

**Profile - 1**

This profile contains information that may be used as a starting point in evaluating a health care provider. This profile should not, however, be the sole basis for selecting a health care provider. Please direct questions and comments about this profile to: Connecticut Department of Public Health, Physician Profiles, 410 Capitol Ave., M.S. 12 APP, P.O. Box 340308, Hartford, CT 06134-0308, [oplc.dph@ct.gov](mailto:oplc.dph@ct.gov).

Name MARI BENTLEY  
 Credential 1

**Current Practice Locations**

1. Are you currently practicing your licensed profession in Connecticut?

Yes

2. Are you actively involved in patient care?

Yes

3. Enter your practice locations

Practice Name	Address 1	Address 2	Address 3	City	State	Zip Code	Primary Practice	Languages Spoken at this Location
Four Women Health Services	150 Emory St			Attleboro	Massachusetts	02703	No	
East Boston Neighborhood Health Center	10 Gove Street			East Boston	Massachusetts	02128	Yes	
Boston Medical Center	1 BMC Place			Boston	Massachusetts	02118	No	

**Medical School**

5. Medical School

University of Massachusetts

6. Year of Graduation

1998

**Post Graduate Training**

7. List your postgraduate training:

Site Name	City	State	Country	Start Date	End Date	Level	Type
Memorial Hospital of Rhode Island/Brown University	Pawtucket	Rhode Island	UNITED STATES	06/30/1999	06/29/2001	Resident	Family Medicine
Memorial Hospital of Rhode Island/Brown University	Pawtucket	Rhode Island	UNITED STATES	06/21/1998	06/29/1999	Intern	Family Medicine

**Specialty Area/American Board Certification**

8. Please indicate practice specialties, subspecialties and the date you were certified by ABMS or ABOMS.

Specialty	Subspecialty	Certifying Board	Certification Date
Family Medicine	Subspecialty Certification Date	American Board of Family Medicine	07/15/2001

**Medical Education Responsibilities**

9. Are you a member of the faculty of a Connecticut medical school?

No

10. Select the state medical schools at which you are a member of the faculty.

11. Do you have current responsibility for graduate medical education?

Yes

### Medical Malpractice Information

13. Indicate your malpractice insurance carrier:

14. Indicate the medical malpractice payments that have been made by you or on your behalf within the past ten years.

**NOTE TO PHYSICIAN: Please be advised that in order to provide you with all relevant information for your review, the Department has included on this pre-publication copy, the actual amount(s) paid on your behalf for malpractice awards or settlements. The Department entered the information you provided on your application as well as reports received from third parties mandated to provide the Department with this information. Actual dollar amount WILL NOT be reported on the report released to the public. The Department will report only the the date resolved, category of payment (below average, average or above average) and the specialty associated with the payment. The category of payment is subject to change as additional malpractice data for your specialty is reported and tabulated. As such please review this section periodically in order to get a real-time assessment of your malpractice history.**

Resolved Date	Payment Category	Amount Paid	Specialty	Group Count	Payment Count
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### Connecticut Hospital Discipline

*This section contains categories disciplinary actions taken by hospitals during the past ten years which are specifically required by law to be released in the physician's profile.*

16. Please enter any disciplinary actions taken against you by any hospital within the previous 10 years.

Hospital Name	City	State	Country	Discipline Date	Disciplinary Action
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### Other State License

18. Indicate states outside of CT where licenses are held, current or expired

State	Disciplinary Action
Rhode Island	No
New York	No
Massachusetts	No

### Profile Attestation

I hereby certify that to the best of my knowledge, the information contained in this profile is true and accurate and understand that providing false information may be grounds for sanction, which may include suspension revocation of my license to practice my profession in Connecticut.

21. Attestation Date