NATIONAL PRACTITIONER DATA BANK

NPDB

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

https://www.npdb.hrsa.gov

5500000123256861
Process Date: 04/26/2017
Page: 1 of 1

To: WARNER, CLARENCE EMANUEL

14360 RIVERSIDE DR APT 211

SHERMAN OAKS, CA 91423-1772

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.

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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https://www.npdb.hrsa.gov

5500000123256861
Process Date: 04/26/2017
Page: 1 of 2

WARNER, CLARENCE EMANUEL - SELF-QUERY RESPONSE

A. Subject Information

Practitioner Name: WARNER, CLARENCE EMANUEL
Date of Birth: 10/26/1954 **Gender:** MALE
Delivery Address: 14360 RIVERSIDE DR APT 211, SHERMAN OAKS, CA 91423-1772
Social Security Number: ***-**-6505 **DEA:** FW4361832
NPI: 1396172110
License: PHYSICIAN (MD), G62334, CA, GENERAL PRACTICE/FAMILY PRACTICE
Professional School(s): HOWARD UNIVERSITY COLLEGE OF MEDICINE (1984)

B. Payment Information

Credit Card Information: XXXXXXXXXXXX2566 (04/2021)
NPDB Charge: $4.00* **NPDB Bill Reference Number:** N52487239
* Each charge will appear separately on your credit card statement.
Transaction Date: 04/26/2017 **Additional Paper Copies Requested:** 0

C. Results

The following report types have been searched:

Medical Malpractice Payment Report(s):	**Yes, See Below**	Health Plan Action(s):	No Reports
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):	No Reports	Peer Review Organization Action(s):	No Reports

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

Medical Malpractice Payment Report

Basis for Action: [illegible]

Initial Action: - PROBATION OF LICENSE **Date of Action:** 09/14/2012
DCN: 5500000077488920

State Licensure Action

Initial Action: - PROBATION OF LICENSE **Date of Action:** 11/07/2005
DCN: 5500000039421658
Subsequent Action: - EXTENSION OF PREVIOUS LICENSURE ACTION **Date of Action:** 12/06/2007
DCN: 5500000049160570

Medical Malpractice Payment Report

Initial Action: - SETTLEMENT **Date of Action:** 06/20/1996
DCN: 5500000003137718

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P.O. Box 10832
Chantilly, VA 20153-0832
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5500000123256861
Process Date: 04/26/2017

FREMONT INDEMNITY COMPANY
MEDICAL MALPRACTICE PAYMENT
Basis for Action: - UNKNOWN

Initial Action: - SETTLEMENT **Date of Action:** 10/25/1995
DCN: 5500000001299881

COASTAL PHYSICIAN GROUP, INC.
MEDICAL MALPRACTICE PAYMENT
Basis for Action: - UNKNOWN

Initial Action: - SETTLEMENT **Date of Action:** 11/09/1994
DCN: 5500000000183908

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

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WARNER, CLARENCE EMANUEL

MEDICAL BOARD OF CALIFORNIA

STATE LICENSURE ACTION

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

[redacted]

Entity Name: MEDICAL BOARD OF CALIFORNIA *
Address: 2005 EVERGREEN STREET, SUITE 1200
City, State, Zip: SACRAMENTO, CA 95815-3831
Country:
Name or Office: CHRISTINA HAYDON
Title or Department: DISCIPLINE COORDINATION UNIT
Telephone: (916) 263-2370
Entity Internal Report Reference: 27-2011-216968
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 report to the NPDB on 09/08/2015:

Entity Name: MEDICAL BOARD OF CALIFORNIA
Address: 2005 EVERGREEN ST STE 1200
City, State, Zip: SACRAMENTO, CA 95815-5401
Country:

[redacted]

Subject Name: WARNER, CLARENCE EMANUEL
Other Name(s) Used:
Gender: MALE
Date of Birth: 10/26/1954
Organization Name:
Work Address: 14360 RIVERSIDE DRIVE, #211
City, State, ZIP: SHERMAN OAKS, CA 91423
Organization Type:
Home Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-6505
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY COLLEGE OF MEDICINE (1984)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: G 62334, CA
Specialty: UNSPECIFIED
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.):

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Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE
Basis for Action:	OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified:	PETITION FOR REINSTATEMENT.
Name of Agency or Program That Took the Adverse Action Specified in This Report:	MEDICAL BOARD OF CALIFORNIA
Adverse Action Classification Code(s):	PROBATION OF LICENSE (1125)
Date Action Was Taken:	09/14/2012
Date Action Became Effective:	09/14/2012
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?:	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:	EFFECTIVE 12/06/07 LICENSE SURRENDERED; EFFECTIVE 09/14/12 LICENSE REINSTATED; CANNOT PRACTICE MEDICINE PENDING COMPLETION OF A CLINICAL TRAINING PROGRAM. FIVE YEARS PROBATION WITH VARIOUS TERMS AND CONDITONS. DURING PROBATION, DR. WARNER IS PROHIBITED FROM SUPERVISING PHYSICIAN ASSISTANTS.
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.

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.

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DCN: 5500000077488920
Process Date: 09/25/2012
Page: 3 of 3
WARNER, CLARENCE EMANUEL

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

Date of Original Submission: 09/25/2012
Date of Most Recent Change: 09/25/2012

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: 5500000039421658
Process Date: 10/18/2005
Page: 1 of 3
WARNER, CLARENCE EMANUEL

WARNER, CLARENCE EMANUEL

MEDICAL BOARD OF CALIFORNIA

STATE LICENSURE ACTION — **Date of Action: 11/07/2005**

Initial Action	Basis for Initial Action
- PROBATION OF LICENSE	- NEGLIGENCE - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

This action has related reports:

Initial Action:	**[This Action]**		
Subsequent Action:	- EXTENSION OF PREVIOUS LICENSURE ACTION	**Date of Action:** 12/06/2007	**DCN:** 5500000049160570

A. REPORTING ENTITY

Entity Name: MEDICAL BOARD OF CALIFORNIA *
Address: 1426 HOWE AVENUE, SUITE 93
City, State, Zip: SACRAMENTO, CA 95825
Country:
Name or Office: CHRISTINA HAYDON
Title or Department: DISCIPLINE COORDINATION UNIT
Telephone: (916) 263-2370
Entity Internal Report Reference: 05-2000-113172
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 reporte to the NPDB on 09/08/2015:

Entity Name: MEDICAL BOARD OF CALIFORNIA
Address: 2005 EVERGREEN ST STE 1200
City, State, Zip: SACRAMENTO, CA 95815-5401
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WARNER, CLARENCE EMANUEL
Other Name(s) Used:
Gender: MALE
Date of Birth: 10/26/1954
Organization Name:
Work Address: 7301 SEPULVEDA BLVD., SUITE 1
City, State, ZIP: VAN NUYS, CA 91405
Organization Type:
Home Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-6505
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY COLLEGE OF MEDICINE (1984)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: G 62334, CA

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P.O. Box 10832
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https://www.npdb.hrsa.gov

DCN: 5500000039421658
Process Date: 10/18/2005
Page: 2 of 3
WARNER, CLARENCE EMANUEL

Specialty: UNSPECIFIED
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):

Type of Adverse Action: STATE LICENSURE
Basis for Action: NEGLIGENCE (13)
OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified: PRESCRIBING TO OR TREATING AN ADDICT.
OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified: PRESCRIBING WITHOUT A MEDICAL EXAM.
OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified: FAILURE TO MAINTAIN ADEQUATE MEDICAL RECORDS.
Name of Agency or Program That Took the Adverse Action Specified in This Report: MEDICAL BOARD OF CALIFORNIA
Adverse Action Classification Code(s): PROBATION OF LICENSE (1125)
Date Action Was Taken: 10/08/2005
Date Action Became Effective: 11/07/2005
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?: 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: REVOKED, STAYED, FIVE YEARS PROBATION. RESTRICTIONS: PARTIAL CONTROLLED SUBSTANCE RESTRICTIONS & PROHIBITED FROM SUPERVISING PHYSICIAN ASSISTANTS.

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.

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

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

https://www.npdb.hrsa.gov

DCN: 5500000039421658
Process Date: 10/18/2005
Page: 3 of 3
WARNER, CLARENCE EMANUEL

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: 10/18/2005
Date of Most Recent Change: 10/18/2005

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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DCN: 5500000049160570
Process Date: 12/24/2007
Page: 1 of 3
WARNER, CLARENCE EMANUEL

WARNER, CLARENCE EMANUEL

MEDICAL BOARD OF CALIFORNIA

STATE LICENSURE ACTION

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

This action has related reports:

Initial Action:	- PROBATION OF LICENSE	**Date of Action:** 11/07/2005	**DCN:** 5500000039421658
Subsequent Action:	**[This Action]**		

[redacted]

Entity Name: MEDICAL BOARD OF CALIFORNIA *
Address: 1426 HOWE AVENUE, SUITE 93
City, State, Zip: SACRAMENTO, CA 95825
Country:
Name or Office: CHRISTINA HAYDON
Title or Department: DISCIPLINE COORDINATION UNIT
Telephone: (916) 263-2370
Entity Internal Report Reference: D1-2000-113172
Type of Report: REVISION
Related Report Number: 5500000039421658

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information report to the NPDB on 09/08/2015:

Entity Name: MEDICAL BOARD OF CALIFORNIA
Address: 2005 EVERGREEN ST STE 1200
City, State, Zip: SACRAMENTO, CA 95815-5401
Country:

[redacted]

Subject Name: WARNER, CLARENCE EMANUEL
Other Name(s) Used:
Gender: MALE
Date of Birth: 10/26/1954
Organization Name:
Work Address: 14360 RIVERSIDE DRIVE, #211
City, State, ZIP: SHERMAN OAKS, CA 91423
Organization Type:
Home Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-6505
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY COLLEGE OF MEDICINE (1984)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)

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

DCN: 5500000049160570
Process Date: 12/24/2007
Page: 2 of 3
WARNER, CLARENCE EMANUEL

State License Number, State of Licensure: G 62334, CA
Specialty: UNSPECIFIED
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
Name of Agency or Program That Took the Adverse Action Specified in This Report: MEDICAL BOARD OF CALIFORNIA
Adverse Action Classification Code(s): EXTENSION OF PREVIOUS LICENSURE ACTION (1296)
Date Action Was Taken: 12/06/2007
Date Action Became Effective: 12/06/2007
Length of Action: INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:
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: SURRENDER OF LICENSE. ACTION BASED ON UNPROFESSIONAL CONDUCT.
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.

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.

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

DCN: 5500000049160570
Process Date: 12/24/2007
Page: 3 of 3
WARNER, CLARENCE EMANUEL

☐ 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: 12/24/2007
Date of Most Recent Change: 12/24/2007

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

DCN: 5500000003137718
Process Date: 07/22/1996
Page: 1 of 3
WARNER, CLARENCE EMANUEL JR

WARNER, CLARENCE EMANUEL JR

FREMONT INDEMNITY CO.-MPL C/O SCPIE

MEDICAL MALPRACTICE PAYMENT REPORT — **Date of Action: 06/20/1996**

Initial Action	Basis for Initial Action
- SETTLEMENT	- UNKNOWN

A. REPORTING ENTITY

Entity Name: FREMONT INDEMNITY *
Address: MEDICAL PROFESSIONAL LIABILITY DIVISION
P.O. BOX 2173
City, State, Zip: SANTA MONICA, CA 90407-2173
Country:
Name or Office: EVA M. SATORI
Title or Department: VICE PRESIDENT, CLAIMS
Telephone: (310) 315-1600 Ext. 1673
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/29/2006. The NPDB has no additional information regarding this entity.

Entity Name: FREMONT INDEMNITY CO.-MPL C/O SCPIE
Address: 1888 CENTURY PK EAST, STE 800
City, State, Zip: LOS ANGELES, CA 90067-1702
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WARNER, CLARENCE EMANUEL JR
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: 10/26/1954
Organization Name: FIRST CARE WALK-IN MEDICAL GROUP
Work Address: 5055 COLDWATER CANYON AVENUE, UNIT 211
City, State, ZIP: SHERMAN OAKS, CA 91423
Home Address: 22840 SOLEDAD CANYON ROAD
City, State, ZIP: SAUGUS, CA 91350
Deceased: UNKNOWN
Social Security Numbers (SSN): ***-**-6505
Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY (1984)
KING/DREW MEDICAL CENTER (1990)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: G062334, CA
Drug Enforcement Administration (DEA) Numbers: 00901249
Hospital Affiliation(s): GLENDORA COMMUNITY HOSPITAL
GLENDORA, CA
MEDICAL CENTER OF LA MIRADA
LA MIRADA, CA
ANAHEIM GENERAL HOSPITAL
ANAHEIM, CA
COMMUNITY HOSPITAL OF HUNTINGTON PARK

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https://www.npdb.hrsa.gov

DCN: 5500000003137718
Process Date: 07/22/1996
Page: 2 of 3
WARNER, CLARENCE EMANUEL JR

HUNTINGTON PARK, CA

INFORMATION REPORTED

Date of Report:	07/22/1996
Act/Omission Code:	TREATMENT: IMPROPER PERFORMANCE OF TREATMENT/PROCEDURE (640)
Date of Act/Omission:	04/02/1995
Payment Date:	06/20/1996
Multiple or Single Payment:	SINGLE
Amount of This Payment:	$ 16,000.00
Total Amount of Judgment or Settlement:	
Payment Result of:	SETTLEMENT
Number of Practitioners for Whom Payment is Made:	1
Relationship of Entity to the Practitioner:	INSURANCE COMPANY
Date of Judgment/Settlement:	06/20/1996
Adjudicative Case Number:	PC016938
Adjudicative Body Name:	SUPERIOR COURT OF LOS ANGELES COUNTY, STATE OF CALIFORNIA
Court File Number:	
Reporter's Description of Act or Omission:	95H0674 - 38 YEAR OLD FEMALE OUTPATIENT ALLEGES THAT OUR INSURED FAILED TO PROPERLY IRRIGATE A LACERATION, RESULTING IN INFECTION AND SUBSEQUENT SURGERY.
Reporter's Description of the Judgment or Settlement:	SETTLEMENT - $16,000

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

Date of Original Submission:	07/22/1996
Date of Most Recent Change:	07/22/1996

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NPDB
P.O. Box 10832
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DCN: 5500000003137718
Process Date: 07/22/1996
Page: 3 of 3
WARNER, CLARENCE EMANUEL JR

This report is maintained under the provisions of: Title IV

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END OF REPORT

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DCN: 5500000001299881
Process Date: 12/05/1995
Page: 1 of 3
WARNER, CLARENCE EMANUEL

WARNER, CLARENCE EMANUEL

[redacted]

- SETTLEMENT	- UNKNOWN

[redacted]

Entity Name: FREMONT INDEMNITY COMPANY *
Address: MEDICAL PROFESSIONAL LIABILITY DIVISION
1633 26TH STREET, THIRD FLOOR
City, State, Zip: SANTA MONICA, CA 90404
Country:
Name or Office: EVA M. SATORI
Title or Department: VICE PRESIDENT, CLAIMS
Telephone: (310) 315-1600
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/29/2006. The NPDB has no additional information regarding this entity.

Entity Name: FREMONT INDEMNITY CO.-MPL C/O SCPIE
Address: 1888 CENTURY PK EAST, STE 800
City, State, Zip: LOS ANGELES, CA 90067-1702
Country:

[redacted]

Subject Name: WARNER, CLARENCE EMANUEL
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: 10/26/1954
Organization Name: FIRST CARE WALK-IN MEDICAL GROUP
Work Address: 5055 COLDWATER CANYON AVENUE, UNIT 211
City, State, ZIP: SHERMAN OAKS, CA 91423
Home Address: 22840 SOLEDAD CANYON ROAD
City, State, ZIP: SAUGUS, CA 91350
Deceased: UNKNOWN
Social Security Numbers (SSN): ***-**-6505
Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY (1984)
KING/DREW MEDICAL CENTER (1990)
HOWARD UNIVERSITY (1989)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: G062334, CA
Drug Enforcement Administration (DEA) Numbers: 00901249
Hospital Affiliation(s): GLENDORA COMMUNITY HOSPITAL
GLENDORA,CA
MEDICAL CENTER OF LA MIRADA
LA MIRADA,CA
ANAHEIM GENERAL HOSPITAL
ANAHEIM,CA

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DCN: 5500000001299881
Process Date: 12/05/1995
Page: 2 of 3
WARNER, CLARENCE EMANUEL

COMMUNITY HOSPITAL OF HUNTINGTON PARK
HUNTINGTON PARK,CA

C. INFORMATION REPORTED

Date of Report:	12/05/1995
Act/Omission Code:	SURGERY: NOT OTHERWISE CLASSIFIED (290)
Date of Act/Omission:	12/06/1993
Payment Date:	10/25/1995
Multiple or Single Payment:	SINGLE
Amount of This Payment:	$ 99,999.00
Total Amount of Judgment or Settlement:	$ 99,999.00
Payment Result of:	SETTLEMENT
Number of Practitioners for Whom Payment is Made:	1
Relationship of Entity to the Practitioner:	INSURANCE COMPANY
Date of Judgment/Settlement:	10/25/1995
Adjudicative Case Number:	PC 013618
Adjudicative Body Name:	SUPERIOR COURT OF LOS ANGELES COUNTY, STATE OF CALIFORNIA
Court File Number:	
Reporter's Description of Act or Omission:	FILE NO. 94M0732 REFLECTS 34 YR. OLD MALE SOUGHT CARE FOR SHOTGUN PELLET WOUND TO THE LEFT SUPRA ORBITAL REGION OF THE HEAD. THE SUPRA ORBITAL NERVE WAS TRANSECTED IN THE PROCESS OF EXPLORING THE REGION TO REMOVE THE FOREIGN BODY.
Reporter's Description of the Judgment or Settlement:	SETTLEMENT: $99,999.00.

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

Date of Original Submission:	12/05/1995
Date of Most Recent Change:	12/05/1995

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Process Date: 12/05/1995
Page: 3 of 3
WARNER, CLARENCE EMANUEL

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END OF REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB
P.O. Box 10832
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DCN: 5500000000183908
Process Date: 07/30/1995
Page: 1 of 2
WARNER, CLARENCE

WARNER, CLARENCE

COASTAL PHYSICIAN GROUP, INC.

MEDICAL MALPRACTICE PAYMENT REPORT — **Date of Action: 11/09/1994**

Initial Action	Basis for Initial Action
- SETTLEMENT	- UNKNOWN

A. REPORTING ENTITY

Entity Name: COASTAL PHYSICIAN GROUP, INC. *
Address: 2828 CROASDAILE DRIVE
City, State, Zip: DURHAM, NC 27705
Country:
Name or Office: SANDRA M. CLAYTON
Title or Department: CLAIMS SUPERVISOR
Telephone: (919) 383-0279
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: WARNER, CLARENCE
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: 10/26/1954
Organization Name: MONTEREY PARK HOSPITAL
Work Address: 900 SOUTH ATLANTIC BLVD.
City, State, ZIP: MONTEREY PARK, CA 91754
Home Address: 5055 COLDWATER CANYON
City, State, ZIP: SHERMAN OAKS, CA 91423
Deceased: UNKNOWN
Social Security Numbers (SSN): ***-**-6505
Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY (1984)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: G62334, CA
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s): MONTEREY PARK HOSPITAL
MONTEREY PARK,CA

C. INFORMATION REPORTED

Date of Report: 07/30/1995
Act/Omission Code: TREATMENT: NOT OTHERWISE CLASSIFIED (690)
Date of Act/Omission: 12/17/1991
Payment Date: 11/09/1994
Multiple or Single Payment: SINGLE
Amount of This Payment: $ 60,000.00
Total Amount of Judgment or Settlement: $ 60,000.00
Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement: 10/05/1994

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DCN: 5500000000183908
Process Date: 07/30/1995
Page: 2 of 2
WARNER, CLARENCE

Adjudicative Case Number: GC 008773
Adjudicative Body Name: SUPERIOR COURT OF THE STATE OF CALIFORNIA, LOS ANGELES CTY.
Court File Number:
Reporter's Description of Act or Omission: AN 11 MONTH CHILD WAS BROUGHT TO ED WITH HISTORY OF DIAGNOSIS OF THE FLU THE PREVIOUS DAY AT A CLINIC. VARIOUS TESTING INCLUDING LUMBAR PUNCTURE ORDERED. FLUID WAS CLOUDY. DR. WARNER STABILIZED CHILD, GAVE ANTIBIOTICS AND TRANSFERRED TO A FACILITY WITH PICU. CHILD SUBSEQUENTLY DIED FROM MENINGITIS. FAMILY ALLEGED FAILURE TO PROPERLY TREAT.
Reporter's Description of the Judgment or Settlement: SINGLE PAYMENT TOTALLING $60,000. NO ADMISSION OF LIABILITY OR NEGLIGENCE.

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END OF REPORT