



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

<http://www.npdb.hrsa.gov>

To: OGNIBENE, CHARLES P
19620 KILFINAN ST
PORTER RANCH, CA 91326-4004

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 (<http://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.

**OGNIBENE, CHARLES P****THE DOCTORS' COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 06/16/1993

Initial Action**Basis for Initial Action**

- SETTLEMENT

- UNKNOWN

**A. REPORTING
ENTITY**

Entity Name: DOCTORS' COMPANY *

Address: PO BOX 2900

City, State, Zip: NAPA, CA 94558-0900

Country:

Name or Office: PAULA ANN TUCKER

Title or Department: ASSISTANT VICE PRESIDENT

Telephone: (707) 226-0100

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following entity is registered as its successor:

Entity Name: THE DOCTORS' COMPANY

Address: 185 GREENWOOD ROAD

PO BOX 2900

City, State, Zip: NAPA, CA 94558-0900

Country:

Name or Office: RANDALL TURNER

Title or Department: CLAIMS

Telephone: (707) 226-0205

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

Subject Name: OGNIBENE, CHARLES P

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 12/03/1943

Organization Name: CHARLES P. OGNIBENE, M.D.

Work Address: 11500 ELDRIDGE AVE SUITE 103

City, State, ZIP: LAKE VIEW TERRACE, CA 91342

Home Address: 47 VIA AMISTOSA APT 1

City, State, ZIP: RCHO STA MARG, CA 92688-2203

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: FACOLTA DI MEDICINA E CHIRURGIA DELL'UNI (1977)

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

State License Number, State of Licensure: A 035585, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 08/30/1993
Act/Omission Code: DIAGNOSIS: DELAY IN DIAGNOSIS (050)
Date of Act/Omission: 06/05/1991
Payment Date: 06/16/1993
Multiple or Single Payment: SINGLE
Amount of This Payment: \$ 29,999.00
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: 06/16/1993
Adjudicative Case Number: 219425
Adjudicative Body Name: SUPERIOR COURT OF KERN COUNTY, CALIFORNIA
Court File Number:
Reporter's Description of Act or Omission: (0080564) THE 66 YEAR OLD MALE OUTPATIENT WAS SEEN FOR AN UPPER RESPIRATORY INFECTION. THE INSURED DIAGNOSED ACUTE BRONCHITIS, AND PRESCRIBED PCE TABLETS AND ENTEX LA. ON THE MORNING OF 6/10/91, THE PATIENT WAS ADMITTED BY OTHERS THROUGH THE ER FOR A POSSIBLE MYOCARDIAL INFARCTION. THE INSURED WAS NOT CONSULTED, BUT WAS INFORMED BY THE PATIENT'S DAUGHTER. THE PATIENT EXPIRED THAT EVENING.
Reporter's Description of the Judgment or Settlement: THIS CASE SETTLED FOR \$29,999.00 CASH AS TO OUR INSURED. THE HOSPITAL WAS DISMISSED PRIOR TO OUR SETTLEMENT. THERE WERE NO OTHER CO-DEFENDANTS.

**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: 08/30/1993
Date of Most Recent Change: 08/30/1993



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

DISCLOSURE HISTORY

Report Number: 1019931960135000

**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
08/31/1994	FHP INC 6100 GATEWAY DR. CYPRESS, CA 90630 31080 953-99
09/01/1994	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
10/13/1994	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
01/04/1995	AETNA HEALTH PLANS OF CALIFORNIA INC 9500 CLEVELAND AVE #100 RANCHO CUCAMONGA, CA 91730 90988 820-60
12/05/1995	INTEGRATED PHYSICIANS SERVICES 6077 BRISTOL PARKWAY CULVER CITY, CA 90230 31034 878-00



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<u>Date Released</u>	<u>Entity Name</u>
02/29/1996	INTEGRATED PHYSICIANS SERVICES 6077 BRISTOL PARKWAY CULVER CITY, CA 90230 31034 878-00

<u>Date Released</u>	<u>Entity Name</u>
04/04/1996	INTEGRATED PHYSICIANS SERVICES 6077 BRISTOL PARKWAY CULVER CITY, CA 90230 31034 878-00

<u>Date Released</u>	<u>Entity Name</u>
10/05/1996	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566

<u>Date Released</u>	<u>Entity Name</u>
10/05/1996	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566

<u>Date Released</u>	<u>Entity Name</u>
01/21/1997	MOLINA HEALTHCARE OF CALIFORNIA 5709 W SUNSET HWY SUITE 200 SPOKANE, WA 99224 (509) 321-1320

<u>Date Released</u>	<u>Entity Name</u>
03/11/1998	BLUE SHIELD OF CALIFORNIA 50 BEALE ST. 21ST FLOOR SAN FRANCISCO, CA 94105 (415) 229-5620

<u>Date Released</u>	<u>Entity Name</u>
04/24/1998	MOLINA HEALTHCARE OF CALIFORNIA 5709 W SUNSET HWY SUITE 200 SPOKANE, WA 99224 (509) 321-1320

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Date Released	Entity Name
07/10/1998	ANTELOPE VALLEY HOS, MANAGED CARE SVCS 1600 W AVE J LANCASTER, CA 93534 (661) 949-5687

Date Released	Entity Name
07/27/1998	CAPNET IPA 900 WILSHIRE BOULEVARD, SUITE 500 LOS ANGELES, CA 90017 21362 788-78

Date Released	Entity Name
09/04/1998	BLUE CROSS OF CALIFORNIA CREDENTIALING DEPARTMENT 21555 OXNARD STREET, AC9I WOODLAND HILLS, CA 91367 (978) 474-5199

Date Released	Entity Name
01/12/1999	UNITED HEALTHCARE OF CALIFORNIA 180 E. OCEAN BOULEVARD SUITE 500 LONG BEACH, CA 90802 56295 167-16

Date Released	Entity Name
02/16/1999	METRA COMP 3721 TECPORT DRIVE HARRISBURG, PA 17106 (916) 374-4632

Date Released	Entity Name
03/12/1999	BLUE CROSS OF CALIFORNIA CREDENTIALING DEPARTMENT 21555 OXNARD STREET, AC9I WOODLAND HILLS, CA 91367 (978) 474-5199

Date Released	Entity Name
09/27/1999	ONE HEALTH PLAN OF CALIFORNIA 655 N CENTRAL AVE, #1900 GLENDALE, CA 91203 40843 702-72



Date Released	Entity Name
09/29/1999	CCN MANAGED CARE INC. (DBA) CCN 750 RIVERPOINT DRIVE ATTN: BARBARA BASS AT FIRST HEALTH SACRAMENTO, CA 95605 (858) 278-2273
02/03/2000	MOLINA HEALTHCARE OF CALIFORNIA 5709 W SUNSET HWY SUITE 200 SPOKANE, WA 99224 (509) 321-1320
03/15/2000	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
03/23/2000	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
04/19/2000	TEHACHAPI VALLEY HEALTHCARE DISTRICT 115 WEST E ST. P.O. BOX 1900 TEHACHAPI, CA 93581 (661) 823-3000
04/25/2000	KERN HEALTH SYSTEMS 9700 STOCKDALE HWY BAKERSFIELD, CA 93311 (661) 664-5147
05/05/2000	BLUE SHIELD OF CALIFORNIA 50 BEALE ST. 21ST FLOOR SAN FRANCISCO, CA 94105 (415) 229-5620

Date Released	Entity Name
06/01/2000	BLUE SHIELD OF CALIFORNIA 50 BEALE ST. 21ST FLOOR SAN FRANCISCO, CA 94105 (415) 229-5620
08/31/2001	BLUE CROSS OF CALIFORNIA CREDENTIALING DEPARTMENT 21555 OXNARD STREET, AC9I WOODLAND HILLS, CA 91367 (978) 474-5199
08/31/2006	KAISER FOUNDATION HEALTH PLAN 393 E WALNUT STREET CREDENTIALING DEPT 3RD FL. PASADENA, CA 91188 (626) 405-5518
10/04/2006	HEALTHCARE PARTNERS MEDICAL GROUP 19191 S VERMONT AVE STE 200 TORRANCE, CA 90502 (310) 354-6242
11/03/2006	KAISER PERMANENTE - PANORAMA CITY 13652 CANTARA STREET MEDICAL STAFF SVCS NORTH 2 BLDG, RM 242 PANORAMA CITY, CA 91402 (818) 815-5615
12/21/2012	CAP MANAGEMENT SYSTEMS 15821 VENTURA BLVD. SUITE 600 ENCINO, CA 91436 (818) 461-5082



Date Released	Entity Name
02/19/2013	HISPANIC PHYSICIAN, IPA PO BOX 10718 BEVERLY HILLS, CA 90213 (213) 637-0933

Date Released	Entity Name
05/21/2014	AB STAFFING SOLUTIONS LLC 2680 S. VAL VISTA DRIVE SUITE 152 GILBERT, AZ 85295 (888) 515-3900

Date Released	Entity Name
06/11/2014	SELF-QUERIER

Date Released	Entity Name
10/22/2014	REGAL MEDICAL GROUP 8510 BALBOA BLVD STE 150 NORTHRIDGE, CA 91325 (818) 654-3400

Date Released	Entity Name
11/13/2014	AMN HEALTHCARE, INC. 5001 STATEMAN DRIVE IRVING, TX 75063 (469) 759-4606

Date Released	Entity Name
03/04/2015	SELF-QUERIER

OGNIBENE, CHARLES P - SELF-QUERY RESPONSE

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

Practitioner Name: OGNIBENE, CHARLES P
Date of Birth: 12/03/1943 **Gender:** MALE
Work Address: 19620 KILFINAN ST, PORTER RANCH, CA 91326-4004
Social Security Number: ***-**-4384 **DEA:** FO3630476
NPI: 1154337079
License: PHYSICIAN (MD), 35585, CA

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX9206 (06/2017)
NPDB Charge: \$5.00* **NPDB Bill Reference Number:** N36407319
* Each charge will appear separately on your credit card statement.
Transaction Date: 03/04/2015 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/04/2015

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
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.

DOCTORS' COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - UNKNOWN

Initial Action: - SETTLEMENT **Date of Action:** 06/16/1993
DCN: 1019931960135000

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