

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

5500000153184263

Process Date: 10/30/2019

Page: 1 of 1

**To:** KAMALU, LAYNE KELIIOKALANI

1177 S 800 E

KAYSVILLE, UT 84037-4053

**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**

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**KAMALU, LAYNE KELIIOKALANI - SELF-QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** KAMALU, LAYNE KELIIOKALANI  
**Date of Birth:** 01/26/1963 **Gender:** MALE  
**Delivery Address:** 1177 S 800 E, KAYSVILLE, UT 84037-4053  
**Social Security Number:** \*\*\*-\*\*-0381 **DEA:** BK4998982  
**NPI:** 1104987916 **UPIN:** G34786  
**License:** PHYSICIAN (MD), 321149-1205, UT, GENERAL PRACTICE/FAMILY PRACTICE  
**Professional School(s):** SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE (1993)

**B. PAYMENT INFORMATION**

**Credit Card Information:** XXXXXXXXXXXX2154 (06/2022)  
**NPDB Charge:** \$4.00 **NPDB Bill Reference Number:** N65719961  
**Transaction Date:** 10/30/2019 **Additional Paper Copies Requested:** 0

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/30/2019****The following report types have been searched:**

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

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

**UMIA INSURANCE INC****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO TEST EQUIPMENT

**Initial Action:** - SETTLEMENT **Date of Action:** 10/21/2015  
**DCN:** 5500000101038064

**UTAH MEDICAL INSURANCE ASSN****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO ORDER APPROPRIATE TEST

**Initial Action:** - SETTLEMENT **Date of Action:** 06/05/2007  
**DCN:** 5500000046564137

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

**NPDB**P.O. Box 10832  
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Process Date: 10/29/2015  
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KAMALU, LAYNE K**KAMALU, LAYNE K****UMIA INSURANCE INC****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 10/21/2015****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO TEST EQUIPMENT

**A. REPORTING  
ENTITY**

Entity Name: UMIA INSURANCE INC

Address: 310 E 4500 S STE 600

City, State, Zip: SALT LAKE CITY, UT 84107-4246

Country:

Name or Office: JOSEPH MCFADDEN

Title or Department: CLAIM CONSULTANT

Telephone: (801) 531-0375

Entity Internal Report Reference:

Type of Report: INITIAL

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: KAMALU, LAYNE K

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/26/1963

Organization Name:

Work Address: 120 S MAIN ST

City, State, ZIP: KAYSVILLE, UT 84037-2527

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-0381

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE (1993)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 321149, UT

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): DAVIS HOSPITAL

LAYTON, UT

**C. INFORMATION  
REPORTED**

Date of Report: 10/29/2015

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 5,000.00

Date of This Payment: 10/21/2015

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 5,000.00

Payment Result of: SETTLEMENT

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KAMALU, LAYNE K

**Date of Judgment or Settlement, if Any:** 10/06/2015**Adjudicative Body Case Number:****Adjudicative Body Name:** 2ND JUDICIAL CT, DAVIS CO, UTAH**Court File Number:** 100700018**Description of Judgment or Settlement and Any****Conditions, Including Terms of Payment:** A SINGLE FINAL PAYMENT TO THE PATIENT AND HER ATTORNEY  
IN EXCHANGE FOR A FULL AND FINAL RELEASE OF DR. KAMALU.**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE****Total Amount Paid or to Be Paid by This Payer for All****Practitioners in This Case:** \$ 5,000.00**Number of Practitioners for Whom This Payer Has Paid****or Will Pay in This Case:** 1**PAYMENTS BY OTHERS FOR THIS PRACTITIONER****Has a State Guaranty Fund or State Excess Judgment Fund**  
**Made a Payment for This Practitioner in This Case, or Is Such a****Payment Expected to Be Made?:** NO**Amount Paid or Expected to Be Paid by the State Fund:****Has a Self-Insured Organization and/or Other Insurance**  
**Company/Companies Made Payment(s) for This Practitioner in**  
**This Case, or Is/Are Such Payment(s) Expected to Be Made?:** NO**Amount Paid or Expected to Be Paid by Self-Insured**  
**Organization(s) and/or Other Insurance Company/Companies:****CLASSIFICATION OF ACT(S) OR OMISSION(S)****Patient's Age at Time of Initial Event:** 42 YEARS**Patient's Gender:** FEMALE**Patient's Type:** OUTPATIENT**Description of the Medical Condition With Which the Patient****Presented for Treatment:** PATIENT PRESENTED FOR ELECTIVE LASER HAIR REMOVAL.**Description of the Procedure Performed:** ROUTINE HAIR REMOVAL PROCEDURE OF MONS PUBIS PERFORMED  
BY ESTHETICIAN UNDER DR. KAMALU'S SUPERVISION. DEVICE  
USED WAS LUMENIS LIGHTSHEER.**Nature of Allegation:** EQUIPMENT/PRODUCT RELATED (080)**Specific Allegation:** FAILURE TO TEST EQUIPMENT (709)**Date of Event Associated With Allegation or Incident:** 01/06/2008**Outcome:** MINOR TEMPORARY INJURY (03)**Description of the Allegations and Injuries or Illnesses Upon****Which the Action or Claim Was Based:** THE LASER TIP MALFUNCTIONED AND THE PATIENT RECEIVED  
MINOR BURNS WHICH HEALED NORMALLY. SHE CLAIMED NERVE  
DAMAGE. SHE ALLEGES A MANUFACTURING DEFECT AND SUED THE  
MANUFACTURER AND DR. KAMALU FOR FAILING TO PROPERLY  
MAINTAIN THE EQUIPMENT. INSURED DENIED ALL ALLEGATIONS.  
AFTER 6 YEARS OF LITIGATION, THE PATIENT ACCEPTED DR.  
KAMALU'S OFFER OF \$5,000.00.**D. SUBJECT  
STATEMENT**

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

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**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: 10/29/2015

Date of Most Recent Change: 10/29/2015

**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.

Social Security Numbers (SSN): \*\*\*-\*\*-0381

National Provider Identifiers (NPI): 1104987916

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: MD60230696, WA

The Data Bank attempted to notify the Subject Identified in Section B on 10/29/2015 at the address below, but the attempt was unsuccessful.

934 SOUTH MAIN ST.  
LAYTON, UT 84041**This report is maintained under the provisions of: Title IV**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

**END OF REPORT**

**NPDB**P.O. Box 10832  
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## DISCLOSURE HISTORY

Report Number: 5500000101038064

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

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

Date Released	Entity Name
10/29/2015	MDLIVE MEDICAL GROUP, PA 13630 NW 8TH ST STE 205 SUNRISE, FL 33325 (954) 446-0593

Date Released	Entity Name
10/29/2015	VETERANS EVALUATION SERVICES 2707 NORTH LOOP W STE 1000 HOUSTON, TX 77008 1713 255-5636

Date Released	Entity Name
10/29/2015	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240

Date Released	Entity Name
10/29/2015	POWELL VALLEY HEALTHCARE 777 AVENUE H POWELL, WY 82435 (307) 754-1160

Date Released	Entity Name
10/29/2015	CHG COMPANIES, INC. DBA COMPHEALTH 7259 S BINGHAM JUNCTION BLVD MIDVALE, UT 84047 (800) 930-3000

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Date Released	Entity Name
10/29/2015	UNITAH BASIN MEDICAL CENTER 250 W 300 N ROOSEVELT, UT 84066 (435) 722-6163
10/30/2015	WYOMING BOARD OF MEDICINE 130 HOBBS AVE STE A CHEYENNE, WY 82009 (307) 778-7053
11/04/2015	CARRINGTON HEALTH CENTER 800 4TH ST N PO BOX 461 CARRINGTON, ND 58421 (701) 652-7166
03/14/2016	WHITMAN HOSPITAL & MEDICAL CENTER 1200 W FAIRVIEW ST COLFAX, WA 99111 (509) 397-3435
04/29/2016	THE REGENCE GROUP PO BOX 21267 STOP S 555 SEATTLE, WA 98111 (206) 332-2860
06/07/2016	STEWART HEALTH CHOICE ARIZONA 410 N 44TH ST STE 900 PHOENIX, AZ 85008 (480) 760-4919
07/07/2016	SELF-QUERIER

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KAMALU, LAYNE K

Date Released	Entity Name
09/09/2016	MOUNTAIN VIEW REGIONAL HOSPITAL PO BOX 51888 CASPER, WY 82605 (307) 473-6743
09/13/2016	BLUE CROSS BLUE SHIELD OF WYOMING 4000 HOUSE AVE PO BOX 2266 CHEYENNE, WY 82001 (307) 432-2947
09/20/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
09/30/2016	SEVIER VALLEY HOSPITAL 1000 N MAIN ST RICHFIELD, UT 84701 (435) 893-0531
11/29/2016	MOLINA HEALTHCARE OF UTAH 1330 N WASHINGTON ST SPOKANE, WA 99201 (509) 321-1320
12/20/2016	DAYTON GENERAL HOSPITAL 1012 S 3RD ST DAYTON, WA 99328 (509) 382-2531
01/21/2017	SANFORD HEALTH PLAN 900 E 54TH ST N SIOUX FALLS, SD 57104 (605) 312-7603



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Date Released	Entity Name
02/03/2017	UNITEDHEALTHCARE NATIONAL CREDENTIALING 5900 PARKWOOD PL DUBLIN, OH 43016 (614) 698-5927
05/02/2017	NORTH VALLEY HOSPITAL 203 S WESTERN AVE TONASKET, WA 98855 (509) 486-3182
06/01/2017	LINCOLN HOSPITAL 10 NICHOLLS ST DAVENPORT, WA 99122 (509) 725-2979
07/05/2017	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
07/05/2017	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704
07/05/2017	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
07/12/2017	HUMANA HEALTH PLANS INC 101 E MAIN ST LOUISVILLE, KY 40202 (513) 826-7169

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KAMALU, LAYNE K

Date Released	Entity Name
07/24/2017	CASCADE MEDICAL CENTER 817 COMMERCIAL ST LEAVENWORTH, WA 98826 (509) 548-3431
08/08/2017	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240
08/14/2017	FUSION HEALTHCARE STAFFING L.L.C PO BOX 1865 SANDY, UT 84091 (801) 784-1361
08/28/2017	SELF-QUERIER
08/28/2017	MSI SYSTEMS CORP. 23 VREELAND RD STE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
08/29/2017	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
08/29/2017	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704

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Date Released	Entity Name
08/29/2017	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
08/29/2017	SEVIER VALLEY HOSPITAL 1000 N MAIN ST RICHFIELD, UT 84701 (435) 893-0531
09/27/2017	DAVIS HOSPITAL AND MEDICAL CENTER 1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009
11/28/2017	MOLINA HEALTHCARE OF UTAH 1330 N WASHINGTON ST SPOKANE, WA 99201 (509) 321-1320
12/06/2017	LOCUMTENENS.COM, LLC 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009 (770) 643-5625
12/28/2017	WYOMING BOARD OF MEDICINE 130 HOBBS AVE STE A CHEYENNE, WY 82009 (307) 778-7053
01/25/2018	MEMORIAL HOSPITAL OF CARBON COUNTY PO BOX 460 2221 W ELM STREET RAWLINS, WY 82301 (307) 324-2221

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Date Released	Entity Name
03/09/2018	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
03/22/2018	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUITE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
04/16/2018	FIRST CHOICE OF THE MIDWEST, INC PO BOX 5078 SIOUX FALLS, SD 57117 (605) 332-5955
04/17/2018	FIRST CHOICE HEALTH NETWORK, INC 600 UNIVERSITY ST STE 1400 SEATTLE, WA 98101 (206) 268-2303
05/16/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
05/28/2018	FILLMORE COMMUNITY HOSPITAL 674 S HIGHWAY 99 FILLMORE, UT 84631 (435) 864-1512
06/29/2018	STEWART HEALTH CARE SYSTEM LLC 1900 N PEARL ST STE 2400 DALLAS, TX 75201 (469) 341-8906

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KAMALU, LAYNE K

Date Released	Entity Name
08/15/2018	VETERANS EVALUATION SERVICES 2707 NORTH LOOP W STE 1000 HOUSTON, TX 77008 1713 255-5636
08/20/2018	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
08/27/2018	LAYTON HOSPITAL 201 W LAYTON PKWY LAYTON, UT 84041 (801) 543-6702
04/01/2019	FILLMORE COMMUNITY HOSPITAL 674 S HIGHWAY 99 FILLMORE, UT 84631 (435) 864-1512
04/01/2019	HEALTH CHOICE UTAH 410 N 44TH ST STE 900 PHOENIX, AZ 85008 (480) 760-4834
04/25/2019	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
06/17/2019	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512

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Date Released	Entity Name
06/17/2019	LAYTON HOSPITAL 201 W LAYTON PKWY LAYTON, UT 84041 (801) 543-6702
06/17/2019	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704
06/17/2019	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
06/17/2019	SEVIER VALLEY HOSPITAL 1000 N MAIN ST RICHFIELD, UT 84701 (435) 893-0531
06/24/2019	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240
07/19/2019	WESTON COUNTY HEALTH SERVICES 1124 WASHINGTON BOULEVARD NEWCASTLE, WY 82701 (307) 746-3727
08/07/2019	CHG COMPANIES, INC. DBA COMPHEALTH 7259 S BINGHAM JUNCTION BLVD MIDVALE, UT 84047 (800) 930-3000

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Date Released	Entity Name
09/06/2019	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403

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Date Released	Entity Name
09/17/2019	BLUE CROSS BLUE SHIELD OF WYOMING 4000 HOUSE AVE PO BOX 2266 CHEYENNE, WY 82001 (307) 432-2947

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Date Released	Entity Name
09/24/2019	DAVIS HOSPITAL AND MEDICAL CENTER 1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009

---

Date Released	Entity Name
09/28/2019	WESTON COUNTY HEALTH SERVICES 1124 WASHINGTON BOULEVARD NEWCASTLE, WY 82701 (307) 746-3727

---

Date Released	Entity Name
10/30/2019	SELF-QUERIER

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Process Date: 06/06/2007  
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KAMALU, LAYNE K**KAMALU, LAYNE K****UMIA INSURANCE INC****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 06/05/2007****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO ORDER APPROPRIATE TEST

**A. REPORTING  
ENTITY**

Entity Name: UTAH MEDICAL INSURANCE ASSN \*

Address: 310 EAST 4500 SOUTH, SUITE 550

City, State, Zip: SALT LAKE CITY, UT 84107

Country:

Name or Office: KEITH B. NAGEL, CPCU

Title or Department: CLAIMS INVESTIGATOR

Telephone: (801) 531-0375

Entity Internal Report Reference: u11608-1

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 04/01/2019:

Entity Name: UMIA INSURANCE INC

Address: 310 E 4500 S STE 600

City, State, Zip: SALT LAKE CITY, UT 84107-4246

Country:

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: KAMALU, LAYNE K

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/26/1963

Organization Name:

Work Address: 934 SOUTH MAIN ST.

City, State, ZIP: LAYTON, UT 84041

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE (1993)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 321149, UT

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 06/06/2007

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 40,000.00



**NPDB**P.O. Box 10832  
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KAMALU, LAYNE K

Date of This Payment: 06/05/2007

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 40,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 06/04/2007

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: SETTLEMENT AT MEDIATION

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 212,500.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 2

**PAYMENTS BY OTHERS FOR THIS PRACTITIONER**Has a State Guaranty Fund or State Excess Judgment Fund  
Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

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

Has a Self-Insured Organization and/or Other Insurance  
Company/Companies Made Payment(s) for This Practitioner in  
This Case, or Is/Are Such Payment(s) Expected to Be Made?: NOAmount Paid or Expected to Be Paid by Self-Insured  
Organization(s) and/or Other Insurance Company/Companies:**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

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

Patient's Gender: FEMALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: REPEATED VISITS FOR HEMATURIA.

Description of the Procedure Performed: EXAMINATION AND LAB TESTS.

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: FAILURE TO ORDER APPROPRIATE TEST (108)

Date of Event Associated With Allegation or Incident: 05/19/2005

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: DIAGNOSIS OF KIDNEY STONES WITHOUT CT SCAN. STRICTURE  
LATER IDENTIFIED, RESULTING IN LOSS OF 75% FUNCTION OF  
ONE KIDNEY.**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 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: 06/06/2007

Date of Most Recent Change: 06/06/2007

**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.

Social Security Numbers (SSN): \*\*\*-\*\*-0381

National Provider Identifiers (NPI): 1104987916

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: MD60230696, WA

**This report is maintained under the provisions of: Title IV**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

**END OF REPORT**

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KAMALU, LAYNE K

## DISCLOSURE HISTORY

Report Number: 5500000046564137

### 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**

07/20/2007

**Entity Name**

THE REGENCE GROUP

PO BOX 21267

STOP S 555

SEATTLE, WA 98111

(206) 332-2860

**Date Released**

07/31/2007

**Entity Name**

MOLINA HEALTHCARE OF UTAH

1330 N WASHINGTON ST

SPOKANE, WA 99201

(509) 321-1320

**Date Released**

10/09/2007

**Entity Name**

DAVIS HOSPITAL AND MEDICAL CENTER

1600 W ANTELOPE DR

LAYTON, UT 84041

(801) 807-7009

**Date Released**

11/02/2007

**Entity Name**

MCKAY DEE HOSPITAL CENTER

4401 HARRISON BLVD

OGDEN, UT 84403

(801) 387-3704

**Date Released**

11/05/2007

**Entity Name**

SELECTHEALTH

36 S STATE ST STE 1700

SALT LAKE CITY, UT 84111

(801) 442-2840

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KAMALU, LAYNE K

Date Released	Entity Name
01/31/2008	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
08/01/2008	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
09/19/2008	MOUNTAIN DIVISION - CVH LLC 2380 N 400 E ADMINISTRATION NORTH LOGAN, UT 84341 (601) 906-0152
10/14/2008	WHITAKER MEDICAL INFORMATION SERVICES 1200 ENCLAVE PARKWAY, SUITE 200 HOUSTON, TX 77077 (281) 870-1000
10/30/2008	SELF-QUERIER
11/07/2008	SAGE MEMORIAL HOSPITAL PO BOX 457 GANADO, AZ 86505 (928) 755-4552
11/12/2008	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403

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KAMALU, LAYNE K

Date Released	Entity Name
11/17/2008	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
12/01/2008	WYOMING BOARD OF MEDICINE 130 HOBBS AVE STE A CHEYENNE, WY 82009 (307) 778-7053
12/16/2008	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
12/22/2008	GOVERNMENT EMPLOYEES HEALTH ASSOC. INC CREDENTIALING DEPARTMENT 310 N.E. MULBERRY STREET LEE'S SUMMIT, MO 64086 (816) 257-5500
12/22/2008	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUITE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
12/23/2008	SELF-QUERIER
02/06/2009	SAGE MEMORIAL HOSPITAL PO BOX 457 GANADO, AZ 86505 (928) 755-4552

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KAMALU, LAYNE K

Date Released	Entity Name
03/13/2009	ALTIUS HEALTH PLANS 10421 SO. JORDAN GATEWAY, #400 SOUTH JORDAN, UT 84095 (801) 933-3702
04/21/2009	QTC MEDICAL GROUP, INC 21700 COPLEY DR STE 200 DIAMOND BAR, CA 91765 (800) 260-1515
05/05/2009	UNITAH BASIN MEDICAL CENTER 250 W 300 N ROOSEVELT, UT 84066 (435) 722-6163
06/12/2009	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUITE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
07/02/2009	HUMANA HEALTH PLANS INC 101 E MAIN ST LOUISVILLE, KY 40202 (513) 826-7169
07/15/2009	MOLINA HEALTHCARE OF WASHINGTON, INC 1330 N WASHINGTON ST STE 4000 SPOKANE, WA 99201 (509) 321-1322
08/13/2009	SELF-QUERIER

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Date Released	Entity Name
09/09/2009	DAVIS HOSPITAL AND MEDICAL CENTER 1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009
10/15/2009	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
10/29/2009	UNIVERSITY OF UTAH HOSPITALS AND CLINICS 6053 S FASHION SQUARE DR STE 110 MURRAY, UT 84107 (801) 587-2769
12/07/2009	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240
01/19/2010	STERLING HEALTH PLANS 7100 COMMERCE WAY SUITE 285 BRENTWOOD, TN 37027 (360) 392-9406
01/22/2010	MEMORIAL HOSPITAL OF CARBON COUNTY PO BOX 460 2221 W ELM STREET RAWLINS, WY 82301 (307) 324-2221
01/26/2010	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704

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KAMALU, LAYNE K

Date Released	Entity Name
01/26/2010	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
02/23/2010	SAGE MEMORIAL HOSPITAL PO BOX 457 GANADO, AZ 86505 (928) 755-4552
04/20/2010	WHITE MOUNTAIN REGIONAL MEDICAL CENTER 118 S MOUNTAIN AVE SPRINGERVILLE, AZ 85938 (928) 333-7133
06/10/2010	THE REGENCE GROUP PO BOX 21267 STOP S 555 SEATTLE, WA 98111 (206) 332-2860
09/21/2010	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
09/30/2010	NOVASOM 801 CROMWELL PARK DR STE 108 GLEN BURNIE, MD 21061 (410) 590-0443
10/15/2010	MOLINA HEALTHCARE OF WASHINGTON, INC 1330 N WASHINGTON ST STE 4000 SPOKANE, WA 99201 (509) 321-1322



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KAMALU, LAYNE K

Date Released	Entity Name
10/21/2010	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
10/22/2010	UNITAH BASIN MEDICAL CENTER 250 W 300 N ROOSEVELT, UT 84066 (435) 722-6163
10/28/2010	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
10/29/2010	CHG COMPANIES, INC. DBA COMPHEALTH 7259 S BINGHAM JUNCTION BLVD MIDVALE, UT 84047 (800) 930-3000
11/18/2010	IMAGINE HEALTH 6995 S UNION PARK CTR STE 140 COTTONWOOD HEIGHTS, UT 84047 (801) 566-6128
11/22/2010	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
01/24/2011	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008

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KAMALU, LAYNE K

Date Released	Entity Name
04/05/2011	BEAR RIVER HOSPITAL 905 N 1000 W TREMONTON, UT 84337 (435) 207-4701
04/20/2011	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240
05/03/2011	US PHS HOSPITAL - HOPI HEALTH CARE CENTE HIGHWAY 264, MP 388 P.O. BOX 4000 POLACCA, AZ 86042 (928) 737-6000
05/25/2011	DESERET MUTUAL BENEFIT ADMINISTRATORS 150 E SOCIAL HALL AVE STE 170 SALT LAKE CITY, UT 84111 (800) 777-3622
05/27/2011	WASHINGTON STATE DEPARTMENT OF HEALTH 111 ISRAEL RD SE PO BOX 47860 TUMWATER, WA 98501 (360) 236-4936
06/01/2011	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
06/10/2011	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700

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Date Released	Entity Name
06/29/2011	WYOMING BOARD OF MEDICINE 130 HOBBS AVE STE A CHEYENNE, WY 82009 (307) 778-7053
07/05/2011	OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 (701) 742-3291
07/14/2011	MDLIVE MEDICAL GROUP, PA 13630 NW 8TH ST STE 205 SUNRISE, FL 33325 (954) 446-0593
07/18/2011	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
07/18/2011	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704
08/01/2011	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
08/03/2011	COMMUNITY HOSPITAL 2000 CAMPBELL DR TORRINGTON, WY 82240 (307) 534-7138

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Date Released	Entity Name
09/06/2011	NORTH VALLEY HOSPITAL 203 S WESTERN AVE TONASKET, WA 98855 (509) 486-3182
09/19/2011	FIRST CHOICE OF THE MIDWEST, INC PO BOX 5078 SIOUX FALLS, SD 57117 (605) 332-5955
09/28/2011	DAVIS HOSPITAL AND MEDICAL CENTER 1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009
11/28/2011	WINHEALTH PARTNERS 1200 E 20TH ST STE A CHEYENNE, WY 82001 (800) 868-7670
12/28/2011	SAGE MEMORIAL HOSPITAL PO BOX 457 GANADO, AZ 86505 (928) 755-4552
01/05/2012	ALTIUS HEALTH PLANS 10421 SO. JORDAN GATEWAY, #400 SOUTH JORDAN, UT 84095 (801) 933-3702
02/03/2012	HUMANA HEALTH PLANS INC 101 E MAIN ST LOUISVILLE, KY 40202 (513) 826-7169

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Date Released	Entity Name
08/29/2012	NORTH VALLEY HOSPITAL 203 S WESTERN AVE TONASKET, WA 98855 (509) 486-3182
09/06/2012	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUITE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036
09/25/2012	COMMUNITY HOSPITAL 2000 CAMPBELL DR TORRINGTON, WY 82240 (307) 534-7138
10/05/2012	UNIVERSITY OF UTAH HOSPITALS AND CLINICS 6053 S FASHION SQUARE DR STE 110 MURRAY, UT 84107 (801) 587-2769
01/31/2013	MCKENZIE COUNTY HEALTHCARE SYSTEMS 709 4TH AVE NE WATFORD CITY, ND 58854 (701) 842-7125
02/26/2013	MEMORIAL HOSPITAL OF SWEETWATER COUNTY PO BOX 1359 MEDICAL STAFF SERVICES OFFICE ROCK SPRINGS, WY 82902 (307) 352-8334
04/29/2013	THE REGENCE GROUP PO BOX 21267 STOP S 555 SEATTLE, WA 98111 (206) 332-2860

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<u>Date Released</u>	<u>Entity Name</u>
05/10/2013	SELF-QUERIER
<u>Date Released</u>	<u>Entity Name</u>
05/16/2013	IDAHO STATE BOARD OF MEDICINE 345 W BOBWHITE CT STE 150 BOISE, ID 83706 (208) 577-2507
<u>Date Released</u>	<u>Entity Name</u>
05/30/2013	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240
<u>Date Released</u>	<u>Entity Name</u>
06/04/2013	WINHEALTH PARTNERS 1200 E 20TH ST STE A CHEYENNE, WY 82001 (800) 868-7670
<u>Date Released</u>	<u>Entity Name</u>
06/10/2013	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
<u>Date Released</u>	<u>Entity Name</u>
06/10/2013	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704
<u>Date Released</u>	<u>Entity Name</u>
06/11/2013	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840

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KAMALU, LAYNE K

<u>Date Released</u>	<u>Entity Name</u>
07/10/2013	BINGHAM MEMORIAL HOSPITAL 98 POPLAR ST MEDICAL STAFF OFFICE BLACKFOOT, ID 83221 (208) 785-3896
07/10/2013	STEWART HEALTH CHOICE ARIZONA 410 N 44TH ST STE 900 PHOENIX, AZ 85008 (480) 760-4919
09/06/2013	VETERANS EVALUATION SERVICES 2707 NORTH LOOP W STE 1000 HOUSTON, TX 77008 1713 255-5636
09/30/2013	DAVIS HOSPITAL AND MEDICAL CENTER 1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009
10/30/2013	MOUNTRAIL COUNTY MEDICAL CENTER PO BOX 399 615 6TH ST SE STANLEY, ND 58784 (701) 628-2424
02/13/2014	WA DEPARTMENT OF LABOR AND INDUSTRIES 7273 LINDERSON WAY SW PO BOX 44322 TUMWATER, WA 98501 (360) 902-6593

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KAMALU, LAYNE K

Date Released	Entity Name
02/26/2014	DOCTOR ON DEMAND 275 BATTERY ST STE 650 SAN FRANCISCO, CA 94111 (415) 902-1333
03/20/2014	IMAGINE HEALTH 6995 S UNION PARK CTR STE 140 COTTONWOOD HEIGHTS, UT 84047 (801) 566-6128
03/31/2014	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
04/16/2014	WYOMING BOARD OF MEDICINE 130 HOBBS AVE STE A CHEYENNE, WY 82009 (307) 778-7053
07/01/2014	QTC MEDICAL GROUP, INC 21700 COPLEY DR STE 200 DIAMOND BAR, CA 91765 (800) 260-1515
09/25/2014	BINGHAM MEMORIAL HOSPITAL 98 POPLAR ST MEDICAL STAFF OFFICE BLACKFOOT, ID 83221 (208) 785-3896
12/04/2014	HUMANA HEALTH PLANS INC 101 E MAIN ST LOUISVILLE, KY 40202 (513) 826-7169



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Date Released	Entity Name
02/09/2015	MDLIVE MEDICAL GROUP, PA 13630 NW 8TH ST STE 205 SUNRISE, FL 33325 (954) 446-0593
02/12/2015	NORTH VALLEY HOSPITAL 203 S WESTERN AVE TONASKET, WA 98855 (509) 486-3182
05/15/2015	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240
06/11/2015	POWELL VALLEY HEALTHCARE 777 AVENUE H POWELL, WY 82435 (307) 754-1160
06/12/2015	MOUNTRAIL COUNTY MEDICAL CENTER PO BOX 399 615 6TH ST SE STANLEY, ND 58784 (701) 628-2424
07/13/2015	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
07/13/2015	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704

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Date Released	Entity Name
07/13/2015	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
07/24/2015	CHG COMPANIES, INC. DBA COMPHEALTH 7259 S BINGHAM JUNCTION BLVD MIDVALE, UT 84047 (800) 930-3000
07/25/2015	OKANOGAN DOUGLAS DISTRICT HOSPITAL PO BOX 577 BREWSTER, WA 98812 (509) 645-3397
07/28/2015	UNITAH BASIN MEDICAL CENTER 250 W 300 N ROOSEVELT, UT 84066 (435) 722-6163
08/17/2015	BINGHAM MEMORIAL HOSPITAL 98 POPLAR ST MEDICAL STAFF OFFICE BLACKFOOT, ID 83221 (208) 785-3896
10/02/2015	DAVIS HOSPITAL AND MEDICAL CENTER 1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009
10/22/2015	UNIVERSITY OF UTAH HOSPITALS AND CLINICS 6053 S FASHION SQUARE DR STE 110 MURRAY, UT 84107 (801) 587-2769

**NPDB**P.O. Box 10832  
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KAMALU, LAYNE K

<u>Date Released</u>	<u>Entity Name</u>
11/04/2015	CARRINGTON HEALTH CENTER 800 4TH ST N PO BOX 461 CARRINGTON, ND 58421 (701) 652-7166
<u>Date Released</u>	<u>Entity Name</u>
03/14/2016	WHITMAN HOSPITAL & MEDICAL CENTER 1200 W FAIRVIEW ST COLFAX, WA 99111 (509) 397-3435
<u>Date Released</u>	<u>Entity Name</u>
04/29/2016	THE REGENCE GROUP PO BOX 21267 STOP S 555 SEATTLE, WA 98111 (206) 332-2860
<u>Date Released</u>	<u>Entity Name</u>
06/07/2016	STEWART HEALTH CHOICE ARIZONA 410 N 44TH ST STE 900 PHOENIX, AZ 85008 (480) 760-4919
<u>Date Released</u>	<u>Entity Name</u>
07/07/2016	SELF-QUERIER
<u>Date Released</u>	<u>Entity Name</u>
09/09/2016	MOUNTAIN VIEW REGIONAL HOSPITAL PO BOX 51888 CASPER, WY 82605 (307) 473-6743
<u>Date Released</u>	<u>Entity Name</u>
09/13/2016	BLUE CROSS BLUE SHIELD OF WYOMING 4000 HOUSE AVE PO BOX 2266 CHEYENNE, WY 82001 (307) 432-2947

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Date Released	Entity Name
09/20/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403

Date Released	Entity Name
09/30/2016	SEVIER VALLEY HOSPITAL 1000 N MAIN ST RICHFIELD, UT 84701 (435) 893-0531

Date Released	Entity Name
11/29/2016	MOLINA HEALTHCARE OF UTAH 1330 N WASHINGTON ST SPOKANE, WA 99201 (509) 321-1320

Date Released	Entity Name
12/20/2016	DAYTON GENERAL HOSPITAL 1012 S 3RD ST DAYTON, WA 99328 (509) 382-2531

Date Released	Entity Name
01/21/2017	SANFORD HEALTH PLAN 900 E 54TH ST N SIOUX FALLS, SD 57104 (605) 312-7603

Date Released	Entity Name
02/03/2017	UNITEDHEALTHCARE NATIONAL CREDENTIALING 5900 PARKWOOD PL DUBLIN, OH 43016 (614) 698-5927

Date Released	Entity Name
05/02/2017	NORTH VALLEY HOSPITAL 203 S WESTERN AVE TONASKET, WA 98855 (509) 486-3182

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KAMALU, LAYNE K

Date Released	Entity Name
06/01/2017	LINCOLN HOSPITAL 10 NICHOLLS ST DAVENPORT, WA 99122 (509) 725-2979
07/05/2017	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
07/05/2017	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704
07/05/2017	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
07/12/2017	HUMANA HEALTH PLANS INC 101 E MAIN ST LOUISVILLE, KY 40202 (513) 826-7169
07/24/2017	CASCADE MEDICAL CENTER 817 COMMERCIAL ST LEAVENWORTH, WA 98826 (509) 548-3431
08/08/2017	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240

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KAMALU, LAYNE K

<u>Date Released</u>	<u>Entity Name</u>
08/14/2017	FUSION HEALTHCARE STAFFING L.L.C PO BOX 1865 SANDY, UT 84091 (801) 784-1361
<u>Date Released</u>	<u>Entity Name</u>
08/28/2017	SELF-QUERIER
<u>Date Released</u>	<u>Entity Name</u>
08/28/2017	MSI SYSTEMS CORP. 23 VREELAND RD STE 210 FLORHAM PARK, NJ 07932 (973) 301-2100
<u>Date Released</u>	<u>Entity Name</u>
08/29/2017	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
<u>Date Released</u>	<u>Entity Name</u>
08/29/2017	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704
<u>Date Released</u>	<u>Entity Name</u>
08/29/2017	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
<u>Date Released</u>	<u>Entity Name</u>
08/29/2017	SEVIER VALLEY HOSPITAL 1000 N MAIN ST RICHFIELD, UT 84701 (435) 893-0531

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Date Released	Entity Name
09/27/2017	DAVIS HOSPITAL AND MEDICAL CENTER 1600 W ANTELOPE DR LAYTON, UT 84041 (801) 807-7009
11/28/2017	MOLINA HEALTHCARE OF UTAH 1330 N WASHINGTON ST SPOKANE, WA 99201 (509) 321-1320
12/06/2017	LOCUMTENENS.COM, LLC 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009 (770) 643-5625
12/28/2017	WYOMING BOARD OF MEDICINE 130 HOBBS AVE STE A CHEYENNE, WY 82009 (307) 778-7053
01/25/2018	MEMORIAL HOSPITAL OF CARBON COUNTY PO BOX 460 2221 W ELM STREET RAWLINS, WY 82301 (307) 324-2221
03/09/2018	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
03/22/2018	VISTA HEALTHCARE PARTNERS, INC. 1735 N BROWN RD SUITE 200 LAWRENCEVILLE, GA 30043 (770) 362-1036

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KAMALU, LAYNE K

Date Released	Entity Name
04/16/2018	FIRST CHOICE OF THE MIDWEST, INC PO BOX 5078 SIOUX FALLS, SD 57117 (605) 332-5955
04/17/2018	FIRST CHOICE HEALTH NETWORK, INC 600 UNIVERSITY ST STE 1400 SEATTLE, WA 98101 (206) 268-2303
05/16/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
05/28/2018	FILLMORE COMMUNITY HOSPITAL 674 S HIGHWAY 99 FILLMORE, UT 84631 (435) 864-1512
06/29/2018	STEWART HEALTH CARE SYSTEM LLC 1900 N PEARL ST STE 2400 DALLAS, TX 75201 (469) 341-8906
08/15/2018	VETERANS EVALUATION SERVICES 2707 NORTH LOOP W STE 1000 HOUSTON, TX 77008 1713 255-5636
08/20/2018	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840



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KAMALU, LAYNE K

Date Released	Entity Name
08/27/2018	LAYTON HOSPITAL 201 W LAYTON PKWY LAYTON, UT 84041 (801) 543-6702
04/01/2019	FILLMORE COMMUNITY HOSPITAL 674 S HIGHWAY 99 FILLMORE, UT 84631 (435) 864-1512
04/01/2019	HEALTH CHOICE UTAH 410 N 44TH ST STE 900 PHOENIX, AZ 85008 (480) 760-4834
04/25/2019	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
06/17/2019	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVE DELTA, UT 84624 (435) 864-1512
06/17/2019	LAYTON HOSPITAL 201 W LAYTON PKWY LAYTON, UT 84041 (801) 543-6702
06/17/2019	MCKAY DEE HOSPITAL CENTER 4401 HARRISON BLVD OGDEN, UT 84403 (801) 387-3704

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Date Released	Entity Name
06/17/2019	SELECTHEALTH 36 S STATE ST STE 1700 SALT LAKE CITY, UT 84111 (801) 442-2840
06/17/2019	SEVIER VALLEY HOSPITAL 1000 N MAIN ST RICHFIELD, UT 84701 (435) 893-0531
06/24/2019	JACKSON & COKER MEDICAL GROUP 3000 OLD ALABAMA RD STE 119-608 ALPHARETTA, GA 30022 (678) 690-7240
07/19/2019	WESTON COUNTY HEALTH SERVICES 1124 WASHINGTON BOULEVARD NEWCASTLE, WY 82701 (307) 746-3727
08/07/2019	CHG COMPANIES, INC. DBA COMPHEALTH 7259 S BINGHAM JUNCTION BLVD MIDVALE, UT 84047 (800) 930-3000
09/06/2019	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
09/17/2019	BLUE CROSS BLUE SHIELD OF WYOMING 4000 HOUSE AVE PO BOX 2266 CHEYENNE, WY 82001 (307) 432-2947

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**Date Released**

09/24/2019

**Entity Name**DAVIS HOSPITAL AND MEDICAL CENTER  
1600 W ANTELOPE DR  
LAYTON, UT 84041  
(801) 807-7009

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**Date Released**

09/28/2019

**Entity Name**WESTON COUNTY HEALTH SERVICES  
1124 WASHINGTON BOULEVARD  
NEWCASTLE, WY 82701  
(307) 746-3727

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**Date Released**

10/30/2019

**Entity Name**

SELF-QUERIER