOR DETAILS

DCN: 5500000042143312

MAG MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - DELAY IN DIAGNOSIS

Initial Action: - SETTLEMENT Date of Action: 02/18/2005

DCN: 5500000036582710

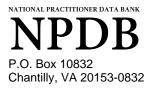
GEORGIA INSURERS INSOLVENCY POOL

MEDICAL MALPRACTICE PAYMENT Basis for Action: - UNKNOWN

 Initial Action:
 - SETTLEMENT

 DCN:
 5500000028051445

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



DCN: 5500000104338937 Process Date: 03/10/2016

Page: 1 of 3 ALLEN, PAUL E

ALLEN, PAUL E

GEORGIA COMPOSITE MEDICAL BOARD

STATE LICENSURE ACTION

Basis for Initial Action

Date of Action: 02/18/2016

Initial Action

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

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

A. REPORTING **ENTITY**

Entity Name: GEORGIA COMPOSITE MEDICAL BOARD

Address: 2 PEACHTREE ST., NW , 36TH FLR

City, State, Zip: ATLANTA, GA 30303

Country:

Name or Office: SHARON CLOUD Title or Department: LEGAL SECRETARY Telephone: (404) 657-6494

Entity Internal Report Reference: Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ALLEN, PAUL E

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: PO BOX 600

100 CHURCHILL DRIVE

City, State, ZIP: BOLINGBROKE, GA 31004-0600

Organization Type:

Home Address: 6978 TIMBERS EAST LN City, State, ZIP: LITHONIA, GA 30058-6074

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-8074

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: SUNY AT BROOKLYN (1976)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 28490, GA

Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is

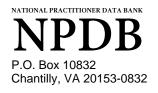
Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

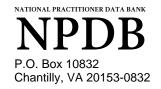
Nature of Relationship(s):



DCN: 5500000104338937 Process Date: 03/10/2016

Page: 2 of 3
ALLEN, PAUL E

| C. INFORMATION | Type of Adverse Action: | STATE LICENSURE |
|---|--|--|
| REPORTED | Basis for Action: | OTHER - NOT CLASSIFIED, SPECIFY (99) |
| | | SUSPENSION OF LICENSE LIFTED. |
| | Name of Agency or Program | |
| | That Took the Adverse Action | |
| | Specified in This Report: | GEORGIA MEDICAL BOARD |
| | Adverse Action | |
| | Classification Code(s): | |
| | Other, as Specified: | SUSPENSION OF LICENSE LIFTED. |
| | Date Action Was Taken: | 02/18/2016 |
| | Date Action Became Effective: | 02/18/2016 |
| | Length of Action: | INDEFINITE |
| | Total Amount of Monetary Penalty, | |
| | Assessment and/or Restitution: | |
| | Subject Automatically Reinstated After | |
| | Adverse Action Period Is Completed?: | NO |
| | Subject's Act(s) or Omission(s) or Other | |
| Reasons for Action(s) Tal | ken and Description of Action(s) Taken | GUGDENGTON OF MEDICAL LIGENGE HAG DEEN LIGHED |
| | by Reporting Entity: | SUSPENSION OF MEDICAL LICENSE HAS BEEN LIFTED. |
| | Specified in This Report Based on the | |
| Subject's Professional Con | npetence or Conduct, Which Adversely or Could Have Adversely Affected, the | |
| Allecteu, | Health or Welfare of Patient(s)?: | NO |
| | — | |
| | Subject identified in Section B ha | as appealed the reported adverse action. |
| | | |
| D. SUBJECT | | |
| STATEMENT | If the subject identified in Section B of | of this report has submitted a statement, it appears in this section. |
| 3 1711 2 111 2 111 | | |
| | | |
| | | |
| | | |
| E. REPORT STATUS | Unless a box below is checked, the s | subject of this report identified in Section B has not contested this report. |
| | | |
| | This was and have been discussed by | on the earth and intensiting the Continue D |
| | I his report has been disputed b | by the subject identified in Section B. |
| | At the request of the subject ide | 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 |
| | reporting requirements. No dec | |
| | roporting roduitomonies. The doc | Solon nad Solon rodonod. |
| | At the request of the subject ide | entified in Section B, this report was reviewed by the Secretary of the U.S. |
| | | an Services and a decision was reached. The subject has requested that |
| | the Secretary reconsider the ori | |
| | · | |
| | At the request of the subject ide | antified in Castion P, this report was reviewed by |
| | | entified in Section B, this report was reviewed by the transfer and Human Services. The Secretary's decision |
| | is shown below: | amont of Ficular and Fluman Dervices. The Decretary's accision |
| | io dilotti bolott. | |
| | Date of Original Submissions | 02/10/2016 |
| | Date of Original Submission: | 03/10/2016 |
| | Date of Most Recent Change: | 03/10/2016 |



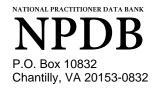
DCN: 5500000104338937 Process Date: 03/10/2016

Page: 3 of 3 ALLEN, PAUL E

This report is maintained under the provisions of: Section 1921

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

| END OF REPORT | |
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| | |



DCN: 5500000104338937 Process Date: 03/10/2016

Page: 1 of 1 ALLEN, PAUL E

DISCLOSURE HISTORY

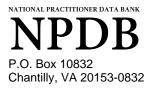
Report Number: 5500000104338937

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** GEORGIA DEPARTMENT OF COMMUNITY HEALTH 08/26/2016 2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303 (404) 651-5191 Date Released **Entity Name** 11/08/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946 Date Released **Entity Name** 12/01/2016 SELF-QUERIER



DCN: 5500000102817188 Process Date: 01/14/2016

Page: 1 of 3 ALLEN, PAUL E

ALLEN, PAUL E

GEORGIA COMPOSITE MEDICAL BOARD

STATE LICENSURE ACTION

- SUSPENSION OF LICENSE

Basis for Initial Action

Date of Action: 12/16/2015

Initial Action

- FAILURE TO PAY CHILD SUPPORT/DELINQUENT CHILD

SUPPORT

A. REPORTING **ENTITY**

Entity Name: GEORGIA COMPOSITE MEDICAL BOARD

Address: 2 PEACHTREE ST., NW , 36TH FLR

City, State, Zip: ATLANTA, GA 30303

Country:

Name or Office: SHARON CLOUD Title or Department: LEGAL SECRETARY

Telephone: (404) 657-6494

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ALLEN, PAUL E

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: PO BOX 600

100 CHURCHILL DRIVE

City, State, ZIP: BOLINGBROKE, GA 31004-0600

Organization Type:

Home Address: 6978 TIMBERS EAST LN City, State, ZIP: LITHONIA, GA 30058-6074

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-8074

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: SUNY AT BROOKLYN (1976)

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

State License Number, State of Licensure: 28490, GA

Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers:

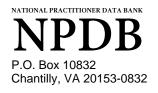
Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.): Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):



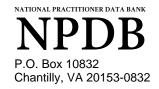
C. INFORMATION

DCN: 5500000102817188 Process Date: 01/14/2016

Page: 2 of 3
ALLEN, PAUL E

| REPORTED | Basis for Action: | FAILURE TO PAY CHILD SUPPORT/DELINQUENT CHILD SUPPORT (37) |
|--|--|--|
| | Name of Agency or Program That Took the Adverse Action Specified in This Report: | GEORGIA MEDICAL BOARD |
| | Adverse Action Classification Code(s): | |
| | Date Action Was Taken: | |
| | Date Action Became Effective: | |
| | Length of Action: | INDEFINITE |
| Description of S | Total Amount of Monetary Penalty, Assessment and/or Restitution: Subject Automatically Reinstated After Adverse Action Period Is Completed?: Subject's Act(s) or Omission(s) or Other ken and Description of Action(s) Taken by Reporting Entity: | NO SUSPENSION OF LICENSE NON-COMPLIANT WITH CHILD SUPPORT |
| | by Reporting Littly. | ORDER. |
| Subject's Professional Com | Specified in This Report Based on the npetence or Conduct, Which Adversely or Could Have Adversely Affected, the Health or Welfare of Patient(s)?: | NO |
| | Subject identified in Section B ha | as appealed the reported adverse action. |
| A GIID IECT | | |
| D. SUBJECT STATEMENT | If the subject identified in Section B o | f this report has submitted a statement, it appears in this section. |
| D. SUBJECT STATEMENT E. REPORT STATUS | · | f this report has submitted a statement, it appears in this section. ubject of this report identified in Section B has not contested this report. |
| STATEMENT | Unless a box below is checked, the s This report has been disputed by | ubject of this report identified in Section B has not contested this report. y the subject identified in Section B. |
| STATEMENT | Unless a box below is checked, the s This report has been disputed by At the request of the subject ide | ubject of this report identified in Section B has not contested this report. y the subject identified in Section B. ntified 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 |
| STATEMENT | Unless a box below is checked, the s This report has been disputed by At the request of the subject ide U.S. Department of Health and I reporting requirements. No dec | ubject of this report identified in Section B has not contested this report. y the subject identified in Section B. ntified 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 ision has been reached. ntified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that |
| STATEMENT | Unless a box below is checked, the s This report has been disputed by At the request of the subject ide U.S. Department of Health and I reporting requirements. No dec At the request of the subject ide Department of Health and Huma the Secretary reconsider the original secretary. At the request of the subject ide | ubject of this report identified in Section B has not contested this report. y the subject identified in Section B. ntified 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 ision has been reached. ntified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that |
| STATEMENT | Unless a box below is checked, the s This report has been disputed by At the request of the subject ide U.S. Department of Health and I reporting requirements. No dec At the request of the subject ide Department of Health and Huma the Secretary reconsider the original At the request of the subject ide the Secretary of the U.S. Department of | ubject of this report identified in Section B has not contested this report. y the subject identified in Section B. ntified 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 ision has been reached. ntified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that ginal decision. |

Type of Adverse Action: STATE LICENSURE



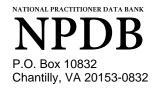
DCN: 5500000102817188 Process Date: 01/14/2016

Page: 3 of 3 ALLEN, PAUL E

This report is maintained under the provisions of: Section 1921

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END OF REPORT



DCN: 5500000102817188 Process Date: 01/14/2016

Page: 1 of 3

DISCLOSURE HISTORY

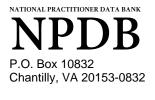
Report Number: 5500000102817188

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** GEORGIA DEPARTMENT OF COMMUNITY HEALTH 08/26/2016 2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303 (404) 651-5191 Date Released **Entity Name** 11/08/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946 Date Released **Entity Name** 12/01/2016 SELF-QUERIER



DCN: 5500000049423262 Process Date: 01/16/2008

Page: 1 of 3 ALLEN, PAUL E L

ALLEN, PAUL E L

NEW YORK STATE DEPARTMENT OF HEALTH

STATE LICENSURE ACTION Date of Action: 01/18/2008

Initial Action

- SUSPENSION OF LICENSE

- LICENSE REVOCATION, SUSPENSION OR OTHER

DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR

LOCAL LICENSING AUTHORITY

- CRIMINAL CONVICTION

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - OTHER LICENSURE ACTION, SEE SECTION C.

Date of Action: 01/17/2013 **DCN:** 5500000096057941

OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name: NEW YORK STATE DEPARTMENT OF HEALTH *

Address: OPMC

433 RIVER STREET, SUITE 303

City, State, Zip: TROY, NY 12180-2299

Country:

Name or Office: ANNE BOHENEK

Title or Department: HEALTH PROGRAM ADMINISTRATOR 1

Telephone: (518) 402-0853

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 10/05/2015:

Entity Name: NEW YORK STATE DEPARTMENT OF HEALTH Additional Name: OFFICE OF PROFESSIONAL MEDICAL CONDUCT

Address: 150 BROADWAY STE 355

RIVERVIEW CENTER - OPMC City, State, Zip: MENANDS, NY 12204-2751

Country:

B. SUBJECT

IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ALLEN, PAUL E L

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: City, State, ZIP:

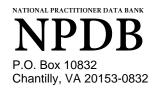
Organization Type:

Home Address: 100 CHURCHILL DRIVE City, State, ZIP: JULLIETTE, GA 32940

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-8074



DCN: 5500000049423262 Process Date: 01/16/2008

Page: 2 of 3 ALLEN, PAUL E L

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: SUNY DOWNSTATE MEDICAL CENTER (1976)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 132729, NY

Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE

Basis for Action: LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY

ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING

AUTHORITY (39)

CRIMINAL CONVICTION (19)

Name of Agency or Program That Took the Adverse Action

OFFICE OF PROFESSIONAL MEDICAL CONDUCT Specified in This Report:

Adverse Action

SUSPENSION OF LICENSE (1135) Classification Code(s):

Date Action Was Taken: 01/11/2008 Date Action Became Effective: 01/18/2008

Length of Action: SPECIFIC PERIOD

Years: 5 Months:

Days:

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is Subject Automatically Reinstated After

Adverse Action Period Is Completed?: YES

Description of Subject's Act(s) or Omission(s) or Other

Reasons for Action(s) Taken and Description of Action(s) Taken

by Reporting Entity:

LICENSE SUSPENSION FOR FIVE YEARS. THE HEARING COMMITTEE SUSTAINED THE CHARGES FINDING THE PHYSICIAN

GUILTY OF HAVING BEEN CONVICTED IN STATE COURT OF CLAYTON COUNTY, GEORGIA OF BATTERY AND HAVING BEEN DISCIPLINED BY THE GEORGIA STATE BOARD OF MEDICAL

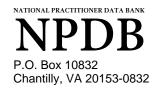
EXAMINERS FOR FAILING TO CONFORM TO THE MINIMUM STANDARD

OF CARE.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the

Health or Welfare of Patient(s)?: YES

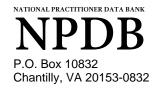
Subject identified in Section B has appealed the reported adverse action.



DCN: 5500000049423262 Process Date: 01/16/2008

Page: 3 of 3 ALLEN, PAUL E L

| D. SUBJECT STATEMENT | If the subject identified in Section E | 3 of this report has submitted a statement, it appears in this section. |
|---|--|---|
| E. REPORT STATUS | This report has been disputed At the request of the subject is U.S. Department of Health and reporting requirements. No display the subject is Department of Health and Hull the Secretary reconsider the subject is the Secretary of the U.S. Department of the U.S. Department of the Secretary of the U.S. Department of the U.S. Depar | 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: | 01/16/2008 |
| | Date of Most Recent Change: | 01/16/2008 |
| This report is maintained under the provisions of: Title IV; Section 1921 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, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A. | | |
| | EN | ID OF REPORT ———————————————————————————————————— |



DCN: 5500000049423262 Process Date: 01/16/2008

Page: 1 of 4 ALLEN, PAUL E L

DISCLOSURE HISTORY

Report Number: 5500000049423262

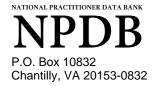
F. DISCLOSURE HISTORY

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 | |
|---------------|--|--|
| 05/04/2009 | VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (678) 218-4040 | |
| Date Released | Entity Name | |
| 06/09/2009 | SCHUMACHER CLINICAL PARTNERS 200 CORPORATE BLVD LAFAYETTE, LA 70508 (800) 893-9698 | |
| Date Released | Entity Name | |
| 07/10/2009 | WHITAKER MEDICAL INFORMATION SERVICES 1200 ENCLAVE PARKWAY, SUITE 200 HOUSTON, TX 77077 (281) 870-1000 | |
| Date Released | Entity Name | |
| 07/15/2009 | COMMUNITY HEALTH CARE SYSTEMS, INC. 116 SMITH ST P O BOX 365 TENNILLE, GA 31089 (478) 552-7384 | |
| Date Released | Entity Name | |
| 08/12/2009 | ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 | |

(954) 748-2800



DCN: 5500000049423262 Process Date: 01/16/2008

Page: 2 of 4 ALLEN, PAUL E L

Date Released Entity Name

12/01/2009 COFFEE REGIONAL MEDICAL CENTER

1101 OCILLA RD

DOUGLAS, GA 31533

(912) 384-1900

Date Released Entity Name

12/15/2009 SUN HEALTHCARE GROUP, INC.

101 SUN AVE. NE ATTN: SUE SMITH

ALBUQUERQUE, NM 87109

(505) 468-2382

Date Released Entity Name

12/17/2009 STERLING MEDICAL ASSOCIATES

411 OAK ST

CINCINNATI, OH 45219

(513) 984-1800

Date Released Entity Name

02/25/2010 COFFEE REGIONAL MEDICAL CENTER

1101 OCILLA RD

DOUGLAS, GA 31533

(912) 384-1900

Date Released Entity Name

01/03/2011 SELF-QUERIER

Date Released Entity Name

06/09/2011 MAXIM PHYSICIAN RESOURCES

5001 LYNDON B JOHNSON FWY STE 900

DALLAS, TX 75244

(888) 800-1853

Date Released Entity Name

07/22/2011 LOCUM TENENS USA, INC.

1030 MATHESON WAY JOHNS CREEK, GA 30022

(770) 663-9988



DCN: 5500000049423262 Process Date: 01/16/2008

Page: 3 of 4 ALLEN, PAUL E L

Date Released Entity Name

11/30/2011 MAXIM PHYSICIAN RESOURCES

5001 LYNDON B JOHNSON FWY STE 900

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(888) 800-1853

Date Released Entity Name

02/14/2013 THE HEALING STAFF

10100 REUNION PLACE #750 SAN ANTONIO, TX 78216

(210) 299-7623

Date Released Entity Name

04/19/2013 MEDCARE STAFFING, INC.

4411 SUWANEE DAM RD STE 120

SUWANEE, GA 30024

(770) 904-5012

Date Released Entity Name

05/13/2013 ALLIANCE RECRUITING RESOURCES

900 ROCKMEAD DRIVE, SUITE 274

KINGWOOD, TX 77339

(800) 759-8203

Date Released Entity Name

12/26/2014 LOCUM TENENS USA, INC.

1030 MATHESON WAY

JOHNS CREEK, GA 30022

(770) 663-9988

Date Released Entity Name

03/05/2015 WELLCARE OF GEORGIA INC.

211 PERIMETER CENTER PKWY NE STE 800

ATLANTA, GA 30346

(813) 206-3839

Date Released Entity Name

03/16/2015 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7514



DCN: 5500000049423262 Process Date: 01/16/2008

Page: 4 of 4 ALLEN, PAUL E L

Date Released Entity Name

04/03/2015 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

04/06/2015 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

08/24/2015 PEACH STATE HEALTH PLAN

1100 CIRCLE 75 PKWY SE STE 1100

ATLANTA, GA 30339

(678) 556-2332

Date Released Entity Name

08/26/2016 GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303

(404) 651-5191

Date Released Entity Name

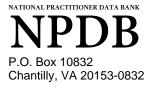
11/08/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

12/01/2016 SELF-QUERIER



DCN: 5500000096057941 Process Date: 04/06/2015

Page: 1 of 3
ALLEN, PAUL E L

ALLEN, PAUL E L

NEW YORK STATE DEPARTMENT OF HEALTH

STATE LICENSURE ACTION

Subsequent Action

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

Basis for Initial Action

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

- CRIMINAL CONVICTION

This action has related reports:

Initial Action: - SUSPENSION OF LICENSE

Date of Action: 01/18/2008 **DCN:** 5500000049423262

Date of Action: 01/17/2013

Subsequent Action: [This Action]

A. REPORTING ENTITY

Entity Name: NEW YORK STATE DEPARTMENT OF HEALTH *

Address: RIVERVIEW CENTER - OPMC

150 BROADWAY - SUIYE 355

City, State, Zip: ALBANY, NY 12204-2719

Country:

Name or Office: CAROL DUSTIN

Title or Department: HEALTH PROGRAM ADMINISTRATOR

Telephone: (518) 402-0855

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000049423262

*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 10/05/2015:

Entity Name: NEW YORK STATE DEPARTMENT OF HEALTH Additional Name: OFFICE OF PROFESSIONAL MEDICAL CONDUCT

Address: 150 BROADWAY STE 355

RIVERVIEW CENTER - OPMC

City, State, Zip: MENANDS, NY 12204-2751

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL) Subject Name: ALLEN, PAUL E L

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: City, State, ZIP:

Organization Type:

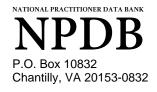
Home Address: 100 CHURCHILL DRIVE City, State, ZIP: JULLIETTE, GA 32940

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-8074

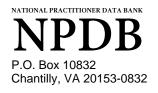
CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



DCN: 5500000096057941 Process Date: 04/06/2015

Page: 2 of 3
ALLEN, PAUL E L

| Individual Taxpayer Identification Numbers (ITIN): | | |
|--|--|--|
| National Provider Identifiers (NPI): | | |
| • • • | | SUNY DOWNSTATE MEDICAL CENTER (1976) |
| Occupation/Field of Licensure (Code): | | |
| State License Number, State of Licensure: | | |
| | | EMERGENCY MEDICINE |
| Drug Enforc | ement Administration (DEA) Numbers: | |
| | ysician Identification Numbers (UPIN): | |
| • | Entity (Entities) With Which Subject Is | |
| | Inclusion Does Not Imply Complicity in | |
| | the Reported Action.): | |
| | Business Address of Affiliate: | |
| | City, State, ZIP: | |
| | Nature of Relationship(s): | |
| C. INFORMATION | Type of Adverse Action: | STATE LICENSURE |
| REPORTED | Name of Agency or Program | |
| | That Took the Adverse Action | OPPIGE OF PROPEGSIONAL MEDICAL COMBUCE |
| | Specified in This Report: | OFFICE OF PROFESSIONAL MEDICAL CONDUCT |
| | Adverse Action Classification Code(s): | OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199) |
| | Other, as Specified: | COMPLETED TERMS OF ORDER |
| | Date Action Was Taken: | 01/17/2013 |
| | Date Action Became Effective: | 01/17/2013 |
| | Length of Action: | |
| | Total Amount of Monetary Penalty, | FERMANDI |
| | Assessment and/or Restitution: | |
| Is | Subject Automatically Reinstated After | |
| | Adverse Action Period Is Completed?: | YES |
| | ubject's Act(s) or Omission(s) or Other | |
| Reasons for Action(s) Taken and Description of Action(s) Taken | | THE PHYSICIAN'S SUSPENSION WAS LIFTED EFFECTIVE JANUARY |
| by Reporting Entity: | | 17, 2013. |
| Is the Adverse Action | Specified in This Report Based on the | 17, 2020. |
| | petence or Conduct, Which Adversely | |
| Affected, or Could Have Adversely Affected, the | | |
| | Health or Welfare of Patient(s)?: | YES |
| | Subject identified in Section B ha | is appealed the reported adverse action. |
| | Cubject lucinimou in Coolien 2 iiia | a appeared 1.10 reported darrones denom |
| O CUID IFOT | | |
| D. SUBJECT STATEMENT | If the subject identified in Section B o | f this report has submitted a statement, it appears in this section. |
| STATEMENT | | |
| | | |
| | | |
| | | |
| E. REPORT STATUS | Unless a box below is checked, the s | ubject of this report identified in Section B has not contested this report. |
| | | |
| | This report has been disputed by | y the subject identified in Section B. |
| | | , |
| | | ntified 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 dec | ision has been reached. |



DCN: 5500000096057941 Process Date: 04/06/2015

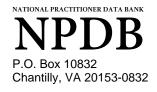
Page: 3 of 3
ALLEN, PAUL E L

| Department of Health and Hum | 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: | 04/06/2015 | |
| Date of Most Recent Change: | 04/06/2015 | |

This report is maintained under the provisions of: Title IV; Section 1921

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, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

—— END OF REPORT —



DCN: 5500000096057941 Process Date: 04/06/2015

Page: 1 of 1 ALLEN, PAUL E L

DISCLOSURE HISTORY

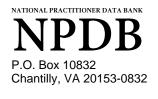
Report Number: 5500000096057941

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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

| Date Released | Entity Name | |
|---------------|--|--|
| 04/06/2015 | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946 | |
| Date Released | Entity Name | |
| 08/24/2015 | PEACH STATE HEALTH PLAN 1100 CIRCLE 75 PKWY SE STE 1100 ATLANTA, GA 30339 (678) 556-2332 | |
| Date Released | Entity Name | |
| 08/26/2016 | GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303 (404) 651-5191 | |
| Date Released | Entity Name | |
| 11/08/2016 | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946 | |
| Date Released | Entity Name | |
| 12/01/2016 | SELF-QUERIER | |



DCN: 5500000043544584 Process Date: 10/03/2006

Page: 1 of 2 ALLEN, PAUL E JR

ALLEN, PAUL E JR

UPSON REGIONAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION

Initial Action

Basis for Initial Action

Date of Action: 09/20/2006

- REVOCATION OF CLINICAL PRIVILEGES

- DENIAL OF CLINICAL PRIVILEGES

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name: UPSON REGIONAL MEDICAL CENTER *

Address: 801 WEST GORDON STREET

P O BOX 1059

City, State, Zip: THOMASTON, GA 30286

Country:

Name or Office: SUZANNE STREETMAN, RN

Title or Department: DIRECTOR OF RISK MGMT & CREDENTIALING

Telephone: (706) 647-8111 Ext. 1240

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 05/02/2016:

Entity Name: UPSON REGIONAL MEDICAL CENTER

Address: 801 W GORDON ST

P. O. BOX 1059

City, State, Zip: THOMASTON, GA 30286-3426

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ALLEN, PAUL E JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address:

City, State, ZIP:

Home Address: 100 CHURCHILL DR

P O BOX 600

City, State, ZIP: BOLINGBROOKE, GA 31004

Deceased: NO

Social Security Numbers (SSN): ***-**-8074

Professional School(s) & Year(s) of Graduation: SUNY BROOKLYN (1976)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 028490, GA

Drug Enforcement Administration (DEA) Numbers: BA0562050

Name(s) of Health Care Entity (Entities) With Which Subject Is

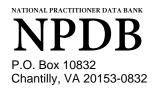
Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):



DCN: 5500000043544584 Process Date: 10/03/2006

Page: 2 of 2 ALLEN, PAUL E JR

| DEDODTED | | TITLE IV CLINICAL PRIVILEGES |
|---------------------------|--|--|
| REPORTED | Basis for Action: | OTHER - NOT CLASSIFIED, SPECIFY (99) |
| | | FALSE STATEMENT ON APPLICATION |
| | Adverse Action | |
| | Classification Code(s): | |
| | | DENIAL OF CLINICAL PRIVILEGES (1650) |
| | Date Action Was Taken: | |
| | Date Action Became Effective: | 09/20/2006 |
| | Length of Action: | PERMANENT |
| | subject's Act(s) or Omission(s) or Other | |
| Reasons for Action(s) Tai | ken and Description of Action(s) Taken by Reporting Entity: | PAUL ALLEN, MD, WAS GRANTED TEMPORARY PRIVILEGES DUE TO |
| | by Reporting Entity. | AN URGENT PATIENT NEED. DURING COMPLETION OF THE |
| | | APPLICATION PROCESS, IT WAS DETERMINED THAT A FALSE |
| | | STATEMENT WAS MADE ON HIS APPLICATION FOR APPOINTMENT. |
| | | AFTER INVESTIGATION BY THE CHIEF OF SERVICE AND THE |
| | | CHIEF OF STAFF, TEMPORARY PRIVILEGES WERE TERMINATED, AND THE APPLICATION FOR PRIVILEGES WAS DENIED. |
| D. SUBJECT | | THE THE HELDONIES TON THE VIEW OF THE PERSON |
| STATEMENT | ii tile subject identilled ili Section b o | of this report has submitted a statement, it appears in this section. |
| | | |
| E. REPORT STATUS | Unless a box below is checked, the s | subject of this report identified in Section B has not contested this report. |
| E. REPORT STATUS | | subject of this report identified in Section B has not contested this report. by the subject identified in Section B. |
| E. REPORT STATUS | This report has been disputed b | by the subject identified in Section B. |
| E. REPORT STATUS | This report has been disputed b | 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 |
| E. REPORT STATUS | This report has been disputed b At the request of the subject ide U.S. Department of Health and reporting requirements. No dec | by the subject identified in Section B. Sentified 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 bision has been reached. Sentified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that |
| E. REPORT STATUS | This report has been disputed by At the request of the subject ide U.S. Department of Health and reporting requirements. No decomposition At the request of the subject ide Department of Health and Human the Secretary reconsider the ori At the request of the subject ide | by the subject identified in Section B. Sentified 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 bision has been reached. Sentified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that |
| E. REPORT STATUS | This report has been disputed by At the request of the subject ide U.S. Department of Health and reporting requirements. No decounty of the subject ide Department of Health and Human the Secretary reconsider the orient At the request of the subject ide the Secretary of the U.S. Departing shown below: | by the subject identified in Section B. Intified 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 cision has been reached. Intified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that ginal decision. Intified in Section B, this report was reviewed by the Secretary's decision. |
| E. REPORT STATUS | This report has been disputed by At the request of the subject ide U.S. Department of Health and reporting requirements. No decent of the subject ide Department of Health and Humsthe Secretary reconsider the ori At the request of the subject ide the Secretary of the U.S. Department of the U.S. De | by the subject identified in Section B. Intified 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 cision has been reached. Intified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that ginal decision. Intified in Section B, this report was reviewed by |

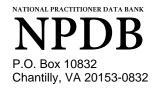
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This report is maintained under the provisions of: Title IV

— END OF REPORT —

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DCN: 5500000043544584 Process Date: 10/03/2006

Page: 1 of 4 ALLEN, PAUL E JR

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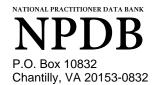
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| Date Released | Entity Name | |
| 06/09/2009 | SCHUMACHER CLINICAL PARTNERS 200 CORPORATE BLVD LAFAYETTE, LA 70508 (800) 893-9698 | |
| Date Released | Entity Name | |
| 07/10/2009 | WHITAKER MEDICAL INFORMATION SERVICES 1200 ENCLAVE PARKWAY, SUITE 200 HOUSTON, TX 77077 (281) 870-1000 | |
| Date Released | Entity Name | |
| 07/15/2009 | COMMUNITY HEALTH CARE SYSTEMS, INC. 116 SMITH ST P O BOX 365 TENNILLE, GA 31089 (478) 552-7384 | |
| Date Released | Entity Name | |
| 08/12/2009 | ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 | |

(954) 748-2800



DCN: 5500000043544584 Process Date: 10/03/2006

Page: 2 of 4 ALLEN, PAUL E JR

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12/01/2009 COFFEE REGIONAL MEDICAL CENTER

1101 OCILLA RD

DOUGLAS, GA 31533

(912) 384-1900

Date Released Entity Name

12/15/2009 SUN HEALTHCARE GROUP, INC.

101 SUN AVE. NE ATTN: SUE SMITH

ALBUQUERQUE, NM 87109

(505) 468-2382

Date Released Entity Name

12/17/2009 STERLING MEDICAL ASSOCIATES

411 OAK ST

CINCINNATI, OH 45219

(513) 984-1800

Date Released Entity Name

02/25/2010 COFFEE REGIONAL MEDICAL CENTER

1101 OCILLA RD

DOUGLAS, GA 31533

(912) 384-1900

Date Released Entity Name

01/03/2011 SELF-QUERIER

Date Released Entity Name

06/09/2011 MAXIM PHYSICIAN RESOURCES

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DALLAS, TX 75244

(888) 800-1853

Date Released Entity Name

07/22/2011 LOCUM TENENS USA, INC.

1030 MATHESON WAY JOHNS CREEK, GA 30022

(770) 663-9988



DCN: 5500000043544584 Process Date: 10/03/2006

Page: 3 of 4 ALLEN, PAUL E JR

Date Released Entity Name

11/30/2011 MAXIM PHYSICIAN RESOURCES

5001 LYNDON B JOHNSON FWY STE 900

DALLAS, TX 75244

(888) 800-1853

Date Released Entity Name

02/14/2013 THE HEALING STAFF

10100 REUNION PLACE #750 SAN ANTONIO, TX 78216

(210) 299-7623

Date Released Entity Name

04/19/2013 MEDCARE STAFFING, INC.

4411 SUWANEE DAM RD STE 120

SUWANEE, GA 30024

(770) 904-5012

Date Released Entity Name

05/13/2013 ALLIANCE RECRUITING RESOURCES

900 ROCKMEAD DRIVE, SUITE 274

KINGWOOD, TX 77339

(800) 759-8203

Date Released Entity Name

12/26/2014 LOCUM TENENS USA, INC.

1030 MATHESON WAY

JOHNS CREEK, GA 30022

(770) 663-9988

Date Released Entity Name

03/05/2015 WELLCARE OF GEORGIA INC.

211 PERIMETER CENTER PKWY NE STE 800

ATLANTA, GA 30346

(813) 206-3839

Date Released Entity Name

03/16/2015 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7514



DCN: 5500000043544584 Process Date: 10/03/2006

Page: 4 of 4 ALLEN, PAUL E JR

Date Released Entity Name

04/03/2015 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

04/06/2015 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

08/24/2015 PEACH STATE HEALTH PLAN

1100 CIRCLE 75 PKWY SE STE 1100

ATLANTA, GA 30339

(678) 556-2332

Date Released Entity Name

08/26/2016 GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303

(404) 651-5191

Date Released Entity Name

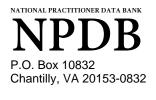
11/08/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

12/01/2016 SELF-QUERIER



DCN: 5500000042143312 Process Date: 06/14/2006

Page: 1 of 3
ALLEN, PAUL E

ALLEN, PAUL E

GEORGIA COMPOSITE MEDICAL BOARD

STATE LICENSURE ACTION

Basis for Initial Action

Date of Action: 06/09/2006

- REPRIMAND OR CENSURE

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

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

Initial Action

- FAILURE TO PROVIDE MEDICALLY REASONABLE AND/OR NECESSARY ITEMS OR SERVICES

A. REPORTING ENTITY

Entity Name: COMPOSITE STATE BOARD OF MEDICAL EXAMINE *

Address: #2 PEACHTREE ST., NW 36TH FLR

City, State, Zip: ATLANTA, GA 30303

Country:

Name or Office: KAREN SMITH

Title or Department: ENFORCEMENT UNIT SUPERVISOR

Telephone: (404) 657-6487

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 09/14/2015:

Entity Name: GEORGIA COMPOSITE MEDICAL BOARD Address: 2 PEACHTREE ST., NW , 36TH FLR

City, State, Zip: ATLANTA, GA 30303

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ALLEN, PAUL E

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: 100 CHURCHILL DRIVE

BOX 600

City, State, ZIP: BOLINGBROKE, GA 31004-4171

Organization Type: Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-8074

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

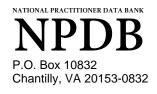
Professional School(s) & Year(s) of Graduation: SUNY AT BROOKLYN (1976)

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

State License Number, State of Licensure: 28490, GA

Specialty: EMERGENCY MEDICINE

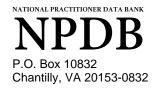
Drug Enforcement Administration (DEA) Numbers:



DCN: 5500000042143312 Process Date: 06/14/2006

Page: 2 of 3
ALLEN, PAUL E

| Name(s) of Health Care Affiliated or Associated | nysician Identification Numbers (UPIN): Entity (Entities) With Which Subject Is (Inclusion Does Not Imply Complicity in the Reported Action.): Business Address of Affiliate: City, State, ZIP: Nature of Relationship(s): | |
|--|--|--|
| C. INFORMATION REPORTED | Type of Adverse Action: Basis for Action: | STATE LICENSURE FAILURE TO PROVIDE MEDICALLY REASONABLE AND/OR NECESSARY ITEMS OR SERVICES (53) |
| | Name of Agency or Program That Took the Adverse Action Specified in This Report: Adverse Action Classification Code(s): | COMPOSITE STATE BD OF MEDICAL EXAMINERS REPRIMAND OR CENSURE (1140) PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173) |
| | Other, as Specified: Date Action Was Taken: | OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199) CME'S 06/09/2006 |
| | Date Action Became Effective: Length of Action: Total Amount of Monetary Penalty, | 06/09/2006 INDEFINITE |
| Description of S Reasons for Action(s) Ta | Assessment and/or Restitution: Subject Automatically Reinstated After Adverse Action Period Is Completed?: Subject's Act(s) or Omission(s) or Other ken and Description of Action(s) Taken by Reporting Entity: Specified in This Report Based on the | \$ 3,000.00 NO FAILED TO CONFORM TO THE MINIMUM STANDARDS OF ACCEPTABLE & PREVAILING MEDICAL PRACTICE |
| Subject's Professional Cor | npetence or Conduct, Which Adversely or Could Have Adversely Affected, the Health or Welfare of Patient(s)?: | YES |
| | Subject identified in Section B ha | s appealed the reported adverse action. |
| D. SUBJECT STATEMENT | If the subject identified in Section B o | f this report has submitted a statement, it appears in this section. |
| E. REPORT STATUS | _ | ubject of this report identified in Section B has not contested this report. y the subject identified in Section B. |
| | At the request of the subject ide | ntified 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 |
| | | ntified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that ginal decision. |

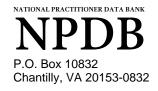


DCN: 5500000042143312 Process Date: 06/14/2006

Page: 3 of 3
ALLEN, PAUL E

| | At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below: | |
|--|---|--|
| Date of Original Submission: | 06/14/2006 | |
| Date of Most Recent Change: | 06/14/2006 | |
| This report is maintained under the provisions of: Title | e IV; Section 1921 | |
| provisions of Title IV of Public Law 99-660, as amended, information is confidential and may be used only for the public Law 99-660. | ne National Practitioner Data Bank for restricted use under the Section 1921 of the Social Security Act, and 45 CFR Part 60. All urpose for which it was disclosed. Disclosure or use of confidential For additional information or clarification, contact the reporting entity | |

——— END OF REPORT ——



DCN: 5500000042143312 Process Date: 06/14/2006

Page: 1 of 4
ALLEN, PAUL E

DISCLOSURE HISTORY

Report Number: 5500000042143312

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 |
|---------------|---|
| 08/03/2006 | NEW YORK STATE DEPARTMENT OF HEALTH 150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204 (518) 402-0810 |
| Date Released | Entity Name |
| 05/04/2009 | VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUTE 200 LAWRENCEVILLE, GA 30043 (678) 218-4040 |
| Date Released | Entity Name |
| 06/09/2009 | SCHUMACHER CLINICAL PARTNERS 200 CORPORATE BLVD LAFAYETTE, LA 70508 (800) 893-9698 |
| Date Released | Entity Name |
| 07/10/2009 | WHITAKER MEDICAL INFORMATION SERVICES 1200 ENCLAVE PARKWAY, SUITE 200 HOUSTON, TX 77077 (281) 870-1000 |
| Date Released | Entity Name |
| 07/15/2009 | COMMUNITY HEALTH CARE SYSTEMS, INC. 116 SMITH ST P O BOX 365 TENNILLE, GA 31089 |

(478) 552-7384



DCN: 5500000042143312 Process Date: 06/14/2006

Page: 2 of 4 ALLEN, PAUL E

Date Released Entity Name

08/12/2009 ALL CARE CONSULTANTS

3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309

(954) 748-2800

Date Released Entity Name

12/01/2009 COFFEE REGIONAL MEDICAL CENTER

1101 OCILLA RD

DOUGLAS, GA 31533

(912) 384-1900

Date Released Entity Name

12/15/2009 SUN HEALTHCARE GROUP, INC.

101 SUN AVE. NE ATTN: SUE SMITH

ALBUQUERQUE, NM 87109

(505) 468-2382

Date Released Entity Name

12/17/2009 STERLING MEDICAL ASSOCIATES

411 OAK ST

CINCINNATI, OH 45219

(513) 984-1800

Date Released Entity Name

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1101 OCILLA RD

DOUGLAS, GA 31533

(912) 384-1900

Date Released Entity Name

01/03/2011 SELF-QUERIER

Date Released Entity Name

06/09/2011 MAXIM PHYSICIAN RESOURCES

5001 LYNDON B JOHNSON FWY STE 900

DALLAS, TX 75244

(888) 800-1853



DCN: 5500000042143312 Process Date: 06/14/2006

Page: 3 of 4 ALLEN, PAUL E

Date Released Entity Name

07/22/2011 LOCUM TENENS USA, INC.

1030 MATHESON WAY

JOHNS CREEK, GA 30022

(770) 663-9988

Date Released Entity Name

11/30/2011 MAXIM PHYSICIAN RESOURCES

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(888) 800-1853

Date Released Entity Name

02/14/2013 THE HEALING STAFF

10100 REUNION PLACE #750 SAN ANTONIO, TX 78216

(210) 299-7623

Date Released Entity Name

04/19/2013 MEDCARE STAFFING, INC.

4411 SUWANEE DAM RD STE 120

SUWANEE, GA 30024

(770) 904-5012

Date Released Entity Name

05/13/2013 ALLIANCE RECRUITING RESOURCES

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Date Released Entity Name

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ATLANTA, GA 30346

(813) 206-3839



DCN: 5500000042143312 Process Date: 06/14/2006

Page: 4 of ALLEN, PAUL E

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2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7514

Date Released Entity Name

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200 BRICKSTONE SQ ANDOVER, MA 01810

(603) 541-2389

Date Released Entity Name

04/06/2015 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

08/24/2015 PEACH STATE HEALTH PLAN

1100 CIRCLE 75 PKWY SE STE 1100

ATLANTA, GA 30339

(678) 556-2332

Date Released Entity Name

08/26/2016 GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303

(404) 651-5191

Date Released Entity Name

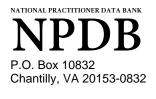
11/08/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

12/01/2016 SELF-QUERIER



DCN: 5500000036582710 Process Date: 02/21/2005

Page: 1 of 3 ALLEN, PAUL E.

ALLEN, PAUL E.

MAG MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 02/18/2005

Initial Action

Basis for Initial Action

- SETTLEMENT - DELAY IN DIAGNOSIS

A. REPORTING ENTITY

Entity Name: MAG MUTUAL INSURANCE COMPANY *

Address: 3525 PIEDMONT ROAD, BLDG 8, SUITE 600

City, State, Zip: ATLANTA, GA 30305

Country:

Name or Office: CHARM TUCKER

Title or Department: LITIGATION ANALYST

Telephone: (404) 842-5228

Entity Internal Report Reference: 13717

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 07/01/2015:

Entity Name: MAG MUTUAL INSURANCE COMPANY

Address: 3535 PIEDMONT RD NE BLDG 14 STE 1000

City, State, Zip: ATLANTA, GA 30305-1518

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: ALLEN, PAUL E.

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name:

Work Address: 44 DEERLAKE DRIVE BOX 371 City, State, ZIP: BOLINGBROKE, GA 31004

Home Address: City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: STATE UNIVERSITY OF NEW YORK (1976)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 28490, GA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 02/21/2005

Relationship of Entity to

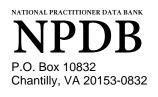
This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 93,750.00 Date of This Payment: 02/18/2005

This Payment Represents: A SINGLE FINAL PAYMENT



DCN: 5500000036582710 Process Date: 02/21/2005

Page: 2 of 3 ALLEN, PAUL E.

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 93,750.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 02/17/2005

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: \$93,750.00 - MAG DR. ALLEN, \$31,250.00 - MCCG.

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: \$ 93,750.00

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: \$ 31,250.00

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 57 YEARS

Patient's Gender: MALE

Patient Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: COMPLAINTS OF WEAKNESS ON RIGHT SIDE.

Description of the Procedure Performed: CT SCAN.

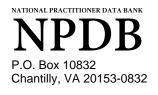
Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: DELAY IN DIAGNOSIS (200)

Date of Event Associated With Allegation or Incident: 07/08/2000

Outcome: MINOR PERMANENT INJURY (05)

| • | egations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGED DELAY IN DIAGNOSIS OF STROKE RESULTING IN MINOR IMPAIRMENT IN WALKING. |
|-------------------------|--|
| 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: 5500000036582710 Process Date: 02/21/2005

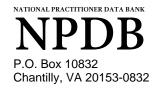
Page: 3 of 3
ALLEN, PAUL E.

| Department of Health and Hum | 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. | |
|------------------------------|---|--|
| | lentified in Section B, this report was reviewed by artment of Health and Human Services. The Secretary's decision | |
| Date of Original Submission: | 02/21/2005 | |
| Date of Most Recent Change: | 02/21/2005 | |
| | | |

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: 5500000036582710 Process Date: 02/21/2005

Page: 1 of 5 ALLEN, PAUL E.

DISCLOSURE HISTORY

Report Number: 5500000036582710

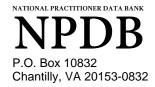
F. DISCLOSURE HISTORY

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 |
|---------------|--|
| 01/19/2006 | UNITED EMERGENCY SERVICES, INC. 3211 SHANNON ROAD, SUITE 300 DURHAM, NC 27707 (800) 291-4020 |
| Date Released | Entity Name |
| 02/22/2006 | OCONEE REGIONAL MEDICAL CENTER 821 N COBB ST MILLEDGEVILLE, GA 31061 (478) 454-3553 |
| Date Released | Entity Name |
| 03/07/2006 | PHOEBE SUMTER MEDICAL CENTER, INC. 126 US HIGHWAY 280 W AMERICUS, GA 31719 (229) 931-1129 |
| Date Released | Entity Name |
| 05/10/2006 | MONROE COUNTY HOSPITAL 88 M. L. KING, JR., DRIVE FORSYTH, GA 31029 (478) 994-2521 |
| Date Released | Entity Name |
| 05/12/2006 | HOSPITAL PHYSICIAN PARTNERS 300 S PARK RD STE 400 HOLLYWOOD, FL 33021 |

(800) 815-8377



DCN: 5500000036582710 Process Date: 02/21/2005

Page: 2 of 5 ALLEN, PAUL E.

Date Released Entity Name

05/19/2006 UPSON REGIONAL MEDICAL CENTER

801 W GORDON ST P. O. BOX 1059

THOMASTON, GA 30286

(706) 647-8111

Date Released Entity Name

08/03/2006 NEW YORK STATE DEPARTMENT OF HEALTH

150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204

(518) 402-0810

Date Released Entity Name

05/04/2009 VISTA HEALTHCARE PARTNERS, INC.

1735 N BROWN RD

SUTE 200

LAWRENCEVILLE, GA 30043

(678) 218-4040

Date Released Entity Name

06/09/2009 SCHUMACHER CLINICAL PARTNERS

200 CORPORATE BLVD LAFAYETTE, LA 70508

(800) 893-9698

Date Released Entity Name

07/10/2009 WHITAKER MEDICAL

INFORMATION SERVICES

1200 ENCLAVE PARKWAY, SUITE 200

HOUSTON, TX 77077

(281) 870-1000

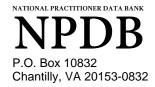
Date Released Entity Name

07/15/2009 COMMUNITY HEALTH CARE SYSTEMS, INC.

116 SMITH ST P O BOX 365

TENNILLE, GA 31089

(478) 552-7384



DCN: 5500000036582710 Process Date: 02/21/2005

Page: 3 of 5 ALLEN, PAUL E.

Date Released Entity Name

08/12/2009 ALL CARE CONSULTANTS

3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309

(954) 748-2800

Date Released Entity Name

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Date Released Entity Name

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101 SUN AVE. NE ATTN: SUE SMITH

ALBUQUERQUE, NM 87109

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Date Released Entity Name

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Date Released Entity Name

01/03/2011 SELF-QUERIER

Date Released Entity Name

06/09/2011 MAXIM PHYSICIAN RESOURCES

5001 LYNDON B JOHNSON FWY STE 900

DALLAS, TX 75244

(888) 800-1853



DCN: 5500000036582710 Process Date: 02/21/2005

Page: 4 of 5 ALLEN, PAUL E.

Date Released Entity Name

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1030 MATHESON WAY JOHNS CREEK, GA 30022

(770) 663-9988

Date Released Entity Name

11/30/2011 MAXIM PHYSICIAN RESOURCES

5001 LYNDON B JOHNSON FWY STE 900

DALLAS, TX 75244

(888) 800-1853

Date Released Entity Name

02/14/2013 THE HEALING STAFF

10100 REUNION PLACE #750 SAN ANTONIO, TX 78216

(210) 299-7623

Date Released Entity Name

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4411 SUWANEE DAM RD STE 120

SUWANEE, GA 30024

(770) 904-5012

Date Released Entity Name

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900 ROCKMEAD DRIVE, SUITE 274

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Date Released Entity Name

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1030 MATHESON WAY JOHNS CREEK, GA 30022

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Date Released Entity Name

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211 PERIMETER CENTER PKWY NE STE 800

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DCN: 5500000036582710 Process Date: 02/21/2005

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Date Released Entity Name

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200 BRICKSTONE SQ ANDOVER, MA 01810

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Date Released Entity Name

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1100 CIRCLE 75 PKWY SE STE 1100

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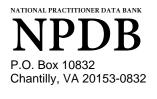
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Date Released Entity Name

12/01/2016 SELF-QUERIER



DCN: 5500000028051445 Process Date: 12/09/2002

Page: 1 of 2 ALLEN, PAUL E

ALLEN, PAUL E

GEORGIA INSURERS INSOLVENCY POOL

MEDICAL MALPRACTICE PAYMENT REPORT **Date of Action:** 12/04/2002

Initial Action

Basis for Initial Action

- SETTLEMENT - UNKNOWN

A. REPORTING **ENTITY**

Entity Name: GEORGIA INSURERS INSOLVENCY POOL *

Address: 2177 FLINTSTONE DR., SUITE R

City, State, Zip: TUCKER, GA 30084

Country:

Name or Office: ROBERT KNUTSON

Title or Department: CLAIMS ADJUSTER

Telephone: (770) 621-9835 Ext. 237

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The NPDB has no additional information regarding this entity.

B. SUBJECT

IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ALLEN, PAUL E

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/23/1950

Organization Name: Work Address:

City, State, ZIP:

Home Address: 44 DEERLAKE DRIVE

BOX 271

City, State, ZIP: BOLINGBROKE, GA 31004

Deceased: NO

Social Security Numbers (SSN): ***-**-8074

Professional School(s) & Year(s) of Graduation: STATE UNIVERSITY OF NEW YORK (1976)

HARLEM HOSPITAL CENTER (1977)

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

State License Number, State of Licensure: 028490, GA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 12/09/2002

Act/Omission Code: DIAGNOSIS: WRONG DIAGNOSIS OR MISDIAGNOSIS (020)

Date of Act/Omission: 02/06/1998 Payment Date: 12/04/2002

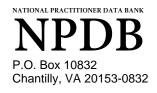
Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 175,000.00 Total Amount of Judgment or Settlement: \$ 175,000.00

Payment Result of: SETTLEMENT

Number of Practitioners for Whom Payment is Made: 1

Relationship of Entity to the Practitioner: OTHER



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Date of Judgment/Settlement: 12/04/2002

Adjudicative Case Number: Adjudicative Body Name: Court File Number:

Reporter's Description of Act or Omission: JULIE NELSON, AGE 72 DIED AS A RESULT OF A MISDIAGNOSIS

- DEATH DUE TO BOWEL PERFERATION

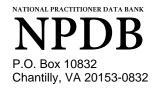
Reporter's Description of the Judgment or Settlement: CLAIM SETTLED WITHOUT VERDICT - COMPROMISED SETTLEMENT

OF \$175000. GEORGIA INSOLVENCY POOL PAID \$100000

| | | STATUTORY LIMITS AND MISSOURI INSOLVENCY POOL PAID 75000 ADDITIONAL ON BEHALF OF DR. ALLEN'S EMPLOYER SYNERGON. |
|-------------------------|--|---|
| 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 | This report has been disputed At the request of the subject id U.S. Department of Health and reporting requirements. No de At the request of the subject id Department of Health and Hur the Secretary reconsider the co | 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 |
| | d under the provisions of: Title | IV e National Practitioner Data Bank for restricted use under the |

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 =



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ALLEN, PAUL E

DISCLOSURE HISTORY

Report Number: 5500000028051445

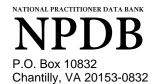
F. DISCLOSURE HISTORY

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 |
|---------------|--|
| 01/10/2003 | SELF-QUERIER |
| Date Released | Entity Name |
| 02/04/2003 | SPALDING REGIONAL HOSPITAL 601 S 8TH ST PO DRAWER V GRIFFIN, GA 30224 (770) 229-6462 |
| Date Released | Entity Name |
| 05/22/2003 | OCONEE REGIONAL MEDICAL CENTER 821 N COBB ST MILLEDGEVILLE, GA 31061 (478) 454-3553 |
| Date Released | Entity Name |
| 02/08/2005 | OCONEE REGIONAL MEDICAL CENTER 821 N COBB ST MILLEDGEVILLE, GA 31061 (478) 454-3553 |
| Date Released | Entity Name |
| 01/19/2006 | UNITED EMERGENCY SERVICES, INC. 3211 SHANNON ROAD, SUITE 300 DURHAM, NC 27707 |

(800) 291-4020



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Date Released Entity Name

02/22/2006 OCONEE REGIONAL MEDICAL CENTER

821 N COBB ST

MILLEDGEVILLE, GA 31061

(478) 454-3553

Date Released Entity Name

03/07/2006 PHOEBE SUMTER MEDICAL CENTER, INC.

126 US HIGHWAY 280 W AMERICUS, GA 31719

(229) 931-1129

Date Released Entity Name

05/10/2006 MONROE COUNTY HOSPITAL

88 M. L. KING, JR., DRIVE FORSYTH, GA 31029

(478) 994-2521

Date Released Entity Name

05/12/2006 HOSPITAL PHYSICIAN PARTNERS

300 S PARK RD STE 400 HOLLYWOOD, FL 33021

(800) 815-8377

Date Released Entity Name

05/19/2006 UPSON REGIONAL MEDICAL CENTER

801 W GORDON ST P. O. BOX 1059

THOMASTON, GA 30286

(706) 647-8111

Date Released Entity Name

08/03/2006 NEW YORK STATE DEPARTMENT OF HEALTH

150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204

(518) 402-0810

Date Released Entity Name

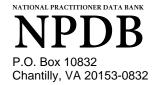
05/04/2009 VISTA HEALTHCARE PARTNERS, INC.

1735 N BROWN RD

SUTE 200

LAWRENCEVILLE, GA 30043

(678) 218-4040



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Date Released Entity Name

06/09/2009 SCHUMACHER CLINICAL PARTNERS

200 CORPORATE BLVD LAFAYETTE, LA 70508

(800) 893-9698

Date Released Entity Name

07/10/2009 WHITAKER MEDICAL

INFORMATION SERVICES

1200 ENCLAVE PARKWAY, SUITE 200

HOUSTON, TX 77077

(281) 870-1000

Date Released Entity Name

07/15/2009 COMMUNITY HEALTH CARE SYSTEMS, INC.

116 SMITH ST P O BOX 365

TENNILLE, GA 31089

(478) 552-7384

Date Released Entity Name

08/12/2009 ALL CARE CONSULTANTS

3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309

(954) 748-2800

Date Released Entity Name

12/01/2009 COFFEE REGIONAL MEDICAL CENTER

1101 OCILLA RD

DOUGLAS, GA 31533

(912) 384-1900

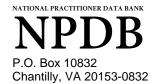
Date Released Entity Name

12/15/2009 SUN HEALTHCARE GROUP, INC.

101 SUN AVE. NE ATTN: SUE SMITH

ALBUQUERQUE, NM 87109

(505) 468-2382



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Date Released Entity Name

12/17/2009 STERLING MEDICAL ASSOCIATES

411 OAK ST

CINCINNATI, OH 45219

(513) 984-1800

Date Released Entity Name

02/25/2010 COFFEE REGIONAL MEDICAL CENTER

1101 OCILLA RD

DOUGLAS, GA 31533

(912) 384-1900

Date Released Entity Name

01/03/2011 SELF-QUERIER

Date Released Entity Name

06/09/2011 MAXIM PHYSICIAN RESOURCES

5001 LYNDON B JOHNSON FWY STE 900

DALLAS, TX 75244

(888) 800-1853

Date Released Entity Name

07/22/2011 LOCUM TENENS USA, INC.

1030 MATHESON WAY

JOHNS CREEK, GA 30022

(770) 663-9988

Date Released Entity Name

11/30/2011 MAXIM PHYSICIAN RESOURCES

5001 LYNDON B JOHNSON FWY STE 900

DALLAS, TX 75244

(888) 800-1853

Date Released Entity Name

02/14/2013 THE HEALING STAFF

10100 REUNION PLACE #750 SAN ANTONIO, TX 78216

(210) 299-7623



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Date Released Entity Name

04/19/2013 MEDCARE STAFFING, INC.

4411 SUWANEE DAM RD STE 120

SUWANEE, GA 30024

(770) 904-5012

Date Released Entity Name

05/13/2013 ALLIANCE RECRUITING RESOURCES

900 ROCKMEAD DRIVE, SUITE 274

KINGWOOD, TX 77339

(800) 759-8203

Date Released Entity Name

12/26/2014 LOCUM TENENS USA, INC.

1030 MATHESON WAY

JOHNS CREEK, GA 30022

(770) 663-9988

Date Released Entity Name

03/05/2015 WELLCARE OF GEORGIA INC.

211 PERIMETER CENTER PKWY NE STE 800

ATLANTA, GA 30346

(813) 206-3839

Date Released Entity Name

03/16/2015 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7514

Date Released Entity Name

04/03/2015 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

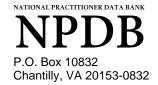
(603) 541-2389

Date Released Entity Name

04/06/2015 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946



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Date Released Entity Name

08/24/2015 PEACH STATE HEALTH PLAN

1100 CIRCLE 75 PKWY SE STE 1100

ATLANTA, GA 30339

(678) 556-2332

Date Released Entity Name

08/26/2016 GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2 PEACHTREE ST NW FL 5 PROVIDER ENROLLMENT ATLANTA, GA 30303

(404) 651-5191

Date Released Entity Name

11/08/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

12/01/2016 SELF-QUERIER