

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

5500000157681194

Process Date: 03/04/2020

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**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.

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

**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:** XXXXXXXXXXXXX4382 (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
State Licensure Action(s):	<b>Yes, See Below</b>	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

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

# NPDB

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

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000126440152  
Process Date: 08/09/2017  
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MARYKAREN, MATT**MARYKAREN, MATT****TEXAS STATE BOARD OF DENTAL EXAMINERS****STATE LICENSURE ACTION****Date of Action: 07/14/2017****Initial Action****Basis for Initial Action**

- REPRIMAND OR CENSURE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

- 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): \*\*\*-\*\*-0184

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) &amp; 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:

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MARYKAREN, MATT

## 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 on the 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

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.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/09/2017

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

# NPDB

P.O. Box 10832  
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MARYKAREN, MATT

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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.

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**END OF REPORT**

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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
08/28/2018	SELF-QUERIER
09/19/2018	PHYSICIAN RESOURCES, INC. 1818 MEMORIAL DRIVE, SUITE 200 HOUSTON, TX 77007 (713) 522-5355
10/15/2018	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
02/27/2019	SELF-QUERIER
06/05/2019	TEXAS STATE BOARD OF DENTAL EXAMINERS 333 GUADALUPE ST STE 800 TOWER 3 AUSTIN, TX 78701 (512) 305-9380



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**Date Released**

10/07/2019

**Entity Name**PRINCIPAL FINANCIAL GROUP, INC.  
711 HIGH ST 750-7A  
DES MOINES, IA 50392  
(515) 235-1716

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**Date Released**

10/22/2019

**Entity Name**DENTISTAT/IDOA  
1688 DELL AVE STE 210  
CAMPBELL, CA 95008  
(408) 376-0336

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**Date Released**

03/04/2020

**Entity Name**

SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000075131089  
Process Date: 05/24/2012  
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MATT, MARYKAREN**MATT, MARYKAREN****TEXAS STATE BOARD OF DENTAL EXAMINERS****STATE LICENSURE ACTION****Date of Action: 04/27/2012****Initial Action****Basis for Initial Action**

- REPRIMAND OR CENSURE

- 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) &amp; 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):

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MATT, MARYKARENName(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  
MARGINSIs 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.

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- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 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 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.

**END OF REPORT**

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MATT, MARYKAREN

## 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**

08/02/2012

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 273-5403**Date Released**

08/28/2012

**Entity Name**DENTAL NETWORK OF AMERICA  
701 E 22ND ST STE 300  
LOMBARD, IL 60148  
(630) 284-9655**Date Released**

12/28/2012

**Entity Name**GOVERNMENT EMPLOYEES HEALTH ASSOC. INC  
CREDENTIALING DEPARTMENT  
310 N.E. MULBERRY STREET  
LEE'S SUMMIT, MO 64086  
(816) 257-5500**Date Released**

03/06/2013

**Entity Name**PRINCIPAL DENTAL SERVICES  
3430 E SUNRISE DR STE 160  
TUCSON, AZ 85718  
(520) 696-4300**Date Released**

10/22/2013

**Entity Name**GUARDIAN LIFE INSURANCE  
605 E HOLLAND AVE  
SPOKANE, WA 99218  
(509) 468-6333

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Date Released	Entity Name
10/22/2013	DENTISTAT/IDOA 1688 DELL AVE STE 210 CAMPBELL, CA 95008 (408) 376-0336
03/06/2014	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
08/05/2014	C.G.L.I.C. - EASTERN DENTAL REGION 1571 SAWGRASS CORPORATE PKWY STE 140 SUNRISE, FL 33323 (954) 514-6609
11/28/2014	SELF-QUERIER
03/06/2015	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
04/02/2015	UNITED CONCORDIA COMPANIES INC 4401 DEER PATH RD HARRISBURG, PA 17110 (717) 260-7376
08/10/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403

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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
10/11/2016	GUARDIAN LIFE INSURANCE 605 E HOLLAND AVE SPOKANE, WA 99218 (509) 468-6333
09/27/2017	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
08/28/2018	SELF-QUERIER
09/19/2018	PHYSICIAN RESOURCES, INC. 1818 MEMORIAL DRIVE, SUITE 200 HOUSTON, TX 77007 (713) 522-5355
10/15/2018	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
02/27/2019	SELF-QUERIER
06/05/2019	TEXAS STATE BOARD OF DENTAL EXAMINERS 333 GUADALUPE ST STE 800 TOWER 3 AUSTIN, TX 78701 (512) 305-9380

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000075131089  
**Process Date:** 05/24/2012  
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MATT, MARYKAREN

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**Date Released**

10/07/2019

**Entity Name**PRINCIPAL FINANCIAL GROUP, INC.  
711 HIGH ST 750-7A  
DES MOINES, IA 50392  
(515) 235-1716

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**Date Released**

10/22/2019

**Entity Name**DENTISTAT/IDOA  
1688 DELL AVE STE 210  
CAMPBELL, CA 95008  
(408) 376-0336

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**Date Released**

03/04/2020

**Entity Name**

SELF-QUERIER



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000064022105  
Process Date: 08/25/2010  
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MATT, MARYKAREN C.**MATT, MARYKAREN C.****TEXAS STATE BOARD OF DENTAL EXAMINERS****STATE LICENSURE ACTION****Date of Action: 08/20/2010****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) &amp; 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:

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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

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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 subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/25/2010

Date of Most Recent Change: 08/25/2010

**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.

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NATIONAL PRACTITIONER DATA BANK

# NPDB

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MATT, MARYKAREN C.

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END OF REPORT

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## 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**

11/24/2010

**Entity Name**DENTAL BENEFIT PROVIDERS  
2300 CLAYTON RD STE 1000  
CONCORD, CA 94520  
(925) 363-6008**Date Released**

12/03/2010

**Entity Name**DENTISTAT/IDOA  
1688 DELL AVE STE 210  
CAMPBELL, CA 95008  
(408) 376-0336**Date Released**

12/08/2010

**Entity Name**GUARDIAN LIFE INSURANCE  
605 E HOLLAND AVE  
SPOKANE, WA 99218  
(509) 468-6333**Date Released**

08/02/2012

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 273-5403**Date Released**

08/28/2012

**Entity Name**DENTAL NETWORK OF AMERICA  
701 E 22ND ST STE 300  
LOMBARD, IL 60148  
(630) 284-9655

**NPDB**P.O. Box 10832  
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MATT, MARYKAREN C.

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
03/06/2013	PRINCIPAL DENTAL SERVICES 3430 E SUNRISE DR STE 160 TUCSON, AZ 85718 (520) 696-4300
10/22/2013	GUARDIAN LIFE INSURANCE 605 E HOLLAND AVE SPOKANE, WA 99218 (509) 468-6333
10/22/2013	DENTISTAT/IDOA 1688 DELL AVE STE 210 CAMPBELL, CA 95008 (408) 376-0336
03/06/2014	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
08/05/2014	C.G.L.I.C. - EASTERN DENTAL REGION 1571 SAWGRASS CORPORATE PKWY STE 140 SUNRISE, FL 33323 (954) 514-6609
11/28/2014	SELF-QUERIER

**NPDB**P.O. Box 10832  
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MATT, MARYKAREN C.

Date Released	Entity Name
03/06/2015	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
04/02/2015	UNITED CONCORDIA COMPANIES INC 4401 DEER PATH RD HARRISBURG, PA 17110 (717) 260-7376
08/10/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
09/14/2015	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
10/11/2016	GUARDIAN LIFE INSURANCE 605 E HOLLAND AVE SPOKANE, WA 99218 (509) 468-6333
09/27/2017	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
08/28/2018	SELF-QUERIER

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02/27/2019	SELF-QUERIER
06/05/2019	TEXAS STATE BOARD OF DENTAL EXAMINERS 333 GUADALUPE ST STE 800 TOWER 3 AUSTIN, TX 78701 (512) 305-9380
10/07/2019	PRINCIPAL FINANCIAL GROUP, INC. 711 HIGH ST 750-7A DES MOINES, IA 50392 (515) 235-1716
10/22/2019	DENTISTAT/IDOA 1688 DELL AVE STE 210 CAMPBELL, CA 95008 (408) 376-0336
03/04/2020	SELF-QUERIER