

5500000157681194

Process Date: 03/04/2020

Page: 1 of 1

To: MATT, MARYKAREN

7907 BLACK HORSE CV

MISSOURI CITY, TX 77459-4677

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

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

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

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

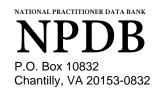
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud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

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

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

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever 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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MATT, MARYKAREN - SELF-QUERY RESPONSE

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

Practitioner Name: MATT, MARYKAREN

 Date of Birth:
 06/07/1967
 Gender:
 FEMALE

 Delivery Address:
 7907 BLACK HORSE CV, MISSOURI CITY, TX 77459-4677

 Social Security Number:
 ***-**-0184
 DEA:
 FM5889336

 NPI:
 1316040322
 FEIN:
 760476838

 License:
 DENTIST, 17150, TX, GENERAL DENTISTRY (NO SPECIALTY)

Professional School(s): MCGOVERN MEDICAL SCHOOL AT THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT

HOUSTON (1993)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXX4382 (02/2025)

NPDB Charge: \$4.00 NPDB Bill Reference Number: N67728332
Transaction Date: 03/04/2020 Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/04/2020

The following report types have been searched:

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

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

TEXAS STATE BOARD OF DENTAL EXAMINERS

STATE LICENSURE

Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS - FAILURE TO MAINTAIN ADEQUATE OR

ACCURATE RECORDS

Initial Action: - REPRIMAND OR CENSURE Date of Action: 07/14/2017

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

DCN: 5500000126440152

TEXAS STATE BOARD OF DENTAL EXAMINERS

STATE LICENSURE

Basis for Action: - SUBSTANDARD OR INADEQUATE CARE

Initial Action: - REPRIMAND OR CENSURE Date of Action: 04/27/2012

DCN: 5500000075131089

TEXAS STATE BOARD OF DENTAL EXAMINERS

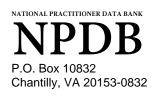
STATE LICENSURE

Basis for Action: - SUBSTANDARD OR INADEQUATE CARE

Initial Action: - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT Date of Action: 08/20/2010

FOR DETAILS

DCN: 5500000064022105

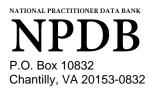


5500000157681194

Process Date: 03/04/2020

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



DCN: 5500000126440152 Process Date: 08/09/2017

Page: 1 of MARYKAREN, MATT

MARYKAREN, MATT

TEXAS STATE BOARD OF DENTAL EXAMINERS

STATE LICENSURE ACTION

Initial Action

- REPRIMAND OR CENSURE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

Basis for Initial Action

Date of Action: 07/14/2017

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS
- FAILURE TO MAINTAIN ADEQUATE OR ACCURATE

RECORDS

A. REPORTING **ENTITY**

Entity Name: TEXAS STATE BOARD OF DENTAL EXAMINERS

Address: 333 GUADALUPE ST STE 800

TOWER 3

City, State, Zip: AUSTIN, TX 78701-3938

Country:

Name or Office: AMANDA LAFUENTE Title or Department: EXECUTIVE ASSISTANT

Telephone: (512) 305-9332

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: MARYKAREN, MATT

Other Name(s) Used:

Gender: MALE

Date of Birth: 06/07/1967

Organization Name:

Work Address: City, State, ZIP:

Organization Type:

Home Address: 6750 WEST LOOP S STE 680 City, State, ZIP: BELLAIRE, TX 77401-4116

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: THE UNIVERSITY OF TEXAS SCHOOL OF DENTISTRY AT HOUSTON (1993)

Occupation/Field of Licensure: DENTIST

State License Number, State of Licensure: 17150, TX

Specialty: GENERAL DENTISTRY (NO SPECIALTY)

Drug Enforcement Administration (DEA) Numbers:

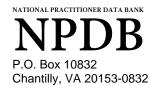
Unique Physician Identification Numbers (UPIN):

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:



DCN: 5500000126440152 Process Date: 08/09/2017

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Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE

Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: FAILURE TO MEET THE MINIMUM STANDARD OF CARE

FAILURE TO MAINTAIN ADEQUATE OR ACCURATE RECORDS (50)

Name of Agency or Program That Took the Adverse Action

Specified in This Report: TEXAS STATE BOARD OF DENTAL EXAMINERS

Adverse Action

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

PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

Date Action Was Taken: 07/14/2017 Date Action Became Effective: 07/14/2017 Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 9,060.00

Is Subject Automatically Reinstated After

Adverse Action Period Is Completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken

by Reporting Entity: As described in the Orders dated August 20, 2010, and April 27,2012, is incorporated by reference as part of this ASO. During the time period from January 13, 2015, through February 20, 2015, Respondent fell below the minimum standard of care in the dental treatment of a patient. Specifically, Respondent: a. on January 27, 2015, inaccurately documented that old amalgam restorations were removed from teeth numbers 5 and 12, and crown build ups were placed on the teeth, when this treatment was never performed; b. failed to meet the minimum standard of care in the placement and cementation of veneers on teeth numbers 6-11; and c. placed a crown on tooth number 12 with an open distal margin.5. On January 27, 2015, Respondent fell below the minimum standard of care by failing to make, maintain, and keep adequate dental records onthe patient. Specifically, the records do not include the type of local anesthetic used, the concentration of epinephrine used, or the total number of carpules used.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of Patient(s)?: NO

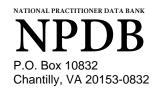
Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT **STATEMENT**

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

Date Submitted: 12/28/2018

This case involved placing Lumineers in combination with crowns on a patient. The patient's initial visit consisted of consultation regarding cosmetic treatment of his upper front teeth. He stated that he wanted to have veneers done; however, that he does not want his teeth cut down for veneers. We discussed the option of Lumineers as an alternative treatment. He consented to treat his upper front teeth with Lumineers and crowns on teeth #5 and #12. The treatment was successfully completed on 2/12/15 and the patient stated he was happy with the appearance of



DCN: 5500000126440152 Process Date: 08/09/2017

Page: 3 of 4 MARYKAREN, MATT

the Lumineers. On 2/17/15 the patient contacted the office stating that two of his Lumineers had come off. I requested the patient to come into the office immediately and he declined. He stated that his schedule was full and that he would have to schedule on the following week. The patient was scheduled for 2/20/15. Unfortunately, on February 20th, 2015, the office calendar was overly busy and little behind schedule. As soon as the office recognized that we were behind schedule, a courtesy call was placed to the patient indicating that the office was behind schedule. The patient commented that he understood and not worry. The patient arrived thirty minutes ahead of his scheduled appointment. Upon being greeted by the staff, the patient was informed that the office would still treat him; although, we were still running behind schedule. At this point, the demeanor of the patient changed radically. He became aggressive, verbally and physically threatening the office staff. The office staff contacted security and the patient was escorted out of the office. Soon thereafter, the office staff received a citation from the City of Bellaire for an alleged abusive misdemeanor against this patient. We believed the patient filed these erroneous charges in an effort to retaliate for being escorted out of the office. The office staff with counsel went to trial September 8, 2015. They were acquitted with a verdict of not guilty. Subsequent to these events, the office received notice February 2017 from the TSBDE of a claim being filed by the patient. Upon review by the TSBDE, the board members present agreed that the treatment rendered was reasonable and that adverse action specified was not based on the subjects professional competency or conduct. During the hearing, I noted that there was an omission of the amount of anesthetic used and documented on the patient's chart. I accepted the board's assessment of inadequate record keeping. I implemented a new policy standard that has been maintained to date by me and all the office staff. The policy is that only dentists and hygienists may write up chart notes.

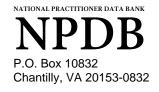
| E. REPORT STATUS | Unless a box below is checked, the | subject of this report identified in Section B has not contested this report. |
|------------------|---------------------------------------|--|
| | This report has been disputed | by the subject identified in Section B. |
| | | entified in Section B, this report is being reviewed by the Secretary of the Human Services to determine its accuracy and/or whether it complies with cision 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 rtment of Health and Human Services. The Secretary's decision |
| | Date of Original Submission: | 08/09/2017 |
| | Date of Most Recent Change: | 08/09/2017 |

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

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

National Provider Identifiers (NPI): 1316040322

Drug Enforcement Administration (DEA) Numbers: FM5889336



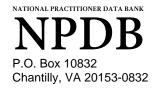
DCN: 5500000126440152 Process Date: 08/09/2017

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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



DCN: 5500000126440152 Process Date: 08/09/2017

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DISCLOSURE HISTORY

Report Number: 5500000126440152

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 | |
| 09/27/2017 | PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716 | |
| Date Released | Entity Name | |
| 08/28/2018 | SELF-QUERIER | |
| Date Released | Entity Name | |
| 09/19/2018 | PHYSICIAN RESOURCES, INC. 1818 MEMORIAL DRIVE, SUITE 200 HOUSTON, TX 77007 (713) 522-5355 | |
| Date Released | Entity Name | |
| 10/15/2018 | PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716 | |
| Date Released | Entity Name | |
| 02/27/2019 | SELF-QUERIER | |
| Date Released | Entity Name | |
| 06/05/2019 | TEXAS STATE BOARD OF DENTAL EXAMINERS 333 GUADALUPE ST STE 800 TOWER 3 AUSTIN, TX 78701 | |
| | | |

(512) 305-9380



DCN: 5500000126440152 Process Date: 08/09/2017

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Date Released Entity Name

10/07/2019 PRINCIPAL FINANCIAL GROUP, INC.
711 HIGH ST 750-7A

DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

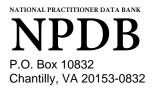
10/22/2019 DENTISTAT/IDOA

1688 DELL AVE STE 210 CAMPBELL, CA 95008

(408) 376-0336

Date Released Entity Name

03/04/2020 SELF-QUERIER



DCN: 5500000075131089 Process Date: 05/24/2012

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MATT, MARYKAREN

TEXAS STATE BOARD OF DENTAL EXAMINERS

STATE LICENSURE ACTION

- REPRIMAND OR CENSURE

Basis for Initial Action

Date of Action: 04/27/2012

Initial Action

- SUBSTANDARD OR INADEQUATE CARE

A. REPORTING **ENTITY**

Entity Name: TEXAS STATE BOARD OF DENTAL EXAMINERS *

Address: TOWER 3, SUITE 800

333 GUADALUPE

City, State, Zip: AUSTIN, TX 78701

Country:

Name or Office: KATHERINE BLANCHARD

Title or Department: ADMINISTRATIVE ASSISTANT II

Telephone: (512) 305-6736

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 04/17/2019:

Entity Name: TEXAS STATE BOARD OF DENTAL EXAMINERS

Address: 333 GUADALUPE ST STE 800

TOWER 3

City, State, Zip: AUSTIN, TX 78701-3938

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: MATT, MARYKAREN

Other Name(s) Used:

Gender: FEMALE Date of Birth: 06/07/1967

Organization Name:

Work Address: City, State, ZIP: Organization Type:

> Home Address: 6750 WEST LOOP SOUTH City, State, ZIP: BELLAIRE, TX 77401

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-0184

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

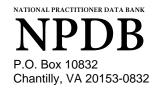
Professional School(s) & Year(s) of Graduation: UT HOUSTON (1993)

Occupation/Field of Licensure: DENTIST

State License Number, State of Licensure: 17150, TX

Specialty: UNKNOWN

Drug Enforcement Administration (DEA) Numbers: Unique Physician Identification Numbers (UPIN):



DCN: 5500000075131089 **Process Date:** 05/24/2012

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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: SUBSTANDARD OR INADEQUATE CARE (F6)

Name of Agency or Program
That Took the Adverse Action

Specified in This Report: SBDE

Adverse Action

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

Date Action Was Taken: 04/27/2012
Date Action Became Effective: 04/27/2012
Length of Action: INDEFINITE

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 3,907.50

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:

ON OR ABOUT AUGUST 3, 2010, RESPONDENT FELL BELOW THE MINIMUM STANDARD OF CARE IN THE DENTAL TREATMENT OF PATIENT S.S. SPECIFICALLY, RESPONDENT DID NOT PROPERLY SEAT CROWNS ON TEETH NUMBERS 4, 5, AND 19 AND LEFT OPEN

MARGINS

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

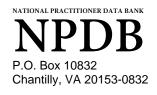
Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

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

Date Submitted: 12/28/2018

Date of Board Action: 4/27/2012 Dates patient treated: August 3, 2010 Treatment Specifics: The second case involved a young lady I fabricated crowns for teeth twelve and thirteen. I know that when the crowns were cemented, that they moved upon patient biting and caused the lingual margin to become open. Upon cleaning the cement off the crowns, I informed the patient that the crowns would need to be remade because they moved as the cement set. I did explain to her, that the crowns would function well as temporary crowns until she was ready to have them removed. She decided to leave the practice and was told by another dentist that the crowns would need to be remade along with another crown (tooth eighteen). A tooth I had not treated. Last year is when I became aware that this case went to the state board. At the time I treated this patient, I had an office manager (name removed to be in accordance with NPDB) who received this complaint, filled out and filed the papers to the state board, and did not notify me that there was a complaint. From some investigation, I have found that she accessed my dentaltown.com login and completed the requested CE and filed everything with the state board. I know this sounds extreme. However, this woman stole my identity in ways that are hard to imagine. I did pursue a case with the DA in Harris county regarding her and can give you that case number if necessary along with testimonies from those who have helped me to correct problems associated with this identity theft. I did try to

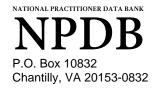


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| | explain this situation to the members of the state board, and they stated that once a case is closed it cannot be reopend. I believe if I was given an opportunity to present this case to the state board, that the outcome would have been different. |
|---|---|
| E. REPORT STATUS | Unless a box below is checked, the subject of this report identified in Section B has not contested this report. |
| | This report has been disputed by the subject identified in Section B. |
| | At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached. |
| | At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision. |
| | At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below: |
| | Date of Original Submission: 05/24/2012 |
| | Date of Most Recent Change: 05/24/2012 |
| F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK | The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report. |
| | National Provider Identifiers (NPI): 1316040322 |
| Drug Enforc | ement Administration (DEA) Numbers: FM5889336 |
| This report is maintaine | ed under the provisions of: Title IV; Section 1921 |
| The information contained provisions of Title IV of Prinformation is confidential | d in this report is maintained by the National Practitioner Data Bank for restricted use under the ublic Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All I and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential poses is a violation of federal law. For additional information or clarification, contact the reporting entity |

END OF REPORT



DCN: 5500000075131089 Process Date: 05/24/2012

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DISCLOSURE HISTORY

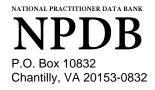
Report Number: 5500000075131089

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 | |
|---------------|--|--|
| 08/02/2012 | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403 | |
| Date Released | Entity Name | |
| 08/28/2012 | DENTAL NETWORK OF AMERICA 701 E 22ND ST STE 300 LOMBARD, IL 60148 (630) 284-9655 | |
| Date Released | Entity Name | |
| 12/28/2012 | GOVERNMENT EMPLOYEES HEALTH ASSOC. INC CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-5500 | |
| Date Released | Entity Name | |
| 03/06/2013 | PRINCIPAL DENTAL SERVICES 3430 E SUNRISE DR STE 160 TUCSON, AZ 85718 (520) 696-4300 | |
| Date Released | Entity Name | |
| 10/22/2013 | GUARDIAN LIFE INSURANCE 605 E HOLLAND AVE SPOKANE, WA 99218 (509) 468-6333 | |



DCN: 5500000075131089 Process Date: 05/24/2012

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Date Released Entity Name

10/22/2013 DENTISTAT/IDOA

1688 DELL AVE STE 210 CAMPBELL, CA 95008

(408) 376-0336

Date Released Entity Name

03/06/2014 PRINCIPAL FINANCIAL GROUP, INC.

711 HIGH ST 750-7A DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

08/05/2014 C.G.L.I.C. - EASTERN DENTAL REGION

1571 SAWGRASS CORPORATE PKWY STE 140

SUNRISE, FL 33323

(954) 514-6609

Date Released Entity Name

11/28/2014 SELF-QUERIER

Date Released Entity Name

03/06/2015 PRINCIPAL FINANCIAL GROUP, INC.

711 HIGH ST 750-7A

DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

04/02/2015 UNITED CONCORDIA COMPANIES INC

4401 DEER PATH RD HARRISBURG, PA 17110

(717) 260-7376

Date Released Entity Name

08/10/2015 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403



DCN: 5500000075131089 Process Date: 05/24/2012

Page: 3 of 4 MATT, MARYKAREN

Date Released Entity Name

09/14/2015 PRINCIPAL FINANCIAL GROUP, INC.

711 HIGH ST 750-7A DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

10/11/2016 GUARDIAN LIFE INSURANCE

605 E HOLLAND AVE SPOKANE, WA 99218

(509) 468-6333

Date Released Entity Name

09/27/2017 PRINCIPAL FINANCIAL GROUP, INC.

711 HIGH ST 750-7A DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

08/28/2018 SELF-QUERIER

Date Released Entity Name

09/19/2018 PHYSICIAN RESOURCES, INC.

1818 MEMORIAL DRIVE, SUITE 200

HOUSTON, TX 77007

(713) 522-5355

Date Released Entity Name

10/15/2018 PRINCIPAL FINANCIAL GROUP, INC.

711 HIGH ST 750-7A DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

02/27/2019 SELF-QUERIER

Date Released Entity Name

06/05/2019 TEXAS STATE BOARD OF DENTAL EXAMINERS

333 GUADALUPE ST STE 800

TOWER 3

AUSTIN, TX 78701 (512) 305-9380



DCN: 5500000075131089 Process Date: 05/24/2012

Page: 4 of 4 MATT, MARYKAREN

| Date Released | Entity Name |
|---------------|-------------|
| 10/07/00/10 | DDINGIBAL E |

10/07/2019 PRINCIPAL FINANCIAL GROUP, INC.

711 HIGH ST 750-7A DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

10/22/2019 DENTISTAT/IDOA

1688 DELL AVE STE 210 CAMPBELL, CA 95008

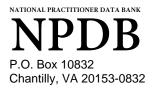
(408) 376-0336

Date Released

Entity Name

03/04/2020

SELF-QUERIER



DCN: 5500000064022105 Process Date: 08/25/2010

Date of Action: 08/20/2010

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MATT, MARYKAREN C.

TEXAS STATE BOARD OF DENTAL EXAMINERS

STATE LICENSURE ACTION

Initial Action Basis for Initial Action

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

- SUBSTANDARD OR INADEQUATE CARE

A. REPORTING **ENTITY**

Entity Name: TEXAS STATE BOARD OF DENTAL EXAMINERS *

Address: TOWER 3, SUITE 800 333 GUADALUPE

City, State, Zip: AUSTIN, TX 78701

Country:

Name or Office: Deborah Powell Title or Department: Legal Administrator

Telephone: (512) 475-0982 Entity Internal Report Reference: 08-0092-1002

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 04/17/2019:

Entity Name: TEXAS STATE BOARD OF DENTAL EXAMINERS

Address: 333 GUADALUPE ST STE 800

TOWER 3

City, State, Zip: AUSTIN, TX 78701-3938

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: MATT, MARYKAREN C.

Other Name(s) Used:

Gender: FEMALE Date of Birth: 06/07/1967

Organization Name:

Work Address: 7324 SW FREEWAY

SUITE 380

City, State, ZIP: HOUSTON, TX 77074

Organization Type: Home Address: City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-0184

Individual Taxpayer Identification Numbers (ITIN):

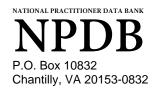
National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UT HOUSTON (1993)

Occupation/Field of Licensure: DENTIST State License Number, State of Licensure: 17150, TX

Specialty: GENERAL DENTISTRY (NO SPECIALTY)

Drug Enforcement Administration (DEA) Numbers:



DCN: 5500000064022105 Process Date: 08/25/2010

Page: 2 of 4 MATT, MARYKAREN C.

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: SUBSTANDARD OR INADEQUATE CARE (F6)

Name of Agency or Program

That Took the Adverse Action

Specified in This Report: TEXAS STATE BOARD OF DENTAL EXAMINERS

Adverse Action

Classification Code(s): OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified: WARNING
Date Action Was Taken: 08/20/2010
Date Action Became Effective: 08/20/2010

Length of Action: PERMANENT

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 3,889.00

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:

Respondent, MaryKaren Matt, DDS holds Dental License No. 17150. Respondent's license was initially issued on July 12, 1993 and was in full force and effect at all dates and times material and relevant to this Agreed Settlement Order.From January 2006 to March 2007, the

Respondent fell below the minimum standard of care in the root canal treatment on tooth number 5 for patient

S.H.

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

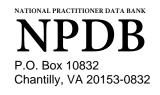
Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

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

Date Submitted: 12/28/2018

Date of Board Action: 8/20/2010. Dates patient treated: January 2006-March 2007. The patient initially presented to my office, in January 2006, with the chief complaint "I know my teeth are bad. I haven't taken care of them in over 10 years. I know it's going to be a lot of work. But I need to get them fixed." Upon exam, she had generalized rampant decay and generalized moderate periodontal disease. Her original treatment outline was to have root planing and scaling, treat her anterior maxillary teeth with root canals-post & cores and crowns, remove all of here severely decayed molars (teeth#1,2,3,14,15,16,17,18,19,30,31,32), and fabricate two partials. Her teeth were extracted, and while we waited on healing the maxillary anterior teeth were treated. During the year 2006, there were many delays in the patient's care due to the patient repeatedly not showing up for scheduled appointments. During her course of treatment, there were four times where she was prescribed Clindamycin 300mg three times a day. She was given Clindamycin as she was allergic to Penicillin and she reported that she could not



DCN: 5500000064022105 Process Date: 08/25/2010

Page: 3 of 4 MATT, MARYKAREN C.

take Erythromycin as it caused her gastric distress. During her last round of oral antibiotics, she reacted to the Clindamycin with hives. Upon contacting me, I informed her to go the nearest ER as her communicated symptoms were consistent with having a severe drug allergic reaction. The patient demonstrated a high level of frustration about having to go the emergency room. The next morning, the patient requested a full refund for treatment not completed as she believed I could have prevented the allergic reaction. The patient was given a full refund at that time for the partials which had been started but not completed. I encouraged the patient at that time to continue care with another dentist as soon as possible because she had no posterior stops and that without proper posterior stops, that the treatment on her front teeth would fail. This was the last communication that I had with the patient. Two and half years later I received notice from the state board that she had filed a complaint. Upon review by the TSBDE, the board members present agreed that the treatment rendered was reasonable. However, when reviewing her documented financial records, the board noticed that when the money was refunded to the patient, that the reason why the money was refunded was not clearly noted in her financial section of the patient's chart. The board said the chart was below the standard of care for record keeping. My conclusion to this finding is that the board assessed a reprimand that was unwarranted. They disregarded the fact that the patient was refunded money and that adequate patient care was provided.

| | - | | |
|------------------|---|--|--|
| E. REPORT STATUS | Unless a box below is checked, the | e subject of this report identified in Section B has not contested this report. | |
| | This report has been disputed | d by the subject identified in Section B. | |
| | | 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 lecision has been reached. | |
| | At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision. | | |
| | At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below: | | |
| | Date of Original Submission: | 08/25/2010 | |
| | Date of Most Recent Change: | 08/25/2010 | |
| C CUDDI EMENTAL | | | |

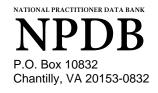
F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK

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

National Provider Identifiers (NPI): 1316040322 Drug Enforcement Administration (DEA) Numbers: FM5889336

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

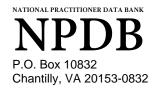
The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the 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.



DCN: 5500000064022105 Process Date: 08/25/2010

Page: 4 of 4 MATT, MARYKAREN C.

END OF REPORT —



DCN: 5500000064022105 Process Date: 08/25/2010

Page: 1 of 4 MATT, MARYKAREN C.

DISCLOSURE HISTORY

Report Number: 5500000064022105

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 |
|---------------|---|
| 11/24/2010 | DENTAL BENEFIT PROVIDERS 2300 CLAYTON RD STE 1000 CONCORD, CA 94520 (925) 363-6008 |
| Date Released | Entity Name |
| 12/03/2010 | DENTISTAT/IDOA 1688 DELL AVE STE 210 CAMPBELL, CA 95008 (408) 376-0336 |
| Date Released | Entity Name |
| 12/08/2010 | GUARDIAN LIFE INSURANCE 605 E HOLLAND AVE SPOKANE, WA 99218 (509) 468-6333 |
| Date Released | Entity Name |
| 08/02/2012 | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403 |
| Date Released | Entity Name |
| 08/28/2012 | DENTAL NETWORK OF AMERICA 701 E 22ND ST STE 300 LOMBARD, IL 60148 (630) 284-9655 |



Date Released

Date Released

03/06/2014

12/28/2012

DCN: 5500000064022105 Process Date: 08/25/2010

Page: 2 of 4 MATT, MARYKAREN C.

| | CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-5500 | |
|---------------|---|--|
| Date Released | Entity Name | |
| 03/06/2013 | PRINCIPAL DENTAL SERVICES 3430 E SUNRISE DR STE 160 TUCSON, AZ 85718 (520) 696-4300 | |
| Date Released | Entity Name | |
| 10/22/2013 | GUARDIAN LIFE INSURANCE 605 E HOLLAND AVE SPOKANE, WA 99218 (509) 468-6333 | |
| Date Released | Entity Name | |
| 10/22/2013 | DENTISTAT/IDOA | |

Entity Name

GOVERNMENT EMPLOYEES HEALTH ASSOC. INC

DES MOINES, IA 50392
(515) 235-1716

Date Released Entity Name

08/05/2014 C.G.L.I.C. - EASTERN DENTAL REGION
1571 SAWGRASS CORPORATE PKWY STE 140
SUNRISE, FL 33323

711 HIGH ST 750-7A

1688 DELL AVE STE 210 CAMPBELL, CA 95008

PRINCIPAL FINANCIAL GROUP, INC.

(408) 376-0336

Entity Name

(954) 514-6609

Date Released Entity Name

11/28/2014 SELF-QUERIER



DCN: 5500000064022105 Process Date: 08/25/2010

Page: 3 of 4 MATT, MARYKAREN C.

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Date Released Entity Name

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(717) 260-7376

Date Released Entity Name

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(860) 273-5403

Date Released Entity Name

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711 HIGH ST 750-7A DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

10/11/2016 GUARDIAN LIFE INSURANCE

605 E HOLLAND AVE SPOKANE, WA 99218

(509) 468-6333

Date Released Entity Name

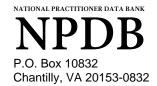
09/27/2017 PRINCIPAL FINANCIAL GROUP, INC.

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(515) 235-1716

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08/28/2018 SELF-QUERIER



DCN: 5500000064022105 Process Date: 08/25/2010

Page: 4 of 4 MATT, MARYKAREN C.

Date Released Entity Name

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1818 MEMORIAL DRIVE, SUITE 200

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Date Released Entity Name

10/15/2018 PRINCIPAL FINANCIAL GROUP, INC.

711 HIGH ST 750-7A

DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

02/27/2019 SELF-QUERIER

Date Released Entity Name

06/05/2019 TEXAS STATE BOARD OF DENTAL EXAMINERS

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TOWER 3

AUSTIN, TX 78701

(512) 305-9380

Date Released Entity Name

10/07/2019 PRINCIPAL FINANCIAL GROUP, INC.

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DES MOINES, IA 50392

(515) 235-1716

Date Released Entity Name

10/22/2019 DENTISTAT/IDOA

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(408) 376-0336

Date Released Entity Name

03/04/2020 SELF-QUERIER