

5500000162601705

Process Date: 07/01/2020

Page: 1 of 1

To: SISNEROS, ALICE

134 E DE VARGAS ST

SANTA FE, NM 87501-2702

From: National Practitioner Data Bank
Re: Response to Your Self-Query

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

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

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

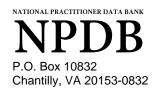
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud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

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

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

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

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



5500000162601705

Process Date: 07/01/2020

Page: 1 of 1

SISNEROS, ALICE - SELF-QUERY RESPONSE

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

Practitioner Name: SISNEROS, ALICE

Date of Birth: 09/30/1954 Gender: FEMALE

Delivery Address: 134 E DE VARGAS ST, SANTA FE, NM 87501-2702

Social Security Number: ***-**-6441 DEA: MS0247937

NPI: 1780676700

License: NURSE PRACTITIONER, Cnp00292, NM Professional School(s): UNIVERSITY OF NEW MEXICO (1996)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXXX2711 (12/2023)

NPDB Charge: \$4.00 NPDB Bill Reference Number: N69960859
Transaction Date: 07/01/2020 Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/01/2020

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): No Reports Exclusion or Debarment Action(s): No Reports DEA/Federal Licensure Action(s): No Reports No Reports Government Administrative Action(s): Judgment or Conviction Report(s): No Reports Peer Review Organization Action(s): No Reports Clinical Privileges Action(s): No Reports

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

AMERICAN CASUALTY CO OF READING PA

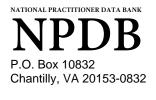
MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO RECOGNIZE A COMPLICATION - FAILURE TO DIAGNOSE

Initial Action: - SETTLEMENT Date of Action: 04/08/2009

DCN: 5500000056293123

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



DCN: 5500000056293123 Process Date: 04/29/2009

Page: 1 of 3 SISNEROS, ALICE

SISNEROS, ALICE

AMERICAN CASUALTY CO OF READING PENNSYLVANIA

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 04/08/2009

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO RECOGNIZE A COMPLICATION

- FAILURE TO DIAGNOSE

A. REPORTING ENTITY

Entity Name: AMERICAN CASUALTY CO OF READING PA *

Address: 333 S. WABASH AVE., 26 SOUTH

City, State, Zip: CHICAGO, IL 60604

Country:

Name or Office: YVETTE WHITTLER

Title or Department: CLAIM COMPLIANCE MANAGER

Telephone: (312) 822-5946

Entity Internal Report Reference: HM103899

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 10/29/2019:

Entity Name: AMERICAN CASUALTY CO OF READING PENNSYLVANIA

Address: 151 N FRANKLIN ST

City, State, Zip: CHICAGO, IL 60606-1821

Country:

B. SUBJECT IDENTIFICATION INFORMATION

(INDIVIDUAL)

Subject Name: SISNEROS, ALICE

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 09/30/1954

Organization Name: Work Address:

2:4. Ct-t- 71D

City, State, ZIP:

Home Address: 114 SPRUCE STREET
City, State, ZIP: SANTA FE, NM 87501-1622

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNKNOWN (2003)

Occupation/Field of Licensure: NURSE PRACTITIONER

State License Number, State of Licensure: R19344, NM Drug Enforcement Administration (DEA) Numbers: MS0247937

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 04/29/2009

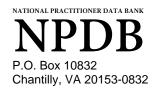
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 1,000,000.00



DCN: 5500000056293123 Process Date: 04/29/2009

Page: 2 of 3 SISNEROS, ALICE

Date of This Payment: 04/08/2009

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

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

Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 04/08/2009

Adjudicative Body Case Number: D-117-CV-2008-00319

Adjudicative Body Name: FIRST JUDICIAL DISTRICT COURT, COUNTY OF RIO ARRIBA, NM

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: FULL AND FINAL SETTLEMENT OF ALL CLAIMS WITH LIABILITY

DENIED. SETTLEMENT ACCOMPLISHED TO AVOID RISKS AND

VAGARIES OF LITIGATION VENUE VERY UNFAVORABLE

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?: 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: 38 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: CHEST PAIN, NUMBNESS IN HANDS AND SHORTNESS OF BREATH

Description of the Procedure Performed: URGENT CARE EVALUATION OF PATIENT'S COMPLAINTS

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: FAILURE TO RECOGNIZE A COMPLICATION (112)

Date of Event Associated With Allegation or Incident: 10/28/2007

Specific Allegation: FAILURE TO DIAGNOSE (101)

Date of Event Associated With Allegation or Incident: 10/28/2007

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: ALLEGATIONS ARE THAT INSURED FAILED TO ADEQUATELY ASSESS

AND REFER PATIENT TO EMERGENCY TREATMENT RESULTING IN PATIENT'S DEATH DUE TO PULMONARY EMBOLISM AFTER BEING DISCHARGED FROM URGENT CARE FACILITY AS HAVING ASTHMA AND INSTRUCTED TO FOLLOW UP WITH PRIMARY CARE PHYSICIAN.

D. SUBJECT STATEMENT

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