

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

5500000136430180

Process Date: 07/07/2018

Page: 1 of 1

**To:** ALASTRA, ANTHONY JOHN GERARD

401 E 34TH ST APT S30E

NEW YORK, NY 10016-6618

**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.

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

**ALASTRA, ANTHONY JOHN GERARD - SELF-QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** ALASTRA, ANTHONY JOHN GERARD  
**Date of Birth:** 02/24/1970 **Gender:** MALE  
**Delivery Address:** 401 E 34TH ST APT S30E, NEW YORK, NY 10016-6618  
**Social Security Number:** \*\*\*-\*\*-1580 **DEA:** BA8742896  
**NPI:** 1720069438  
**License:** PHYSICIAN (MD), 217720, NY, NEUROLOGICAL SURGERY  
 PHYSICIAN (MD), 25MA07917400, NJ, NEUROLOGICAL SURGERY  
 PHYSICIAN (MD), 1561324, CA, NEUROLOGICAL SURGERY  
**Professional School(s):** CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE (1997)  
 VANDERBILT UNIVERSITY MEDICAL CENTER (2004)

**B. PAYMENT INFORMATION**

**Credit Card Information:** XXXXXXXXXXXX4880 (06/2019)  
**NPDB Charge:** \$4.00 **NPDB Bill Reference Number:** N58241895  
**Transaction Date:** 07/07/2018 **Additional Paper Copies Requested:** 0

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/07/2018****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 preceeding cover page.

**PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT**

**Basis for Action:** - IMPROPER PERFORMANCE

<b>Initial Action:</b>	- SETTLEMENT	<b>Date of Action:</b>	01/16/2018
<b>DCN:</b>	5500000131130824		

**PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT**

**Basis for Action:** - FAILURE TO DIAGNOSE

<b>Initial Action:</b>	- SETTLEMENT	<b>Date of Action:</b>	08/24/2016
<b>DCN:</b>	5500000111410130		

**APPLIED MEDICO-LEGAL SOLUTIONS RRG****MEDICAL MALPRACTICE PAYMENT**

**Basis for Action:** - IMPROPER PERFORMANCE

<b>Initial Action:</b>	- SETTLEMENT	<b>Date of Action:</b>	09/29/2014
<b>DCN:</b>	5500000093021355		

**PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO RECOGNIZE A COMPLICATION - FAILURE TO TREAT**Initial Action:** - SETTLEMENT**Date of Action:** 09/05/2013**DCN:** 5500000085019114**PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO ORDER APPROPRIATE TEST**Initial Action:** - SETTLEMENT**Date of Action:** 07/23/2012**DCN:** 5500000076340126**PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO RECOGNIZE A COMPLICATION**Initial Action:** - SETTLEMENT**Date of Action:** 08/01/2011**DCN:** 5500000070612211

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

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000131130824  
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ALASTRA, ANTHONY**ALASTRA, ANTHONY****PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 01/16/2018****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING  
ENTITY**

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576-1140

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 141605

Type of Report: CORRECTION

Previous Report Number: 5500000131130527 (Please destroy all copies of the previous report)

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

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE ST

City, State, ZIP: STATEN ISLAND, NY 10304-4310

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: WESTERN UNIVERSITY (1997)

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

State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED****NOTE: Information marked with an asterisk (\*) was added, corrected, or removed.**

Date of Report: 01/24/2018

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 1,000,000.00

Date of This Payment: 01/16/2018

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 1,000,000.00

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**NPDB**P.O. Box 10832  
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ALASTRA, ANTHONY

**Payment Result of:** SETTLEMENT  
**Date of Judgment or Settlement, if Any:** 01/11/2018  
**Adjudicative Body Case Number:** 104018/11  
**Adjudicative Body Name:** SCNY COUNTY OF RICHMOND  
**Court File Number:**  
**\* Description of Judgment or Settlement and Any Conditions, Including Terms of Payment:** CASE SETTLED FOR \$1.825 MIO : PRI PAID \$1.0 MIO FROM HEALTHCARE ASSOCIATES IN MEDICINE PC POLICY .. 100 % ( \$1.0 MIO) ALLOCATED FOR THE ACTS OF DR ANTHONY ALASTRA AND THE BALANCE PAID BY HAM PC

**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:** \$ 1,000,000.00  
**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?:** YES  
**Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:** \$ 825,000.00

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

**Patient's Age at Time of Initial Event:** 82 YEARS  
**Patient's Gender:** MALE  
**Patient's Type:** INPATIENT  
**Description of the Medical Condition With Which the Patient Presented for Treatment:** FALL  
**Description of the Procedure Performed:** Burr hole procedure  
**Nature of Allegation:** SURGERY RELATED (020)  
**Specific Allegation:** IMPROPER PERFORMANCE (306)  
**Date of Event Associated With Allegation or Incident:** 02/09/2011  
**Outcome:** SIGNIFICANT PERMANENT INJURY (06)  
**Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:** Alleged negligent performance of burr hole procedure for evacuation of a hematoma resulting in injuries

**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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ALASTRA, ANTHONY

☐ 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: 01/24/2018

Date of Most Recent Change: 01/24/2018

**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.

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**END OF REPORT**

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## DISCLOSURE HISTORY

Report Number: 5500000131130824

### F. DISCLOSURE HISTORY

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

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

Date Released	Entity Name
01/24/2018	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210
03/15/2018	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
04/03/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
04/27/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
05/09/2018	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903

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ALASTRA, ANTHONY

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**Date Released**

05/22/2018

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**Entity Name**

WELLCARE OF NEW YORK, INC.

110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

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**Date Released**

07/07/2018

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**Entity Name**

SELF-QUERIER

**Recipient(s) of the Earlier Version of this Report**

An earlier version of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report.

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**Date Released**

01/24/2018

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**Entity Name**

HEALTHCARE ASSOCIATES IN MEDICINE, PC

2535 ARTHUR KILL RD

STATEN ISLAND, NY 10309

(718) 448-3210



**NPDB**P.O. Box 10832  
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ALASTRA, ANTHONY**ALASTRA, ANTHONY****PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 08/24/2016****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO DIAGNOSE

**A. REPORTING  
ENTITY**

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576-1140

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 145637

Type of Report: INITIAL

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

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE ST

City, State, ZIP: STATEN ISLAND, NY 10304-4310

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: WESTERN UNIVERSITY (1997)

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

State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 08/24/2016

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 75,000.00

Date of This Payment: 08/24/2016

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 75,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 07/26/2016

Adjudicative Body Case Number: INDEX #100081/13

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ALASTRA, ANTHONY

Adjudicative Body Name: SCNY COUNTY OF RICHMOND

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment:

CASE SETTLED FOR \$75,000.00 PAID BY PRI FROM HEALTHCARE  
ASSOCIATES IN MEDICINE PC POLICY...APPORTIONED 100%  
(\$75,000.00) FOR THE ACTS OF ANTHONY ALASTRA MD**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: \$ 75,000.00

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?: 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: 62 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: Back pain

Description of the Procedure Performed: PE

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: FAILURE TO DIAGNOSE (101)

Date of Event Associated With Allegation or Incident: 11/30/2011

Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

Alleged failure to timely diagnose and treat metastatic  
cancer resulting in injury**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.

**NPDB**P.O. Box 10832  
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ALASTRA, ANTHONY

☐ 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: 08/24/2016

Date of Most Recent Change: 08/24/2016

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

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**END OF REPORT**

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**NPDB**P.O. Box 10832  
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ALASTRA, ANTHONY

## DISCLOSURE HISTORY

Report Number: 5500000111410130

### 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
09/15/2016	METROPOLITAN SURGICAL INSTITUTE, LLC 540 BORDENTOWN AVE BOX B5 SOUTH AMBOY, NJ 08879 (732) 525-2227
01/18/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/10/2017	HEALTHSMART PREFERRED CARE 222 LAS COLINAS BLVD W STE 500N IRVING, TX 75039 (214) 574-1171
02/14/2017	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210
03/23/2017	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193

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ALASTRA, ANTHONY

Date Released	Entity Name
04/03/2017	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
05/23/2017	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
08/09/2017	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
08/31/2017	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
10/28/2017	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
12/18/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
03/15/2018	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511

**NPDB**P.O. Box 10832  
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ALASTRA, ANTHONY

<u>Date Released</u>	<u>Entity Name</u>
04/03/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
<u>Date Released</u>	<u>Entity Name</u>
04/27/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
<u>Date Released</u>	<u>Entity Name</u>
05/09/2018	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903
<u>Date Released</u>	<u>Entity Name</u>
05/22/2018	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
<u>Date Released</u>	<u>Entity Name</u>
07/07/2018	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000093021355  
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ALASTRA, ANTHONY**ALASTRA, ANTHONY****APPLIED MEDICO-LEGAL SOLUTIONS RRG****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 09/29/2014****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING  
ENTITY**

Entity Name: APPLIED MEDICO-LEGAL SOLUTIONS RRG \*

Address: 12700 PARK CENTRAL  
SUITE 900

City, State, Zip: DALLAS, TX 75251

Country:

Name or Office: DENA MASTROGIOVANNI

Title or Department: ASSOCIATE CLAIMS COUNSEL

Telephone: (866) 520-6896

Entity Internal Report Reference: NY-HCA-10

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 05/19/2015. The NPDB has no additional information regarding this entity.

Entity Name: APPLIED MEDICO-LEGAL SOLUTIONS RRG

Address: 101 E PARK BLVD STE 201

City, State, Zip: PLANO, TX 75074-8811

Country:

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

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/04/1970

Organization Name:

Work Address: 1099 TARGEE ST

City, State, ZIP: STATEN ISLAND, NY 10304-4310

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE  
(1997)

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

State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers: BA8742896

Hospital Affiliation(s): RICHMOND UNIVERSITY MEDICAL CENTER

STATEN ISLAND, NY

NORTH SHORE LONG ISLAND JEWISH

STATEN ISLAND, NY

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000093021355  
Process Date: 11/06/2014  
Page: 2 of 3  
ALASTRA, ANTHONY**C. INFORMATION  
REPORTED**

Date of Report: 11/06/2014

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 175,000.00

Date of This Payment: 09/29/2014

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 175,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 09/29/2014

Adjudicative Body Case Number: 101521/13

Adjudicative Body Name: SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF  
RICHMOND

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: PAYMENT OF \$175,000.00 IN EXCHANGE FOR A FULL AND FINAL  
RELEASE OF ALL CLAIMS BY PLAINTIFF AGAINST THIS INSURED  
PHYSICIAN. SETTLEMENT OF THIS CLAIM IS NOT AN ADMISSION  
OF LIABILITY. THE DECISION TO SETTLE THIS CASE WAS A  
BUSINESS DECISION MADE WITH THE INTENT OF AVOIDING THE  
RISK AND EXPENSE OF A TRIAL.**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: \$ 175,000.00

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?: 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: BOTH

Description of the Medical Condition With Which the Patient

Presented for Treatment:

PATIENT PRESENTED TO THIS INSURED PHYSICIAN FOR  
EVALUATION AND TREATMENT OF LONG HISTORY OF BACK PAIN,  
NUMBNESS AND TINGLING RADIATING INTO THE LOWER  
EXTREMITIES BILATERALLY. IT WAS NOTED THAT THE PATIENT  
HAD RECENTLY BEEN TREATED FOR NECK PAIN WITH AN EPIDURAL  
INJECTION WITHOUT RELIEF OF HER SYMPTOMS. FOLLOWING  
MULTIPLE EXAMS AND TESTING THE DIAGNOSIS WAS NOTED OF  
DEGENERATIVE DISC DISEASE AT L5-S1 WITH AN ANTERIOR TEAR  
WITH CONCORDANT PAIN AT L3-L4.

Description of the Procedure Performed:

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 03/04/2009

Outcome: MINOR TEMPORARY INJURY (03)

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ALASTRA, ANTHONY

**Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:**

FOLLOWING THE SURGERY THE PATIENT CONTINUED TO COMPLAIN OF BACK PAIN, SPASMS, NUMBENSS AND TINGLING WITH NO RESOLUTION OF HER SYMPTOMS. SHE REQUIRED AN ADDITIONAL SURGICAL PROCEDURE TO PERFORM A FUSION OF L3-L4 WITH REVISION OF THE HARDWARE AT L4-S1. PLAINTIFF ALLEGED THAT THIS INSURED PHYSICIAN FAILED TO PERFORM THE APPROPRIATE PROCEDURE DURING THE INTIAL SURGERY RESULTING IN DELAY OF TREATMENT AND WORSENING PAIN AND DISABILITY.

**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.
- ☐ 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: 11/06/2014

Date of Most Recent Change: 11/06/2014

**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  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000093021355

Process Date: 11/06/2014

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ALASTRA, ANTHONY

## DISCLOSURE HISTORY

Report Number: 5500000093021355

### 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**

02/24/2015

**Entity Name**TOUCHSTONE HEALTH HMO  
1 N LEXINGTON AVE FL 12  
WHITE PLAINS, NY 10601  
(914) 288-1106**Date Released**

03/18/2015

**Entity Name**RICHMOND UNIVERSITY MEDICAL CENTER  
355 BARD AVE  
STATEN ISLAND, NY 10310  
(718) 818-2426**Date Released**

03/19/2015

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 257-3946**Date Released**

05/19/2015

**Entity Name**WELLCARE OF NEW YORK, INC.  
110 5TH AVE FL 3  
NEW YORK, NY 10011  
(813) 206-3839**Date Released**

06/11/2015

**Entity Name**US FAMILY HEALTH PLAN AT SVCMC  
5 PENN PLZ # 9  
NEW YORK, NY 10001  
(212) 356-4903

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000093021355**Process Date:** 11/06/2014**Page:** 2 of 5

ALASTRA, ANTHONY

Date Released	Entity Name
07/09/2015	AMERIGROUP CORPORATION 5800 NORTHAMPTON BLVD NORFOLK, VA 23502 (757) 473-2737
09/21/2015	AMIDA CARE 14 PENN PLZ # 2 NEW YORK, NY 10122 (646) 757-7073
10/06/2015	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
11/17/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 1603 268-7699
12/31/2015	QUALITY HEALTH PLANS OF NEW YORK, INC 2805 VETERANS MEMORIAL HWY STE 17 RONKONKOMA, NY 11779 (631) 403-4265
02/10/2016	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
05/04/2016	EMBLEMHEALTH 55 WATER ST NEW YORK, NY 10041 (646) 447-6572

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000093021355

Process Date: 11/06/2014

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ALASTRA, ANTHONY

Date Released	Entity Name
05/11/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
05/26/2016	CATHOLIC SPECIAL NEEDS PLAN, LLC 33 IRVING PL FL 11 NEW YORK, NY 10003 (646) 233-5746
06/09/2016	NEXUS ENTERPRISES, LLC 1650 INDEPENDENCE DR STE 300 NEW BRAUNFELS, TX 78132 (512) 216-6711
06/21/2016	FIDELIS CARE 480 CROSSPOINT PKWY GETZVILLE, NY 14068 (718) 896-6500
09/15/2016	METROPOLITAN SURGICAL INSTITUTE, LLC 540 BORDENTOWN AVE BOX B5 SOUTH AMBOY, NJ 08879 (732) 525-2227
01/18/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/10/2017	HEALTHSMART PREFERRED CARE 222 LAS COLINAS BLVD W STE 500N IRVING, TX 75039 (214) 574-1171

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000093021355

Process Date: 11/06/2014

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ALASTRA, ANTHONY

Date Released	Entity Name
02/14/2017	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210
03/23/2017	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193
04/03/2017	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
05/23/2017	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
08/09/2017	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
08/31/2017	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
10/28/2017	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000093021355  
**Process Date:** 11/06/2014  
**Page:** 5 of 5  
ALASTRA, ANTHONY

Date Released	Entity Name
12/18/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
03/15/2018	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
04/03/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
04/27/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
05/09/2018	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903
05/22/2018	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
07/07/2018	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000085019114  
Process Date: 10/09/2013  
Page: 1 of 3  
ALASTRA, ANTHONY**ALASTRA, ANTHONY****PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 09/05/2013****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO RECOGNIZE A COMPLICATION  
- FAILURE TO TREAT**A. REPORTING  
ENTITY**

Entity Name: PHYSICIANS RECIPROCAL INSURERS \*

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 123197

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/24/2017:

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576-1140

Country:

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

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE STREET

City, State, ZIP: STATEN ISLAND, NY 10304

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: WESTERN UNIVERSITY (1997)

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

State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 10/09/2013

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 950,000.00

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>
**DCN:** 5500000085019114  
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**Page:** 2 of 3  
**ALASTRA, ANTHONY**

**Date of This Payment:** 09/05/2013  
**This Payment Represents:** A SINGLE FINAL PAYMENT  
**Total Amount Paid or to Be Paid by This Payer for This Practitioner:** \$ 950,000.00  
**Payment Result of:** SETTLEMENT  
**Date of Judgment or Settlement, if Any:** 08/23/2013  
**Adjudicative Body Case Number:** INDEX #101455/09  
**Adjudicative Body Name:** SCNY COUNTY OF RICHMOND  
**Court File Number:**  
**Description of Judgment or Settlement and Any Conditions, Including Terms of Payment:** CASE SETTLED FOR \$950,000.00 PAID BY PRI FROM HEALTHCARE ASSOCIATES IN MEDICINE POLICY APPORTIONED 100% (\$950,000.00) FOR THE ACTS OF DR ALASTRA.

**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:** \$ 950,000.00  
**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:** 44 YEARS  
**Patient's Gender:** FEMALE  
**Patient's Type:** INPATIENT  
**Description of the Medical Condition With Which the Patient Presented for Treatment:** BACK PAIN  
**Description of the Procedure Performed:** TRANFORAMINAL LUMBAR INTERBODY FUSION  
**Nature of Allegation:** SURGERY RELATED (020)  
**Specific Allegation:** FAILURE TO RECOGNIZE A COMPLICATION (112)  
**Date of Event Associated With Allegation or Incident:** 04/27/2008  
**Specific Allegation:** FAILURE TO TREAT (113)  
**Date of Event Associated With Allegation or Incident:** 05/09/2008  
**Outcome:** DEATH (09)  
**Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:** ALLEGED FAILURE TO RE-EXPLORE RESULTING IN SPINAL CORD INJURY.

**D. SUBJECT STATEMENT**

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



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000085019114  
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Page: 3 of 3  
ALASTRA, ANTHONY**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: 10/09/2013

Date of Most Recent Change: 10/09/2013

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**END OF REPORT**

## DISCLOSURE HISTORY

**Report Number: 5500000085019114**

### F. DISCLOSURE HISTORY

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

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Date Released	Entity Name
10/09/2013	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210

Date Released	Entity Name
12/05/2013	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511

Date Released	Entity Name
03/06/2014	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193

Date Released	Entity Name
04/02/2014	AFFINITY HEALTH PLAN INC 1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197

Date Released	Entity Name
04/14/2014	AFFINITY HEALTH PLAN INC 1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000085019114  
**Process Date:** 10/09/2013  
**Page:** 2 of 7  
ALASTRA, ANTHONY

Date Released	Entity Name
05/27/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
06/23/2014	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
08/25/2014	INDEPENDENT LIVING SYSTEMS, LLC 5200 BLUE LAGOON DR STE 500 MIAMI, FL 33126 (305) 262-1292
10/16/2014	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
02/24/2015	TOUCHSTONE HEALTH HMO 1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601 (914) 288-1106
03/18/2015	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
03/19/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

<u>Date Released</u>	<u>Entity Name</u>
05/19/2015	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
<u>Date Released</u>	<u>Entity Name</u>
06/11/2015	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903
<u>Date Released</u>	<u>Entity Name</u>
07/09/2015	AMERIGROUP CORPORATION 5800 NORTHAMPTON BLVD NORFOLK, VA 23502 (757) 473-2737
<u>Date Released</u>	<u>Entity Name</u>
09/21/2015	AMIDA CARE 14 PENN PLZ # 2 NEW YORK, NY 10122 (646) 757-7073
<u>Date Released</u>	<u>Entity Name</u>
10/06/2015	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
<u>Date Released</u>	<u>Entity Name</u>
11/17/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 1603 268-7699
<u>Date Released</u>	<u>Entity Name</u>
12/31/2015	QUALITY HEALTH PLANS OF NEW YORK, INC 2805 VETERANS MEMORIAL HWY STE 17 RONKONKOMA, NY 11779 (631) 403-4265

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**Process Date:** 10/09/2013  
**Page:** 4 of 7  
ALASTRA, ANTHONY

Date Released	Entity Name
02/10/2016	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
05/04/2016	EMBLEMHEALTH 55 WATER ST NEW YORK, NY 10041 (646) 447-6572
05/11/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
05/26/2016	CATHOLIC SPECIAL NEEDS PLAN, LLC 33 IRVING PL FL 11 NEW YORK, NY 10003 (646) 233-5746
06/09/2016	NEXUS ENTERPRISES, LLC 1650 INDEPENDENCE DR STE 300 NEW BRAUNFELS, TX 78132 (512) 216-6711
06/21/2016	FIDELIS CARE 480 CROSSPOINT PKWY GETZVILLE, NY 14068 (718) 896-6500
09/15/2016	METROPOLITAN SURGICAL INSTITUTE, LLC 540 BORDENTOWN AVE BOX B5 SOUTH AMBOY, NJ 08879 (732) 525-2227

**NPDB**P.O. Box 10832  
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**Process Date:** 10/09/2013  
**Page:** 5 of 7  
ALASTRA, ANTHONY

Date Released	Entity Name
01/18/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/10/2017	HEALTHSMART PREFERRED CARE 222 LAS COLINAS BLVD W STE 500N IRVING, TX 75039 (214) 574-1171
02/14/2017	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210
03/23/2017	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193
04/03/2017	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
05/23/2017	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
08/09/2017	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726

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**Process Date:** 10/09/2013  
**Page:** 6 of 7  
ALASTRA, ANTHONY

Date Released	Entity Name
08/31/2017	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
10/28/2017	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
12/18/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
03/15/2018	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
04/03/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
04/27/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
05/09/2018	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000085019114  
**Process Date:** 10/09/2013  
**Page:** 7 of 7  
ALASTRA, ANTHONY

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**Date Released**

05/22/2018

**Entity Name**

WELLCARE OF NEW YORK, INC.

110 5TH AVE FL 3

NEW YORK, NY 10011

(813) 206-3839

---

**Date Released**

07/07/2018

**Entity Name**SELF-QUERIER

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**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000076340126  
Process Date: 07/25/2012  
Page: 1 of 3  
ALASTRA, ANTHONY**ALASTRA, ANTHONY****PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 07/23/2012****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO ORDER APPROPRIATE TEST

**A. REPORTING  
ENTITY**

Entity Name: PHYSICIANS RECIPROCAL INSURERS \*

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 122357

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/24/2017:

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576-1140

Country:

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

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE STREET

City, State, ZIP: STATEN ISLAND, NY 10304

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-1580

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: WESTERN UNIVERSITY (1997)

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

State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 07/25/2012

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 750,000.00

Date of This Payment: 07/23/2012

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000076340126  
Process Date: 07/25/2012  
Page: 2 of 3  
ALASTRA, ANTHONY

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 750,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 07/02/2012

Adjudicative Body Case Number: INDEX #101701/08

Adjudicative Body Name: SCNY COUNTY OF RICHMOND

Court File Number:

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: CASE SETTLED FOR \$750,000.00 PAID BY PRI FROM HEALTHCARE ASSOCIATES IN MEDICINE, PC POLICY - APPORTIONED 100% (\$750,000.00) FOR THE ACTS OF DR ALASTRA.

**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: \$ 750,000.00

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: 66 YEARS

Patient's Gender: MALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient Presented for Treatment: CERVICAL MYELOPATHY

Description of the Procedure Performed: ANTERIOR CERVICAL CORPECTOMY C5-6 AND ANTERIOR FUSION C4-7

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: FAILURE TO ORDER APPROPRIATE TEST (108)

Date of Event Associated With Allegation or Incident: 12/19/2005

Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGED NEGLIGENT PERFORMANCE OF CERVICAL CORPECTOMY AND FUSION RESULTING IN SPINAL CORD DAMAGE.

**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.

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126

Process Date: 07/25/2012

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ALASTRA, ANTHONY

- ☐ 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: 07/25/2012

Date of Most Recent Change: 07/25/2012

**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  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126

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ALASTRA, ANTHONY

## DISCLOSURE HISTORY

Report Number: 5500000076340126

### 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**

07/25/2012

**Entity Name**HEALTHCARE ASSOCIATES IN MEDICINE, PC  
2535 ARTHUR KILL RD  
STATEN ISLAND, NY 10309  
(718) 448-3210**Date Released**

07/27/2012

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 257-3946**Date Released**

08/28/2012

**Entity Name**US FAMILY HEALTH PLAN AT SVCMC  
5 PENN PLZ # 9  
NEW YORK, NY 10001  
(212) 356-4903**Date Released**

11/08/2012

**Entity Name**AMERIGROUP CORPORATION  
5800 NORTHAMPTON BLVD  
NORFOLK, VA 23502  
(757) 473-2737**Date Released**

12/10/2012

**Entity Name**CIGNA HEALTHCARE OF NEW HAMPSHIRE  
2 COLLEGE PARK DR  
HOOKSETT, NH 03106  
1603 268-7699

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126

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ALASTRA, ANTHONY

Date Released	Entity Name
01/02/2013	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
01/02/2013	CONSUMER HEALTH NETWORK PLUS, LLC 300 AMERICAN METRO BLVD STE 170 CREDENTIALING DEPARTMENT HAMILTON, NJ 08619 (800) 225-4246
02/26/2013	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
03/14/2013	AMIDA CARE 14 PENN PLZ # 2 NEW YORK, NY 10122 (646) 757-7073
03/21/2013	EMBLEMHEALTH 55 WATER ST NEW YORK, NY 10041 (646) 447-6572
08/01/2013	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
09/11/2013	FIDELIS CARE 480 CROSSPOINT PKWY GETZVILLE, NY 14068 (718) 896-6500

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126

Process Date: 07/25/2012

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ALASTRA, ANTHONY

Date Released	Entity Name
12/05/2013	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
03/06/2014	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193
04/02/2014	AFFINITY HEALTH PLAN INC 1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197
04/14/2014	AFFINITY HEALTH PLAN INC 1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197
05/27/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
06/23/2014	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
08/25/2014	INDEPENDENT LIVING SYSTEMS, LLC 5200 BLUE LAGOON DR STE 500 MIAMI, FL 33126 (305) 262-1292

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126

Process Date: 07/25/2012

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ALASTRA, ANTHONY

Date Released	Entity Name
10/16/2014	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
02/24/2015	TOUCHSTONE HEALTH HMO 1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601 (914) 288-1106
03/18/2015	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
03/19/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
05/19/2015	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
06/11/2015	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903
07/09/2015	AMERIGROUP CORPORATION 5800 NORTHAMPTON BLVD NORFOLK, VA 23502 (757) 473-2737

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126

Process Date: 07/25/2012

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ALASTRA, ANTHONY

Date Released	Entity Name
09/21/2015	AMIDA CARE 14 PENN PLZ # 2 NEW YORK, NY 10122 (646) 757-7073
10/06/2015	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
11/17/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 1603 268-7699
12/31/2015	QUALITY HEALTH PLANS OF NEW YORK, INC 2805 VETERANS MEMORIAL HWY STE 17 RONKONKOMA, NY 11779 (631) 403-4265
02/10/2016	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
05/04/2016	EMBLEMHEALTH 55 WATER ST NEW YORK, NY 10041 (646) 447-6572
05/11/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126

Process Date: 07/25/2012

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ALASTRA, ANTHONY

Date Released	Entity Name
05/26/2016	CATHOLIC SPECIAL NEEDS PLAN, LLC 33 IRVING PL FL 11 NEW YORK, NY 10003 (646) 233-5746
06/09/2016	NEXUS ENTERPRISES, LLC 1650 INDEPENDENCE DR STE 300 NEW BRAUNFELS, TX 78132 (512) 216-6711
06/21/2016	FIDELIS CARE 480 CROSSPOINT PKWY GETZVILLE, NY 14068 (718) 896-6500
09/15/2016	METROPOLITAN SURGICAL INSTITUTE, LLC 540 BORDENTOWN AVE BOX B5 SOUTH AMBOY, NJ 08879 (732) 525-2227
01/18/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/10/2017	HEALTHSMART PREFERRED CARE 222 LAS COLINAS BLVD W STE 500N IRVING, TX 75039 (214) 574-1171
02/14/2017	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126

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ALASTRA, ANTHONY

<u>Date Released</u>	<u>Entity Name</u>
03/23/2017	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193
<u>Date Released</u>	<u>Entity Name</u>
04/03/2017	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
<u>Date Released</u>	<u>Entity Name</u>
05/23/2017	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
<u>Date Released</u>	<u>Entity Name</u>
08/09/2017	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
<u>Date Released</u>	<u>Entity Name</u>
08/31/2017	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
<u>Date Released</u>	<u>Entity Name</u>
10/28/2017	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
<u>Date Released</u>	<u>Entity Name</u>
12/18/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000076340126**Process Date:** 07/25/2012**Page:** 8 of 8

ALASTRA, ANTHONY

Date Released	Entity Name
03/15/2018	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
04/03/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
04/27/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
05/09/2018	US FAMILY HEALTH PLAN AT SVC MC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903
05/22/2018	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
07/07/2018	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000070612211  
Process Date: 09/14/2011  
Page: 1 of 3  
ALASTRA, ANTHONY**ALASTRA, ANTHONY****PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 08/01/2011****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO RECOGNIZE A COMPLICATION

**A. REPORTING  
ENTITY**

Entity Name: PHYSICIANS RECIPROCAL INSURERS \*

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576

Country:

Name or Office: BRIAN CALVI

Title or Department: ASSISTANT DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 122704

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/24/2017:

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576-1140

Country:

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

Subject Name: ALASTRA, ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/24/1970

Organization Name:

Work Address: 1099 TARGEE STREET

City, State, ZIP: STATEN ISLAND, NY 10304

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-1580

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE (1997)

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

State License Number, State of Licensure: 217720, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 09/14/2011

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 500,000.00

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000070612211  
Process Date: 09/14/2011  
Page: 2 of 3  
ALASTRA, ANTHONY

Date of This Payment: 08/01/2011  
 This Payment Represents: A SINGLE FINAL PAYMENT  
 Total Amount Paid or to Be Paid by  
 This Payer for This Practitioner: \$ 500,000.00  
 Payment Result of: SETTLEMENT  
 Date of Judgment or Settlement, if Any: 07/22/2011  
 Adjudicative Body Case Number: 101158/08  
 Adjudicative Body Name: SCNY COUNTY OF RICHMOND  
 Court File Number:  
 Description of Judgment or Settlement and Any  
 Conditions, Including Terms of Payment: SETTLEMENT FOR \$500,000.00 BY PRI PAID FROM HEALTHCARE  
 ASSOCIATES IN MEDICINE PC POLICY, 100% APPORTIONED FOR  
 THE ACTS OF DR. ANOTHY ALASTRA.

**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: \$ 500,000.00  
 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: 46 YEARS  
 Patient's Gender: FEMALE  
 Patient's Type: BOTH  
 Description of the Medical Condition With Which the Patient  
 Presented for Treatment: ANTERIOR COMMUNICATING ARTERY.  
 Description of the Procedure Performed: CRANIOTOMY FOR MICRODISSECTION AND CLIPPING OF ANTERIOR  
 COMMUNICATING ARTERY.  
 Nature of Allegation: SURGERY RELATED (020)  
 Specific Allegation: FAILURE TO RECOGNIZE A COMPLICATION (112)  
 Date of Event Associated With Allegation or Incident: 03/20/2006  
 Outcome: DEATH (09)  
 Description of the Allegations and Injuries or Illnesses Upon  
 Which the Action or Claim Was Based: ALLEGED NEGLIGENT PERFORMANCE OF CRANIOTOMY RESULTING IN  
 INTRA-OPERATIVE CARDIO-PULMONARY ARREST WITH ANOXIC  
 ISCHEMIC ENCEPHALOPATHY AND DEATH OF A 46 Y/O MARRIED  
 EMPLOYED FEMALE.

**D. SUBJECT  
STATEMENT**

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

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000070612211  
Process Date: 09/14/2011  
Page: 3 of 3  
ALASTRA, ANTHONY**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: 09/14/2011

Date of Most Recent Change: 09/14/2011

**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  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000070612211

Process Date: 09/14/2011

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ALASTRA, ANTHONY

## DISCLOSURE HISTORY

Report Number: 5500000070612211

### F. DISCLOSURE HISTORY

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

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

Date Released	Entity Name
11/29/2011	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
02/13/2012	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
03/05/2012	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
04/19/2012	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
05/07/2012	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070612211  
**Process Date:** 09/14/2011  
**Page:** 2 of 9  
ALASTRA, ANTHONY

Date Released	Entity Name
05/09/2012	TOUCHSTONE HEALTH HMO 1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601 (914) 288-1106
05/10/2012	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210
06/21/2012	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
07/27/2012	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
08/28/2012	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903
11/08/2012	AMERIGROUP CORPORATION 5800 NORTHAMPTON BLVD NORFOLK, VA 23502 (757) 473-2737
12/10/2012	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 1603 268-7699



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070612211  
**Process Date:** 09/14/2011  
**Page:** 3 of 9  
ALASTRA, ANTHONY

Date Released	Entity Name
01/02/2013	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
01/02/2013	CONSUMER HEALTH NETWORK PLUS, LLC 300 AMERICAN METRO BLVD STE 170 CREDENTIALING DEPARTMENT HAMILTON, NJ 08619 (800) 225-4246
02/26/2013	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
03/14/2013	AMIDA CARE 14 PENN PLZ # 2 NEW YORK, NY 10122 (646) 757-7073
03/21/2013	EMBLEMHEALTH 55 WATER ST NEW YORK, NY 10041 (646) 447-6572
08/01/2013	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
09/11/2013	FIDELIS CARE 480 CROSSPOINT PKWY GETZVILLE, NY 14068 (718) 896-6500

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070612211

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ALASTRA, ANTHONY

Date Released	Entity Name
12/05/2013	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
03/06/2014	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193
04/02/2014	AFFINITY HEALTH PLAN INC 1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197
04/14/2014	AFFINITY HEALTH PLAN INC 1776 EASTCHESTER RD BRONX, NY 10461 (718) 794-3197
05/27/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
06/23/2014	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
08/25/2014	INDEPENDENT LIVING SYSTEMS, LLC 5200 BLUE LAGOON DR STE 500 MIAMI, FL 33126 (305) 262-1292

**NPDB**P.O. Box 10832  
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Date Released	Entity Name
10/16/2014	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
02/24/2015	TOUCHSTONE HEALTH HMO 1 N LEXINGTON AVE FL 12 WHITE PLAINS, NY 10601 (914) 288-1106
03/18/2015	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
03/19/2015	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
05/19/2015	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
06/11/2015	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903
07/09/2015	AMERIGROUP CORPORATION 5800 NORTHAMPTON BLVD NORFOLK, VA 23502 (757) 473-2737

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ALASTRA, ANTHONY

Date Released	Entity Name
09/21/2015	AMIDA CARE 14 PENN PLZ # 2 NEW YORK, NY 10122 (646) 757-7073
10/06/2015	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
11/17/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 1603 268-7699
12/31/2015	QUALITY HEALTH PLANS OF NEW YORK, INC 2805 VETERANS MEMORIAL HWY STE 17 RONKONKOMA, NY 11779 (631) 403-4265
02/10/2016	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
05/04/2016	EMBLEMHEALTH 55 WATER ST NEW YORK, NY 10041 (646) 447-6572
05/11/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008

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Date Released	Entity Name
05/26/2016	CATHOLIC SPECIAL NEEDS PLAN, LLC 33 IRVING PL FL 11 NEW YORK, NY 10003 (646) 233-5746
06/09/2016	NEXUS ENTERPRISES, LLC 1650 INDEPENDENCE DR STE 300 NEW BRAUNFELS, TX 78132 (512) 216-6711
06/21/2016	FIDELIS CARE 480 CROSSPOINT PKWY GETZVILLE, NY 14068 (718) 896-6500
09/15/2016	METROPOLITAN SURGICAL INSTITUTE, LLC 540 BORDENTOWN AVE BOX B5 SOUTH AMBOY, NJ 08879 (732) 525-2227
01/18/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/10/2017	HEALTHSMART PREFERRED CARE 222 LAS COLINAS BLVD W STE 500N IRVING, TX 75039 (214) 574-1171
02/14/2017	HEALTHCARE ASSOCIATES IN MEDICINE, PC 2535 ARTHUR KILL RD STATEN ISLAND, NY 10309 (718) 448-3210

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ALASTRA, ANTHONY

<u>Date Released</u>	<u>Entity Name</u>
03/23/2017	ELDERPLAN 745 64TH ST BROOKLYN, NY 11220 (718) 759-4193
<u>Date Released</u>	<u>Entity Name</u>
04/03/2017	RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 (718) 818-2426
<u>Date Released</u>	<u>Entity Name</u>
05/23/2017	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
<u>Date Released</u>	<u>Entity Name</u>
08/09/2017	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
<u>Date Released</u>	<u>Entity Name</u>
08/31/2017	VNS CHOICE 1250 BROADWAY FL 3 NEW YORK, NY 10001 (212) 946-9106
<u>Date Released</u>	<u>Entity Name</u>
10/28/2017	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
<u>Date Released</u>	<u>Entity Name</u>
12/18/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

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Date Released	Entity Name
03/15/2018	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 (718) 226-9511
04/03/2018	HEALTH NET FEDERAL SERVICES 2019 AEROJET RD RANCHO CORDOVA, CA 95742 (916) 294-4726
04/27/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
05/09/2018	US FAMILY HEALTH PLAN AT SVC MC 5 PENN PLZ # 9 NEW YORK, NY 10001 (212) 356-4903
05/22/2018	WELLCARE OF NEW YORK, INC. 110 5TH AVE FL 3 NEW YORK, NY 10011 (813) 206-3839
07/07/2018	SELF-QUERIER