

https://www.npdb.hrsa.gov

5500000127264876

Process Date: 09/05/2017

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## OSSANNA, LINO ANTONIO - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** 

OSSANNA, LINO ANTONIO

Date of Birth:

06/10/1960

Gender: MALE

Organization Name:

WOMEN'S HEALTH NOW

MEDICAL GROUP/PRACTICE (365)

Organization Type: Delivery Address:

21321 E OCOTILLO RD STE 127, QUEEN CREEK, AZ 85142-5995

Social Security Number: \*\*\*-\*\*-5743

DEA:

BO6912554

NPI: License:

1003849514

PHYSICIAN (MD), 33661, AZ, OBSTETRICS & GYNECOLOGY PHYSICIAN (MD), 234275, NY, OBSTETRICS & GYNECOLOGY

Professional School(s):

ST GEORGE'S UNIVERSITY, SCHOOL OF MEDICINE (1996)

**B. PAYMENT INFORMATION** 

**Credit Card Information:** 

XXXXXXXXXXXX1878 (01/2019)

\$4.00\*

NPDB Bill Reference Number:

N54109999

\* Each charge will appear separately on your credit card statement.

**NPDB Charge:** 

Transaction Date:

09/05/2017

Additional Paper Copies Requested: 0

## C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 09/05/2017

The following report types have been searched:

Medical Malpractice Payment Report(s):

Yes, See Below

Health Plan Action(s):

No Reports

State Licensure Action(s):

No Reports

Professional Society Action(s): DEA/Federal Licensure Action(s): No Reports

Exclusion or Debarment Action(s): Government Administrative Action(s): No Reports

Judgment or Conviction Report(s):

No Reports No Reports

Clinical Privileges Action(s):

No Reports 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.

### **MUTUAL INSURANCE COMPANY OF ARIZONA**

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO IDENTIFY FETAL DISTRESS

**Initial Action:** 

DCN:

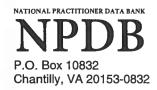
- SETTLEMENT

5500000051667453

Date of Action:

05/22/2008

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



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#### C. INFORMATION REPORTED

Date of Report: 06/18/2008

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

#### **PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 325,000.00 Date of This Payment: 05/22/2008

This Payment Represents: ONE OF MULTIPLE PAYMENTS

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 325,000.00 Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 05/12/2008 Adjudicative Body Case Number: CV2006-019196

Adjudicative Body Name: MARICOPA COUNTY SUPERIOR COURT

Court File Number:

Description of Judgment or Settlement and Any

THERE WERE MULTIPLE DEFENDANTS. THE TOTAL SETTLEMENT Conditions, Including Terms of Payment:

WAS \$650,000.00. ON BEHALF OF THIS PHYSICIAN, \$325,000

WAS PAID UTILIZING CASH AND AN ANNUITY.

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

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

\$ 325,000.00 Practitioners in This Case:

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: 1 DAYS

Patient's Gender: MALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: FETAL DISTRESS.

Description of the Procedure Performed: LABOR AND DELIVERY, VAGINAL DELIVERY.

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: FAILURE TO IDENTIFY FETAL DISTRESS (103)

Date of Event Associated With Allegation or Incident: 06/28/2005

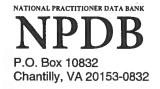
Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

PARENTS OF NEWBORN MALE ALLEGED FAILURE TO RECOGNIZE CONDITION OF MOTHER AND PATIENT DURING LABOR AND DELIVERY, FAILURE TO PROVIDE REASONABLE CARE TO BOTH, AND FAILURE TO ADEQUATELY COMMUNICATE CONDITION OF PATIENT TO OTHER ATTENDING MEDICAL PERSONNEL WITH

SUBSEQUENT DEATH.



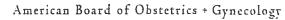


**DCN:** 5500000051667453 **Process Date:** 06/18/2008

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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 su	bject of this report identified in Section B has not contested this report.			
	<ul> <li>This report has been disputed by the subject identified in Section B.</li> <li>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.</li> <li>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.</li> </ul>				
				At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:	
				Date of Original Submission:	06/18/2008
		06/18/2008			
F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK	The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.  Social Security Numbers (SSN): ***-**-5743				
This report is maintaine	d under the provisions of: Title IV				
The information contained provisions of Title IV of Pufor the purpose for which	d in this report is maintained by the Nublic Law 99-660, as amended, and 4	lational Practitioner Data Bank for restricted use under the 45 CFR Part 60. All information is confidential and may be used only of confidential information for other purposes is a violation of federal orting entity identified in Section A.			
	END (	OF REPORT ————————————————————————————————————			



First in Women's Health

Philip J. DiSaia, M.D. Orange, CA President

December 16, 2002

Lino Antonio Ossanna, M.D.

10860 Telegraph Road

Norman F. Gant, M.D. Executive Director

Fax (214) 871-1943

Gerson Weiss, M.D. Newark; NJ Chairman

Alvin L. Brekken, M.D. Assistant to the Executive Director

Kenneth L. Noller, M.D. Boston, MA

The Vineyard Centre 2915 Vine Street Dallas, TX 75204 Phone (214) 871-1619

Vice President Larry C. Gilstrap, III, M.D.

Dear Dr. Ossanna:

Medina, NY 14103

Treasurer William Droegemueller, M.D.

Chapel Hill, NC Director of Evaluation

Directors:

Houston, TX

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> Mary C. Ciotti, M.D. Davis, CA

Larry J. Copeland, M.D. Columbus, OH

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> Sherman Elias, M.D. Chicago, IL

Wesley C. Fowler, Jr., M.D. Chapel Hill, NC

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> Ronald S. Gibbs, M.D. Denver, CO

Frank W. Ling, M.D. Memphis, TN

Michael T. Mennuti, M.D. Philadelphia, PA

Roy T. Nakayama, M.D. Honolulu, HI

Valerie M. Parisi, M.D., MPH Chapel Hill, NC

> Nanette F. Santoro, M.D. Bronx, NY

Robert S. Schenken, M.D. San Antonio, TX

Russell R. Snyder, M.D. Galveston, TX

Michael L. Socol, M.D. Chicago, IL

Morton A. Stenchever, M.D. Seattle, WA

Congratulations! In recognition of your fulfillment of all requirements, you are now a certified Diplomate of The American Board of Obstetrics and Gynecology, Inc., effective December 13, 2002 through December 31, 2008. All the names of Diplomates certified in December 2002 will be published officially in early issues of Obstetrics and Gynecology and The American Journal of Obstetrics and A list of newly certified Diplomates is also forwarded to the bibliographic services of the AMA, The American Board of Medical Specialties, and to the publishers of the Directory of Medical Specialists.

This letter is intended to notify you of your successful completion of the examination process. This notification does not serve as a primary source of verification for certification. The diploma which will follow should be used for purposes of verification of certification. Until receipt of the diploma, if necessary, the Board will respond to a written inquiry concerning your Board status. Your diplomate number may be found at the bottom of this letter.

Please notice the spelling of your full name. If there is a correction, please notify our office within 30 days. If you have not heard from the printer regarding your diploma by April 2003, please notify the Board office in writing.

The American Board of Obstetrics and Gynecology will not notify you of the impending expiration of your certificate. It is your responsibility to contact the American Board of Obstetrics and Gynecology in order to schedule a method of certificate renewal. A Bulletin explaining the current methods of Voluntary Recertification/Certificate Renewal is enclosed with this letter.

We hope you will maintain an active interest in the specialty, and you will continue to improve the care of women.

Best wishes,

Norman F. Gant, M.D. **Executive Director** 

NFG:drs

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enclosure

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#### MD PROFILE PAGE



Profile

#### Arizona Medical Board

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# **General Information**

Lino Antonio Ossanna MD

21321 E. Ocotillo Rd. Ste 127 Queen Creek AZ 85142 Phone: (480) 888-7271 License Number: 33661 License Status: Active Licensed Date: 01/06/2005 License Renewed: 07/15/2016 Due to Renew By: 06/10/2018

If not Renewed, License Expires: 10/10/2018

# **Education and Training**

Medical School:

ST GEORGE'S UNIV, SCH OF MED

St Georges, Not Given

**Graduation Date:** 

06/14/1996

Residency:

06/10/1996 - 06/18/2000 (Obstetrics & Gynecology) SUNY BUFFALO, SISTERS OF CHARITY HOSPITAL

BUFFALO, NY

Area of Interest

Obstetrics & Gynecology

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at http://www.abms.org to determine if the physician has earned a specialty certification from this private agency.

# **Board Actions**

None

12/4/2017 Profile

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click here for information on use of this website.