* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED May 10, 2017 1:30:54 PM CDT

REMOTE CSID 2132527282

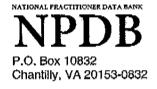
DURATION 630

STATUS Received

05/10/2017 10:19AM 2132527282

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PAGE 01/20





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Process Date: 04/26/2017

PAGES

20

Page: 1 of 1

https://www.npdb.hrsa.gov

To:

WARNER, CLARENCE EMANUEL

14360 RIVERSIDE DR APT 211

SHERMAN OAKS, CA 91423-1772

From:

Re:

National Practitioner Data Bank Response to Your Self-Query

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

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

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

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

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

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

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (https://www.npdb.hrsa.gov) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

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

https://www.npdb.hrsa.gov



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Process Date: 04/26/2017

Page: 1

WARNER, CLARENCE EMANUEL - SELF-QUERY RESPONSE

Practitioner Name:

WARNER, CLARENCE EMANUEL

Date of Birth:

Delivery Address:

10/26/1954

Gender:

14360 RIVERSIDE DR AFT 211, SHERMAN OAKS, CA 91423-1772

Social Security Number:

***-**-6505

DEA:

FW4361832

NPI:

1396172110

License:

PHYSICIAN (MD), G62334, CA, GENERAL PRACTICE/FAMILY PRACTICE

Professional School(s):

HOWARD UNIVERSITY COLLEGE OF MEDICINE (1984)

Credit Card Information:

XXXXXXXXXXXXXX2566 (04/2021)

NPDB Charge:

\$4.00*

NPDB Bill Reference Number: www.N52487239;

* Each charge will appear separately on your credit card statement. Transaction Date:

04/26/2017

Additional Paper Copies Requested: 0

The following report types have been searched:

Medical Malpractice Payment/Report(s): - Yes, See Below:

State Licensure Action(s):

Exclusion or Debarment Action(s):

Clinical Privileges Action(s)

Yes, See Below

No Reports

Health: Plan Action(s): A transfer and Artist No Reports seems

Professional Society Action(s):

DEA/Federal Licensure Action(s): Government Administrative Administra

No Heritate Post Review Christophila Actions

No Reports

12.4

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No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceeding cover page. and selection researched and following seems of the control of the large period about 18 february 12 opening o Salara Salara Salara Salara

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CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Initial Action: PROBATION OF LICENSE

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Initial Action:

- PROBATION OF LICENSE

*DCN: 678 38880 (0006) 1685500000038421658650.076 [16.10.005] 1.00.000 [16.10.005]

Subsequent Action: - EXTENSION OF PREVIOUS LICENSURE ACTION 6500000049160570

Date of Action:

11/07/2005

Initial Action:

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NATIONAL PRACTITIONER DATA BANK



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Chantilly, VA 20153-0832

5500000123256861

Process Date: 04/26/2017

Page: 2

FREMONT INDEMNITY COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: □ □UNKNOWN

Initial Action: DCN:

- SETTLEMENT

5500000001299881

Date of Action: 10/25/1995

11/09/1994

Date of Action:

COASTAL PHYSICIAN GROUP, INC. 🐗

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - UNKNOWN

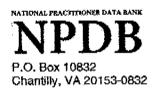
DCN:

Initial Action:

- SETTLEMENT

5500000000183908

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



DCN: 5500000077488920 Process Date: 09/25/2012

Page: 1 of 3

WARNER, CLARENCE EMANUEL

WARNER, CLARENCE EMANUEL

- PROBATION OF LICENSE

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

Entity Name: MEDICAL BOARD OF CALIFORNIA *

Address: 2005 EVERGREEN STREET, SUITE 1200

City, State, Zip: SACRAMENTO, CA 95815-3831

Country:

Name or Office: CHRISTINA HAYDON

Title or Department: DISCIPLINE COORDINATION UNIT

Telephone: (916) 263-2370

Entity Internal Report Reference: 27-2011-216968

Type of Report: INITIAL

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

Entity Name: MEDICAL BOARD OF CALIFORNIA

Address: 2005 EVERGREEN ST STE 1200 City, State, Zip: SACRAMENTO, CA 95815-5401

Country:

Subject Name: WARNER, CLARENCE EMANUEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 10/26/1954

Organization Name:

Work Address: 14360 RIVERSIDE DRIVE, #211

City, State, ZIP: SHERMAN OAKS, CA 91423

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-6505

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY COLLEGE OF MEDICINE (1984)

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

State License Number, State of Licensure: G 62334, CA

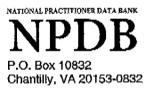
Specialty: UNSPECIFIED

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject is Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):





DCN: 5500000077488920 Process Date: 09/25/2012

Page: 2 of 3

WARNER, CLARENCE EMANUEL

https://www.npdb.hrsa.gov

REPORTER

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

Type of Adverse Action: STATE LICENSURE

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

Other, as Specified: PETITION FOR REINSTATEMENT.

Name of Agency or Program That Took the Adverse Action

Specified in This Report:

MEDICAL BOARD OF CALIFORNIA

Adverse Action

Classification Code(s): PROBATION OF LICENSE (1125)

Date Action Was Taken: 09/14/2012

Date Action Became Effective: 09/14/2012

Length of Action: SPECIFIC PERIOD

Years: 5
Months:

Days:

Total Amount of Monetary Penalty,

Assessment and/or Restitution: Is Subject Automatically Reinstated After

Adverse Action Period Is Completed?: NO

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

by Reporting Entity:

EFFECTIVE 12/06/07 LICENSE SURRENDERED; EFFECTIVE 09/14/12 LICENSE REINSTATED; CANNOT PRACTICE MEDICINE PENDING COMPLETION OF A CLINICAL TRAINING PROGRAM. FIVE YEARS PROBATION WITH VARIOUS TERMS AND CONDITONS. DURING PROBATION, DR. WARNER IS PROHIBITED FROM SUPERVISING

PHYSICIAN ASSISTANTS.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the

Health or Welfare of Patient(s)?: NO

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

OLSUBUEGA STATEMENT

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

E REPORTESTATUS E

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

This report has been disputed by the subject Identified in Section B.

At the request of the subject Identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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DCN: 5500000077488920 Process Date: 09/25/2012

Page: 3 of 3

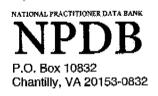
WARNER, CLARENCE EMANUEL

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision			
is shown below:			
Date of Original Submission:	09/25/2012		
Date of Most Recent Change:	09/25/2012		

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

- END OF REPORT





DCN: 5500000039421658 **Process Date:** 10/18/2005

Page: 1 of 3

WARNER, CLARENCE EMANUEL

WARNER, CLARENCE EMANUEL

MEDICAL BOARD OF CALIFORNIA STATE LICENSURE ACTION Initial Action - PROBATION OF LICENSE - NEGLIGENCE - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - EXTENSION OF PREVIOUS LICENSURE ACTION

Date of Action: 12/06/2007 DCN: 5500000049160570

A INCIPOLATING

Entity Name: MEDICAL BOARD OF CALIFORNIA *

Address: 1426 HOWE AVENUE, SUITE 93

City, State, Zip: SACRAMENTO, CA 95825

Country:

Name or Office: CHRISTINA HAYDON

Title or Department: DISCIPLINE COORDINATION UNIT

Telephone: (916) 263-2370

Entity Internal Report Reference: 05-2000-113172

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reporte

to the NPDB on 09/08/2015:

Entity Name: MEDICAL BOARD OF CALIFORNIA

Address: 2005 EVERGREEN ST STE 1200

City, State, Zip: SACRAMENTO, CA 95815-5401

Country:

E SUEUEOT M IDENTIFICATION INFORMATION (INDIMIDUAL) Subject Name: WARNER, CLARENCE EMANUEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 10/26/1954

Organization Name:

Work Address: 7301 SEPULVEDA BLVD., SUITE 1

City, State, ZIP: VAN NUYS, CA 91405

Organization Type: Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-6505

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY COLLEGE OF MEDICINE (1984)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: G 62334, CA

NATIONAL PRACTITIONER DATA BANK

Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000039421658

Process Date: 10/18/2005

Page: 2

WARNER, CLARENCE EMANUEL

UNSPECIFIED Specialty:

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entitles) With Which Subject is Affiliated or Associated (Inclusion Does Not imply Complicity in

the Reported Action.):

Business Address of Affiliate:

City, State, ZiP:

Nature of Relationship(s):

STATE LICENSURE Type of Adverse Action:

NEGLIGENCE (13) Basis for Action:

OTHER - NOT CLASSIFIED, SPECIFY (99)

PRESCRIBING TO OR TREATING AN ADDICT. Other, as Specified:

OTHER - NOT CLASSIFIED, SPECIFY (99)

PRESCRIBING WITHOUT A MEDICAL EXAM. Other, as Specified: OTHER - NOT CLASSIFIED, SPECIFY (99)

FAILURE TO MAINTAIN ADEQUATE MEDICAL RECORDS Other, as Specified:

Name of Agency or Program That Took the Adverse Action MEDICAL BOARD OF CALIFORNIA

Specified in This Report: Adverse Action

PROBATION OF LICENSE (1125) Classification Code(s):

- Date Action Was Taken 10/08/2005

11/07/2005 Date Action Became Effective:

SPECIFIC PERIOD Length of Action:

> Years: Months:

> > Days:

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is Subject Automatically Reinstated After

Adverse Action Period Is Completed?:

Description of Subject's Act(s) or Omission(s) or Other

Reasons for Action(s) Taken and Description of Action(s) Taken

by Reporting Entity:

REVOKED, STAYED, FIVE YEARS PROBATION. RESTRICTIONS: PARTIAL CONTROLLED SUBSTANCE RESTRICTIONS & PROHIBITED FROM SUPERVISING PHYSICIAN ASSISTANTS.

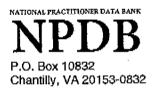
is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the

Health or Welfare of Patient(s)?:

YES

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

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



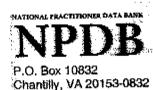


DCN: 5500000039421658 **Process Date:** 10/18/2005

Page: 3 of 3

WARNER, CLARENCE EMANUEL

erreport staruste:	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.			
Proces	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 in Department of Health and Huthe Secretary reconsider the	dentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that original decision.		
	At the request of the subject the Secretary of the U.S. Dep is shown below:	dentified in Section B, this report was reviewed by partment of Health and Human Services. The Secretary's decision		
	Date of Original Submission:	10/18/2005		
1 - 1	Date of Most Recent Change:	10/18/2005		
This report is maintained	d under the provisions of: Title	IV; Section 1921		
The information contained provisions of Title IV of Puinformation is confidential	in this report is maintained by the libilic Law 99-660, as amended, and may be used only for the pure	ne National Practitioner Data Bank for restricted use under the Section 1921 of the Social Security Act, and 45 CFR Part 60. All proose for which it was disclosed. Disclosure or use of confidential For additional information or clarification, contact the reporting entity		
	EN	ND OF REPORT		



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DCN: 5500000049160576 ****

Process Date: 12/24/2007

3 Page: 1

WARNER, CLARENCE EMANUEL

WARNER, CLARENCE EMANUEL

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- EXTENSION OF PREVIOUS LICENSURE ACTION

- NEGLIGENCE

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

This action has related reports: () - (

Initial Action:

- PROBATION OF LICENSE

Date of Action: 11/07/2005

DCN: 5500000039421658

Subsequent Action: [This Action]

Address 1426 HOWE AVENUE SHITE 93

City State, Zp. SACRAMENTO, CA 95825
COUNTY
COUNTY
COUNTY
TO DESCRIPTION HAVEON

Title or Department: DISCIPLINE COORDINATION UNIT

Telephone: (916) 263-2370

Entity Internal Report Reference: D1-2000-113172

Type of Report: REVISION

Related Report Number: 5500000039421658

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

Entity Name: MEDICAL BOARD OF CALIFORNIA

Address: 2005 EVERGREEN ST STE 1200

City, State, Zip:

SACRAMENTO, CA 95815-5401

Country:

Subject Name: WARNER, CLARENCE EMANUEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 10/26/1954

Organization Name:

Work Address: 14360 RIVERSIDE DRIVE, #211

City, State, ZIP: SHERMAN OAKS, CA 91423

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer identification Numbers (FEIN):

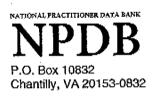
Social Security Numbers (SSN): ***-**-6505

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY COLLEGE OF MEDICINE (1984)

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





DCN: 5500000049160570 Process Date: 12/24/2007

Page: 2 of

WARNER, CLARENCE EMANUEL

State License Number, State of Licensure: G 62334, CA Specialty: UNSPECIFIED Drug Enforcement Administration (DEA) Numbers: Unique Physician Identification Numbers (UPIN): Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.): **Business Address of Affiliate:** City, State, ZIP: Nature of Relationship(s):



Type of Adverse Action: STATE LICENSURE

Name of Agency or Program

That Took the Adverse Action

MEDICAL BOARD OF CALIFORNIA Specified in This Report:

Adverse Action

EXTENSION OF PREVIOUS LICENSURE ACTION (1296) Classification Code(s):

Date Action Was Taken: 12/06/2007 Date Action Became Effective: 12/06/2007

Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution: Is Subject Automatically Reinstated After

Adverse Action Period Is Completed?:

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

by Reporting Entity:

SURRENDER OF LICENSE. ACTION BASED ON UNPROFESSIONAL

CONDUCT

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the

Health or Welfare of Patient(s)?:

YES

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



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



Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

This report has been disputed by the subject identified in Section B. At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with

reporting requirements. No decision has been reached.

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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NATIONAL PRACTIFIONER DATA BANK
NPDB

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

https://www.npdb.hrsa.gov

DCN: 5500000049160574

Process Date: 12/24/2007

Page: 3 of :

WARNER, CLARENCE EMANUEL

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I	e Secretary of the U.S. Dep	partment of Health and Human Services. The Secretary's decision
ie ie	shown below:	57 * 3 28 1 342 K 1 1 1 1 1 1 1 1 1
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Date 0	of Original Submission:	12/24/2007 (1997年) (199774) (199774) (199774) (199774) (199774) (19977
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This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; Section 1921 of the Social Security Act, and 45 CFP Pan 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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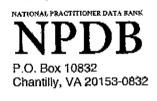
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DCN: 5500000003137718 Process Date: 07/22/1996

Page: 1 of 3

WARNER, CLARENCE EMANUEL JR

https://www.npdb.hrsa.gov

WARNER, CLARENCE EMANUEL JR

FREMONT INDEMNITY CO -MPL C/O SCPIE

MEDICALMALPRACTICE PAYMENT REPORT 2000

intial Actions

Date of Action, 196/26

Basisitor Initial/Astlon

SETTLEMENT

UNKNOWN



Entity Name: FREMONT INDEMNITY *

Address: MEDICAL PROFESSIONAL LIABILITY DIVISION

P.O. BOX 2173

City, State, Zlp: SANTA MONICA, CA 90407-2173

Country:

Name or Office: EVA M. SATORI

Title or Department: VICE PRESIDENT, CLAIMS

Telephone: (310) 315-1600 Ext. 1673

Entity Internal Report Reference:

Type of Report: INITIAL

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

Entity Name: FREMONT INDEMNITY CO.-MPL C/O SCPIE

Address: 1888 CENTURY PK EAST, STE 800

City, State, Zip: LOS ANGELES, CA 90067-1702

Country:



Subject Name: WARNER, CLARENCE EMANUEL JR

Other Name(s) Used:

Gender: UNKNOWN Date of Birth: 10/26/1954

Organization Name: FIRST CARE WALK-IN MEDICAL GROUP

Work Address: 5055 COLDWATER CANYON AVENUE, UNIT 211

City, State, ZIP: SHERMAN OAKS, CA 91423 Home Address: 22840 SOLEDAD CANYON ROAD

City, State, ZIP: SAUGUS, CA 91350

Deceased: UNKNOWN

Social Security Numbers (SSN): ***-**-6505

Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY (1984)

KING/DREW MEDICAL CENTER (1990)

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

State License Number, State of Licensure: G062334, CA

Drug Enforcement Administration (DEA) Numbers: 00901249

Hospital Affiliation(s): GLENDORA COMMUNITY HOSPITAL

GLENDORA, CA

MEDICAL CENTER OF LA MIRADA

LA MIRADA, CA ANAHEIM GENERAL HOSPITAL

ANAHEIM, CA

COMMUNITY HOSPITAL OF HUNTINGTON PARK

NATIONAL PRACTITIONER DATA BANK P.O. Box 10832 Chantily, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000003137718 Process Date: 07/22/1996

3 Page: 2 Οŧ

WARNER, CLARENCE EMANUEL JR



HUNTINGTON PARK, CA

Date of Report: 07/22/1996

Act/Omission Code: TREATMENT: IMPROPER PERFORMANCE OF TREATMENT/PROCEDURE

(640)

Date of Act/Omission: 04/02/1995

Payment Date: 06/20/1996 "

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 16,000.00

Total Amount of Judgment or Settlement:

Payment Result of: SETTLEMENT

Number of Practitioners for Whom Payment is Made: 1

Relationship of Entity to the Practitioner: INSURANCE COMPANY

Date of Judgment/Settlement: 06/20/1996 Adjudicative Case Number: PC016938

Adjudicative Body Name: SUPERIOR COURT OF LOS ANGELES COUNTY, STATE OF

CALIFORNIA

Court File Number:

Reporter's Description of Act or Omission: 95H0674 - 38 YEAR OLD FEMALE OUTPATIENT ALLEGES THAT OUR

INSURED FAILED TO PROPERLY IRRIGATE A LACERATION, RESULTING IN INFECTION AND SUBSEQUENT SURGERY.

Reporter's Description of the Judgment or Settlement: SETTLEMENT - \$16,000

If the subject identified in Section B of this report has submitted a statement, it appears in this section. gara bi an arang garan angar aga mara angar mangarat jami in titikah ayat atang bi masan mendunggi maganat neng

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 compiles 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:

07/22/1996

Date of Most Recent Change:

07/22/1996

NATIONAL PRACTITIONER DATA BANK

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



https://www.npdb.hrsa.gov

DCN: 5500000003137718 **Process Date:** 07/22/1996

Page: 3 of 3

WARNER, CLARENCE EMANUEL JR

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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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NATIONAL PRACTITIONER DATA BANK

Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000001299881.

Process Date: 12/05/1995:

Page: 1 3

WARNER, CLARENCE EMANUEL

2

ARNER, CLARENCE EMANUEL

- UNKNOWN - SETTLEMENT

FREMONT INDEMNITY COMPANY * Entity Name:

MEDICAL PROFESSIONAL LIABILITY DIVISION Address:

1633 26TH STREET, THIRD FLOOR

SANTA MONICA, CA 90404 City, State, Zip:

Country:

Name or Office: EVA M. SATORI.

Title or Department: VICE PRESIDENT, CLAIMS

Telephone: (310) 315-1600

Entity Internal Report Reference:

Type of Report CINTTIAL

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

Entity Name: FREMONT INDEMNITY CO.-MPL C/O SCPIE

Address: 1888 CENTURY PK EAST, STE 800

City, State, Zip: LOS ANGELES; CX 90067-1702

Country:

Subject Name: WARNER, CLARENCE EMANUEL

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 10/26/1954

Organization Name: FIRST CARE WALK-IN MEDICAL GROUP

Work Address: 5055 COLDWATER CANYON AVENUE, UNIT 211

City, State, ZiP: SHERMAN OAKS, CA 91423

Home Address: 22840 SOLEDAD CANYON ROAD

City, State, ZiP: SAUGUS, CA 91350

Deceased: UNKNOWN

***-**-6505 Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY (1984)

KING/DREW MEDICAL CENTER (1990)

HOWARD UNIVERSITY (1989)

PHYSICIAN (MD) Occupation/Field of Licensure (Code): State License Number, State of Licensure:

G062334, CA

Drug Enforcement Administration (DEA) Numbers:

00901249

Hospital Affiliation(s):

GLENDORA COMMUNITY HOSPITAL

GLENDORA, CA

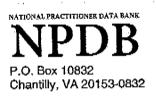
MEDICAL CENTER OF LA MIRADA

LA MIRADA,CA

ANAHEIM GENERAL HOSPITAL

ANAHEIM, CA

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY





DCN: 5500000001299881 Process Date: 12/05/1995

Page: 2 of 3

WARNER, CLARENCE EMANUEL

https://www.npdb.hrsa.gov

COMMUNITY HOSPITAL OF HUNTINGTON PARK HUNTINGTON PARK, CA

INFORMATION

Date of Report: 12/05/1995

Act/Omission Code: SURGERY: NOT OTHERWISE CLASSIFIED (290)

Date of Act/Omission: 12/06/1993 Payment Date: 10/25/1995

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 99,999.00

Total Amount of Judgment or Settlement: \$ 99,999.00 Payment Result of: SETTLEMENT

Number of Practitioners for Whom Payment is Made: 1

Relationship of Entity to the Practitioner: INSURANCE COMPANY

Date of Judgment/Settlement: 10/25/1995 Adjudicative Case Number: PC 013618

Court File Number:

Adjudicative Body Name: SUPERIOR COURT OF LOS ANGELES COUNTY, STATE OF

CALIFORNIA

Reporter's Description of Act or Omission: FILE NO. 94M0732 REFLECTS 34 YR. OLD MALE SOUGHT CARE FOR SHOTGUN PELLET WOUND TO THE LEFT SUPRA ORBITAL REGION OF THE HEAD. THE SUPRA ORBITAL NERVE WAS

TRANSECTED IN THE PROCESS OF EXPLORING THE REGION TO REMOVE THE FOREIGN BODY.

Reporter's Description of the Judgment or Settlement: SETTLEMENT: \$99,999.00.



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



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:

12/05/1995

Date of Most Recent Change:

12/05/1995

NATIONAL PRACTITIONER DATA BANK

Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000001299881

Process Date: 12/05/1995

3 Page: 3

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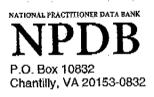
WARNER, CLARENCE EMANUEL

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DCN: 5500000000183908 **Process Date:** 07/30/1995

Page: 1 of 2 WARNER, CLARENCE

WARNER, CLARENCE

COASTAL PHYSICIAN GROUP, INC.

Medical maleractics payment report.

#Date of Action: Jul/09/1994

antia Action

Esign idalijilis (Acion

- SETTLEMENT

- UNKNOWN



Entity Name: COASTAL PHYSICIAN GROUP, INC. *

Address: 2828 CROASDAILE DRIVE

City, State, Zip: DURHAM, NC 27705

Country:

Name or Office: SANDRA M. CLAYTON

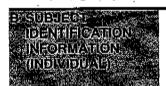
Title or Department: CLAIMS SUPERVISOR

Telephone: (919) 383-0279

Entity Internal Report Reference:

Type of Report: INITIAL

-*The reporting entity is no longer an active registrant with the NPDB. The NPDB has no additional information regarding this entity.



Subject Name: WARNER, CLARENCE

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 10/26/1954

Organization Name: MONTEREY PARK HOSPITAL
Work Address: 900 SOUTH ATLANTIC BLVD.
City, State, ZIP: MONTEREY PARK, CA 91754
Home Address: 5055 COLDWATER CANYON
City, State, ZIP: SHERMAN OAKS, CA 91423

Deceased: UNKNOWN

Social Security Numbers (SSN): ***-**-6505

Professional School(s) & Year(s) of Graduation: HOWARD UNIVERSITY (1984)

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

State License Number, State of Licensure: G62334, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): MONTEREY PARK HOSPITAL MONTEREY PARK, CA



Date of Report: 07/30/1995

Act/Omission Code: TREATMENT: NOT OTHERWISE CLASSIFIED (690)

Date of Act/Omission: 12/17/1991 Payment Date: 11/09/1994

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 60,000.00

Total Amount of Judgment or Settlement: \$ 60,000.00

Payment Result of: SETTLEMENT

Number of Practitioners for Whom Payment is Made: 1

Relationship of Entity to the Practitioner: INSURANCE COMPANY

Date of Judgment/Settlement: 10/05/1994

Chantilly, VA 20153-0832

DCN: 5500000000183908: Process Date: 07/30/1995

Page: 2 WARNER, CLARENCE

Adjudicative Case Number: GC 008773

Adjudicative Body Names SUPERIOR COURT OF THE STATE OF CALIFORNIA, LOS ANGELES

Court File Number :

Reporter's Description of Act or Ohission:

AN II MONTH CHILD WAS BROUGHT TO ED WITH HISTORY OF DIAGNOSIS OF THE PIAL THE PREVIOUS DAY AT A CLINIC. VARIOUS TESTING INCLUDING LIBERA FORCEDISE ORDERED PLUID WAS CLOUDY DR. WARNER STABILIZED CHILD, GAVE ANTIBICTICS AND TRANSPORTED TO ASPAULATTY WITH PICU. CHILD SUBSEQUENTLY DIED FROM MENINGIPIS. FAMILY ALLEGED

PAILURE TO PROPERLY TREAT.

Reporter's Description of the Judgment or Settlement: SINGLE PAYMENT TOTALLING \$60,000. NO ADMISSION OF

LIABILITY OR NEGLIGENCE.

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	At the request of the subject identified Department of Health and Hüman Set the Secretary reconsider the original of	in Section B, this report was reviewed by the said a decision was reached. The decision.	by the Secontary of the U.S. subject (tes esquested that
	the Secretary of the U.S. Department is shown below:	restriction of the second of t	by cretary's decision
	Date of Most Recent Change 07/	30/1995	10°05.3
This report is maintain	ed under the provisions of: Title IV	ण २०. (१४८) विकास कर्षा है के दिल्ली असीता विकास करें हैं १५ (१८) वर्ष १८ (१८) वर्ष १८ (१८)	

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