

## COMPLIANCE REQUIREMENT SUMMARY

<b>Name:</b>	Bowers, Marci Lee	<b>Case #</b>	98-12-0051MD
<b>D.O.B.</b>	1/18/58	<b>Docket #</b>	99-04-A-1055MD
		<b>Med School</b>	University of Minnesota
<b>Specialty</b>		<b>Grad Yr.</b>	1986

**Notice: Requirements set forth below reflect only part of the terms of your Order. You are expected to adhere to all the terms in the Order.**

Requirements	Due	Received
The Respondent's license to practice medicine is subject to the following terms and conditions for a period of TWO YEARS. After two years and upon successful completion of the requirements in this section, the terms and conditions herein shall automatically expire.	N/A	N/A
2.1 Respondent shall submit a plan of continuing medical education (CME) in the area of general surgical complications and post-operative care to the Commission's designee for approval. The exact number of hours and the specific content of the course or courses constituting such program shall be determined by the Commission's designee and shall not total less than TWELVE (12) credit hours of Category I continuing medical education as described in WAC 246-917-170. This program shall be in addition to the Continuing Education requirement for relicensure. Questions concerning the specific course or courses shall be directed to the Commission's designee. Such CME plan shall be approved by the Medical Consultant, implemented and completed within ONE YEAR (1) of the effective date of this Informal Disposition.	7/9/00	3-30-01
2.2 The Respondent shall see to it that all care delivered to her patient's falls within acceptable standards of medical practice. The Respondent shall obey all federal, state, and local laws and all administrative rules governing the practice of medicine in Washington.	N/A	N/A

Statement of Allegations - 4/28/99

Stipulation To Informal Disposition - 7/8/99

Address: The Polyclinic, 1145 Broadway, Seattle WA 98122-4299

License No: MD27147 Issue Date: 3/5/90

RCM: Hampton Irwin, MD

SA: Marcia Stickler

Attorney: None

**STATEMENT OF ALLEGATIONS Information Sheet**  
**Health Professions Section Five**

<b>ACO Number:</b> 99-04-A-1055MD			
<b>Program Number(s):</b> 98-12-0051MD			
<b>Respondent Information:</b>			
<b>Name:</b> Marci Lee Bowers, M.D.			
<b>Address:</b> The Polyclinic 1145 Broadway, Seattle WA 98122-4209			
<b>Phone:</b> _____			
<b>License#</b> _____		<b>Date of Birth:</b> _____	
<b>Respondent's Attorney: (must file notice of appearance)</b>			
<b>Name:</b> _____			
<b>Address:</b> _____			
<b>Phone#:</b> _____		<b>Fax#:</b> _____	
<b>RCM:</b> Irwin	<b>Staff Attorney:</b> Stickler	<b>AAG:</b> (if assigned)	
<b>Date SOA Served:</b> 4-28-99		<b>Date Entered in tracking system:</b> 4-28-99	
<b>Date answer received:</b>		<b>Default Date:</b> 5-11-99	
<b>Copies to:</b>	RCM	AAG , (if any)	Staff Attorney Maryella
<b>Resp. Atty Clerk's Office (original) dated forwarded:</b>			
<b>Dirk (A-L )</b>	Dani	(M-Z)	Medical Consultant



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 SE Quince St • P.O. Box 47866 • Olympia, Washington 98504-7866

November 13, 2002

MARCI LEE BOWERS, MD  
1001 BROADWAY #207  
SEATTLE WA 98122

**Case No: 98-12-0051MD**

Dear Dr. Bowers:

This letter is to officially inform you that the Medical Quality Assurance Commission has released you from the requirements of the *Stipulation to Informal Disposition* signed on July 8, 1999. You have demonstrated satisfactory compliance with the terms and conditions of the agreement. This letter serves to inform you and other interested parties that you are now released from the aforementioned Stipulation to Informal Disposition effective upon receipt of this letter.

The Commission wishes you well in the future.

If you have any questions concerning this matter, please feel free to contact Dirk Gillespie, Compliance Officer, at (360) 236-4794 or write to the Medical Quality Assurance Commission, P.O. Box 47866, Olympia, WA 98504-7866.

Sincerely,

Disciplinary Program Manager  
Medical Quality Assurance Commission

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice as a	)	
Physician and Surgeon of	)	Docket No. 99-04-A-1055MD
	)	
MARCI LEE BOWERS, M.D.,	)	STIPULATION TO INFORMAL
License No.27147	)	DISPOSITION
	)	
Respondent.	)	
_____	)	

**Section 1: STIPULATION**

The parties to the above-entitled matter stipulate as follows:

1.1 Marci Lee Bowers, M.D., Respondent, is informed and understands that the Program Manager, on designation by the Commission, has made the following allegations:

1.1.1 In the course of bilateral salpingo-oophorectomy surgery on the patient (previously identified on a confidential schedule) on or about August 6, 1997, the Respondent negligently sutured a minute portion of small bowel while closing the fascial layer of the wound, resulting in peritonitis.

1.1.2 Despite the patient demonstrating possible complications post-operatively, the Respondent did not respond in a timely manner. A general surgeon reoperated on the patient on the ninth post-operative day.

1.1.3 The patient required further surgery and suffered a delayed recovery as a result of the complication.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under

parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.12 This Stipulation to Informal Disposition is not formal disciplinary action, is not intended and should not be construed as an action which "revokes or suspends (or otherwise restricts) a physician's license or censures or reprimands, or places on probation" as those words are used in Sec. 422 of the Health Care Quality Improvement Act of 1986, 42 USC 11132 and is therefore not subject to any reporting requirements to the National Practitioner Data Bank, or under RCW 18.130.110 or any interstate/national reporting requirement.

1.13 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

## **Section 2: INFORMAL DISPOSITION**

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition. The Respondent's license to practice medicine is subject to the following terms and conditions for a period of TWO YEARS. After two years and upon successful completion of the requirements in this section, the terms and conditions herein shall automatically expire.

2.1 Respondent shall submit a plan of continuing medical education (CME) in the area of general surgical complications and post-operative care to the Commission's designee for approval. The exact number of hours and the specific content of the course or courses constituting such program shall be determined by the Commission's designee and shall total not

less than TWELVE (12) credit hours of Category I continuing medical education as described in WAC 246-917-170. This program shall be in addition to the Continuing Education requirement for relicensure. Questions concerning the specific course or courses shall be directed to the Commission's designee. Such CME plan shall be approved by the Medical Consultant, implemented and completed within ONE YEAR (1) of the effective date of this Informal Disposition.

2.2 The Respondent shall see to it that all care delivered to her patients falls within acceptable standards of medical practice. The Respondent shall obey all federal, state, and local laws and all administrative rules governing the practice of medicine in Washington.

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I, Marci Lee Bowers, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Marci L. Bowers MD  
Marci Lee Bowers, M.D.  
Respondent

6/30/95  
Date



Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this 8<sup>th</sup> day of July, 1999.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION



Panel Chair

Presented by:



Marcia G. Stickler, WSBA # 20712  
Department of Health Staff Attorney

July 7, 1999  
Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 98-12-0051MD

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice as a	)	
Physician and Surgeon of	)	<b>Docket No. 99-04-A-1055MD</b>
	)	
MARCI LEE BOWERS, M.D.	)	STATEMENT OF ALLEGATIONS
License No. 27147	)	AND SUMMARY OF EVIDENCE
	)	
Respondent.	)	
	)	

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The Program Manager, on designation by the Commission, makes the allegations below, which are supported by evidence contained in program case file No. 98-12-0051MD. Any patient referred to in this Statement of Allegations and Summary of Evidence is identified in an attached Confidential Schedule.

**Section 1: ALLEGED FACTS**

- 1.1 Marci Lee Bowers, M.D., Respondent, was issued a license to practice as a physician and surgeon by the State of Washington in March, 1990.
- 1.2 In the course of bilateral salpingo-oophorectomy surgery on the patient previously identified on a confidential schedule) on or about August 6, 1997, the Respondent negligently sutured a minute portion of small bowel while closing the fascial layer of the wound, resulting in peritonitis.
- 1.3 Despite the patient demonstrating possible complications post-operatively, the Respondent did not respond in a timely manner. A general surgeon reoperated on the patient on the ninth post-operative day.

1.4 The patient required further surgery and suffered a delayed recovery as a result of the complication.

## **Section 2: SUMMARY OF EVIDENCE**

2.1 Respondent's medical record of the Patient.

2.2 The patient's operative report, history and physical, progress notes and discharge summary from Providence Medical Center, Seattle, Washington..

2.3 Payment report from Physicians Insurance Exchange to the National Practitioner Data Bank dated December 10, 1998

2.4 Respondent's letter to Department of Health Investigator Tim Slavin dated January 29, 1999.

## **Section 3: ALLEGED VIOLATIONS**

3.1 The facts alleged in paragraphs 1.1 through 1.4 above, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180 (4) which provides in part:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any licensee or applicant under the jurisdiction of this chapter:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. . . .;

## **Section 4: NOTICE TO RESPONDENT**

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is

necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and Summary of Evidence, Respondent should sign and date the Stipulation to Informal Disposition and return it within 20 days to Casandra Batdorf, Dept. of Health, P. O. Box 47866, Olympia, WA 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Marcia G. Stickler, Staff Attorney, Department of Health Staff Attorney, Department of Health, Medical Quality Assurance Commission, 1300 SE Quince, Olympia, WA 98504-7866 at (360) 664-2252 within 10 days.

4.4 If Respondent does not respond within 20 days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 In the event Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a statement of charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license.

Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission if  
Respondent's name and/or address changes.

DATED this 28<sup>th</sup> day of April, 1999.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

Margell E. Jansen

Program Manager

Marcia G. Stickler

Marcia G. Stickler, WSBA # 20712  
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 98-12-0051MD

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d)

The Patient ..... 1 - Investigative Records Compiled by agenc...

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

OLY P&DF, WA. 02:34 05/01/99

DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
1300 SE QUINCE STREET  
PO BOX 47866  
OLYMPIA WA 98504-7866

RECEIVED  
MAY 05 1999  
LEGAL UNIT



BOWERS, MARCI 99-04-A-1055MD PAGE 15

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Marci Lee Bowers, M.D.  
The Polyclinic  
1145 Broadway  
Seattle, WA 98122-4299

**Article Number**

P-360-008-24B

**Type**

red

Mail

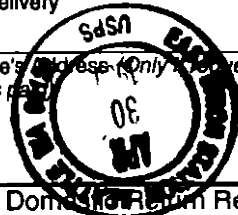
Receipt for Merchandise

Delivery

- ☒ Certified  
☐ Insured  
☐ COD

**5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X

**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

BOWERS, MARCI 99-04-A-1055MD PAGE 16





STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

April 28, 1999

Marci Lee Bowers, M.D.  
The Polyclinic  
1145 Broadway  
Seattle, WA 98122-4299

Re: In the Matter of the License to Practice Medicine of  
Marci Lee Bowers, M.D., Docket No. 99-04-1055MD/Program No. 98-12-0051MD

Dear Dr. Bowers:

You have been under investigation by the Washington State Medical Quality Assurance Commission for alleged unprofessional conduct. As a resolution of the case, the Commission has moved to allow you to enter into a Stipulation to Informal Disposition rather than filing a formal Statement of Charges. Please read these documents carefully and consult your attorney if you need legal advice.

I have enclosed the original and one copy of the Stipulation to Informal Disposition which I, as the staff attorney for the Department of Health, have prepared. The terms of the Stipulation to Informal Disposition are those proposed by the Commission. Signing the Stipulation does not constitute an admission of any violation of law. Note that a Stipulation to Informal Disposition is not disciplinary action, nor is it published or sent to the National Practitioner Data Bank.

I have also enclosed a document entitled "Statement of Allegations." The legislature has required that this be served along with a Stipulation to Informal Disposition. It merely recites the allegations against you.

If you choose to enter into the Stipulation to Informal Disposition, please sign the original in the spaces indicated and return it to me. Keep the copy for your records. I will forward a conformed copy to you when the original is signed.



Marci Lee Bowers, M.D.

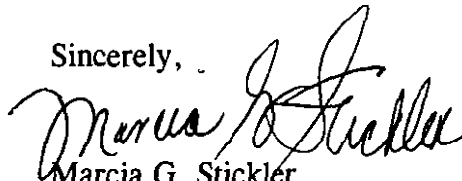
April 28, 1999

Page - 2

If you choose not to accept the Stipulation to Informal Disposition, please inform me in writing within 10 days. The matter will then be re-presented to the Commission to determine whether to issue a Statement of Charges in this case.

You are, of course, free to consult with and engage an attorney to represent you in these matters. If you have any further questions or concerns, you may contact me at the telephone number referenced below, or you may contact my paralegal, Casandra Batdorf at (360) 236-4808.

Sincerely,



Marcia G. Stickler

Staff Attorney, Dept. of Health

(360) 236-4814

MGS/ceb  
Enclosures

cc: Hampton Irwin, M.D. Reviewing Commission Member  
George Heye, M.D., Medical Consultant

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice as a	)	
Physician and Surgeon of	)	<b>Docket No. 99-04-A-1055MD</b>
	)	
MARCI LEE BOWERS, M.D.,	)	STIPULATION TO INFORMAL
License No.27147	)	DISPOSITION
	)	
Respondent.	)	
_____	)	

**Section 1: STIPULATION**

The parties to the above-entitled matter stipulate as follows:

1.1 Marci Lee Bowers, M.D., Respondent, is informed and understands that the Program Manager, on designation by the Commission, has made the following allegations:

1.1.1 In the course of bilateral salpingo-oophorectomy surgery on the patient (previously identified on a confidential schedule) on or about August 6, 1997, the Respondent negligently sutured a minute portion of small bowel while closing the fascial layer of the wound, resulting in peritonitis.

1.1.2 Despite the patient demonstrating possible complications post-operatively, the Respondent did not respond in a timely manner. A general surgeon reoperated on the patient on the ninth post-operative day.

1.1.3 The patient required further surgery and suffered a delayed recovery as a result of the complication.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under

parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.12 This Stipulation to Informal Disposition is not formal disciplinary action, is not intended and should not be construed as an action which "revokes or suspends (or otherwise restricts) a physician's license or censures or reprimands, or places on probation" as those words are used in Sec. 422 of the Health Care Quality Improvement Act of 1986, 42 USC 11132 and is therefore not subject to any reporting requirements to the National Practitioner Data Bank, or under RCW 18.130.110 or any interstate/national reporting requirement.

1.13 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

## **Section 2: INFORMAL DISPOSITION**

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition. The Respondent's license to practice medicine is subject to the following terms and conditions for a period of TWO YEARS. After two years and upon successful completion of the requirements in this section, the terms and conditions herein shall automatically expire.

2.1 Respondent shall submit a plan of continuing medical education (CME) in the area of general surgical complications and post-operative care to the Commission's designee for approval. The exact number of hours and the specific content of the course or courses constituting such program shall be determined by the Commission's designee and shall total not

less than TWELVE (12) credit hours of Category I continuing medical education as described in WAC 246-917-170. This program shall be in addition to the Continuing Education requirement for relicensure. Questions concerning the specific course or courses shall be directed to the Commission's designee. Such CME plan shall be approved by the Medical Consultant, implemented and completed within ONE YEAR (1) of the effective date of this Informal Disposition.

2.2 The Respondent shall pay the amount of ONE THOUSAND DOLLARS (\$1,000) to reimburse the Commission for the costs of investigating and processing this complaint within one hundred twenty (120) days of the effective date of this Informal Disposition. Such amount shall be payable to the Treasurer, State of Washington and submitted to the Compliance Officer, Department of Health, P.O. Box 1099, Olympia, Washington 98504-1099.

2.3 The Respondent shall see to it that all care delivered to her patients falls within acceptable standards of medical practice. The Respondent shall obey all federal, state, and local laws and all administrative rules governing the practice of medicine in Washington.

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I, Marci Lee Bowers, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

---

Marci Lee Bowers, M.D.  
Respondent

---

Date

### Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this \_\_\_\_ day of \_\_\_\_\_, 199\_\_.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

\_\_\_\_\_  
Panel Chair

Presented by:

\_\_\_\_\_  
Marcia G. Stickler, WSBA # 20712  
Department of Health Staff Attorney

\_\_\_\_\_  
Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 98-12-0051MD



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice as a )  
Physician and Surgeon of )  
)  
MARCI LEE BOWERS, M.D. )  
License No. 27147 )  
)  
Respondent. )  
\_\_\_\_\_ )

**Docket No. 99-04-A-1055MD**

**DECLARATION OF SERVICE**

I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

On April 28, 1999, I served a true and correct copy of the **Statement of Allegations and Summary of Evidence, and Stipulation to Informal Disposition**, signed by or for Maryella E. Jansen, Program Manager, on April 28, 1999, by placing same in the U.S. mail by 4:30 p.m, postage prepaid, on the following parties to this case:

Marci Lee Bowers, M.D.  
The Polyclinic  
1145 Broadway  
Seattle, WA 98122-4299

DATED: April 28, 1999, Olympia, Washington.

  
Casandra Batdorf, Paralegal

original filed with:

Adjudicative Clerk Office  
1107 Eastside Street  
PO Box 7879  
Olympia WA 98504-7879

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 98-12-0051MD

DECLARATION OF SERVICE

ORIGINAL



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

MEDICAL QUALITY ASSURANCE COMMISSION  
*P.O. Box 47866, Olympia, Washington 98504-7866*

October 9, 2009

The Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-3831

Re: Marci Lee Bowers, MD

To Whom It May Concern:

Per the Request of Marci Lee Bowers, MD, I am enclosing the following certified copies:

- Statement of Allegations dated 4-28-99
- Stipulation to Informal Disposition (STID) dated 6-30-99
- STID Release Letter dated 11-13-02

If you have any questions, I can be reached by phone at (360) 236-2763 or by e-mail at [Angela.Bucci@Doh.Wa.Gov](mailto:Angela.Bucci@Doh.Wa.Gov).

Respectfully,

A handwritten signature in cursive script, appearing to read "Angela M. Bucci", followed by a horizontal line.

Angela Bucci, Compliance Officer  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia WA 98504-7866

Cc: Marci Lee Bowers, MD

**WASHINGTON STATE  
MEDICAL QUALITY ASSURANCE COMMISSION**

TO: George Heye, MD, Medical Consultant

FROM: Dirk Gillespie, Compliance Officer

DATE: March 27, 2001

RESPONDENT: **Marci Lee Bowers, MD**

CASE: 98-12-0051MD

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Please advise me on how many additional CME hours, if any Dr. Bowers will need to complete in order to satisfy the CME requirement outlined in section 2.1 of the Stipulation To Informal Disposition.

Thank you

*D Bowers has completed her CME requirements.*

*G Heye  
3-30-2001*

8649 Fauntleroy Way SW  
Seattle, WA 98136  
8 July 2000

Washington St Dept. of Health  
Medical Quality Assurance Committee  
1300 SE Quince St  
P.O. Box 47866  
Olympia, WA 98504-7866

RECEIVED  
JUL 12 2000  
Health Professions Section 5

To whom it may concern:

As per the July 14, 1999 MQAC Compliance Requirement, I have included a listing of completed category I hours pertaining to "general surgical complications and postoperative care."

- 1) Northwest Washington OB/GYN Conference (topics including "serious pelvic infections" and postoperative care) October 28, 1999. 6 Hours
- 2) "From patient injury to patient surgery" January 13, 2000 1 Hour
- 3) "Vaginal birth after cesarean section: safe and sound strategies" January 27, 2000 2.5 Hrs
- 4) "Key steps to preventing Pulmonary Embolism" Feb. 18, 2000 2 Hours
- 5) "Medical errors—Sources and solutions at Swedish" June 22, 2000 ( 2 Hours

In addition, I have completed more than 10 hours of reading (category 5 CME) from the text "Surgical errors and safeguards", 3<sup>rd</sup> edition. Thorek.

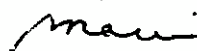
Finally, I have also attended 6 hours of CME Category I Morbidity and Mortality conferences at Swedish and Providence Medical Centers, in addition to my other CME activity.

I believe that this meets the requirements (12 hours of category I CME) laid out in the July 14, 1999 decree. You should also be aware that my clinical work remains exemplary (no readmits, no re-explorations, no blood transfusions, nor major complications of any kind) during the past several years, despite one of the busiest practices in Washington State.

On a larger context, I remain serenely disappointed in the mechanism by which I was selected for "investigation" by MQAC. Is there not a better means by which truly "bad doctors" are identified than by automatic malpractice settlement triggers? The practice of medicine today is extremely hazardous, especially in an urban setting, where both patients and plaintiff attorneys are increasingly vindictive and opportunistic.

Complications of surgery, while unwelcome, are not always avoidable. The cases that I settled were questionable at best, quite defensible, and certainly not malpractice, but settled largely because they were filed at a time of personal crisis out of cost/benefit considerations. While I do not mind the extra CME, I am finding it difficult to forgive MQAC for the added stress that your investigation has placed upon me. My concern is for other well-meaning physicians wrongly accused, for whom the consequences are more grave. It is, indeed, a sad and troubling time to be practicing medicine.

Sincerely,



Marci Bowers, MD

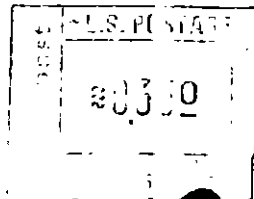
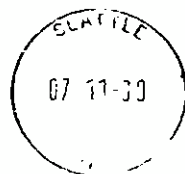
The  
**Polyclinic**

# The Polyclinic

1145 Broadway • Seattle, WA 98122-4299

*Marci Bowers MD*

ADDRESS SERVICE REQUESTED



*Washington State Department of Health*

*1300 SE Quince St*

*P.O. Box 47866*

*Olympia, WA*

*98504-7866*

*C/o Dink Gillespie*

38504+7866



**WASHINGTON STATE  
MEDICAL QUALITY ASSURANCE COMMISSION**

TO: George Heye, MD, Medical Consultant

FROM: Dirk Gillespie, Compliance Officer

DATE: July 28, 2000

RESPONDENT: **Marci Bowers, MD**

CASE: **98-12-0015MD**

---

Attached are the CME Certificates of Attendance you had me request.

*Reviewed + Approved  
G.H.  
7-31-2000*

## FAX TRANSMISSION DATA FORM

The  
Polyclinic

Do you require this copy back?

☐ No (It will be discarded and no confirmation sent.)☒ Yes (It will be returned with confirmation.)To (Company): Gillespie, Dirk

Attention: \_\_\_\_\_

Fax #: 360-586-4573 Phone #: \_\_\_\_\_Total # of pages including face sheet: 6

From: \_\_\_\_\_

Physician office/department: MARCI L. BOWERS, M.D.THE POLYCLINICDate: 7-25-00 Time: 1145 BROADWAYRE: SEATTLE, WA 98122(206) 329-1760

Comments: \_\_\_\_\_

If transmission is unreadable or any portion is missing, please call The Polyclinic at (206) 329-1760, extension 3636. Fax number: (206) 325-6910. Thank you.

**Please do not staple the document.**

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use of this telecopy is strictly prohibited. If you have received this in error, please notify us by telephone immediately and return the original facsimile message to us at the address below via the U.S. Postal Service.

1145 Broadway / Seattle, Washington 98122-4299 / (206) 329-1760

8000120596

The  
Polyclinic

# Continuing Medical Education Certificate

this certifies that

**Marci Bowers, MD**

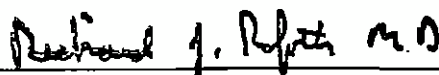
attended the course:

**"Northwest Washington OB/GYN Conference"**

**October 28, 1999**

Providence General Medical Center is accredited by the WSMA Continuing Medical Education Committee to sponsor Category 1 CME programs for physicians. As an organization accredited to provide CME, Providence General Medical Center certifies this course meets the criteria for 6 hours of Category 1 CME to satisfy the relicensure requirements of the Washington State Board of Medical Examiners, & for the Physicians Recognition Award of the AMA.

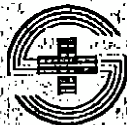
*Each physician/Allied Health Professional should claim only those hours or credit that he/she actually spent in the educational activity.*



Richard J. Rafoth, M.D.  
Director, Medical Education - PGMC



# Certificate of Attendance

**SWEDISH**

2000 Thursday 7:30 am CME Series

## "From Patient Injury to Patient Surgery"

Eric Knox, MD  
Chief Medical Officer,  
Obstetrix Medical Group

Swedish Medical Center/First Hill/Seattle  
Thursday, January 13, 2000  
7:30-8:30 am

Marci Bowers  
Participant Signature

1  
Hours Claimed

**ACCREDITATION:**

Swedish Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**CREDIT HOURS:**

Swedish Medical Center designates this educational activity for a maximum of 1 hour in Category 1 towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

This course has been reviewed and is acceptable for 1 Prescribed Hour by the American Academy of Family Physicians.

Sandy Norris  
Sandy Norris, MBA  
Director, Medical Education

Please keep this certificate for your records.  
The registrar can verify that the participant  
signed in at the program.



## CERTIFICATE OF ATTENDANCE

This certifies that

Marci Bowers

*attended*

### **Vaginal Birth After Cesarean Section: Safe and Sound Strategies**

**January 27, 2000  
Seattle, Washington**

Physicians Insurance is accredited by the Washington State Medical Association Medical Education Committee to sponsor continuing medical education for physicians.

Physicians Insurance designates this educational activity for a maximum of 2.5 hours in Category 1 towards the AMA Physician Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Physicians Insurance subscribers in attendance will fulfill the risk management education requirement mandated by the Washington Health Services Act of 1993.

I participated in the above  
CME activity for 2.5 hours.

Marci Bowers

Participant's Signature

Thomas E. Kirchmeier

Thomas E. Kirchmeier, CPCU, ARM  
Vice President, Risk Management



## CERTIFICATE OF ATTENDANCE

This certifies that

Marci Bowers MD

attended

### APPREHENDING THE SILENT ASSASSIN: Key Steps to Diagnosing and Preventing Pulmonary Embolism

February 18, 1999  
Seattle, Washington

As an organization accredited by the WSMA Medical Education Committee, Physicians Insurance certifies that this course meets the criteria for 2.0 hours of Category 1 CME to satisfy the relicensure requirements of the Washington State Board of Medical Examiners and for the Physician's Recognition Award of the American Medical Association.

This program has been reviewed and is acceptable for 2.0 Prescribed Hours by the American Academy of Family Physicians.

Physicians Insurance subscribers in attendance will fulfill the risk management-education requirement mandated by the Washington Health Services Act of 1993.

I participated in the above  
CME activity for 2 hours.

Marci Bowers  
Participant's Signature

Thomas E. Kirchmeier

Thomas E. Kirchmeier, CPCU, ARM  
Vice President, Risk Management

**SWEDISH MEDICAL CENTER**

747 Broadway Seattle, WA 98122-4307  
(206) 386-6000

June 12, 2000

Dear Physician:

Please join your colleagues for the eleventh Clinical Quality forum;

***"Medical Errors: Sources and Solutions at Swedish"***

*Larry Dittman, Director, Risk Management*  
*Greg Sorensen, MD, Medical Director, Pediatric Administration*  
*John Zarek, RPh, System Clinical Manager, Pharmacy*

**Thursday, June 22, 2000**

**7:30 - 8:30 a.m.**

**Glaser Auditorium**

***First Hill***

Medical errors happen. How can we understand their causes and improve systems to minimize their occurrence?

Larry Dittman, Greg Sorensen and John Zarek will review the salient issues from the Institute of Medicine's report, "To Err is Human," present national data, and discuss applications at Swedish.

Please mark your calendar for the presentation.

Sincerely,

*Chris Leininger*

Chris Leininger, MD, MBA

Medical Director, Clinical Quality Improvement  
Swedish Medical Center

CL/cfc



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

07/18/2000

MARCI LEE BOWERS, MD  
THE POLY CLINIC  
1145 BROADWAY  
SEATTLE WA 98122-4299

Dear Dr. Bowers:

I am writing you regarding your recent submission of CME course material regarding section 2.1 of the Order. George Heye, MD, Medical Consultant requests that you submit copies of the Certificate's of Attendance for the Category I CME claimed in your letter. The CME is referenced under the numbers 1 – 5. You may fax these documents to me at (360) 586-4573.

If you have any questions or concerns, feel free to contact me at (360) 236-4794.

Sincerely,

Dirk Gillespie  
Compliance Officer



7-17-2000

To: Dirk Gillespie, Compliance Officer

From: G. Heye, Medical Consultant

Subject; CME

Respondent; Marci Lee Bowers, MD  
File # 98-12-0051MD

Please ask the respondent to send us copies of her certificates of attendance for the Cat 1 CME hours claimed in her letter. The CME is referenced under the numbers 1-5.

Thank you.

gh



**WASHINGTON STATE  
MEDICAL QUALITY ASSURANCE COMMISSION**

TO: George Heye, MD, Medical Consultant

FROM: Dirk Gillespie, Compliance Officer

DATE: July 11, 2000

RESPONDENT: **Marci Bowers, MD**

CASE: **98-12-0015MD**

---

Please review and approve the following CME documentation as required in section 2.1 of the Stipulation To Informal Disposition.

Thank you.

## FACSIMILE TRANSMISSION DATA FOR

The  
Polyclinic

Do you require this copy back?

☐ No (It will be discarded and no confirmation sent.)☒ Yes (It will be returned with confirmation.)To (Company): Dirk Gillespie

Attention: \_\_\_\_\_

Fax #: 360-586-4573

Phone #: \_\_\_\_\_

Total # of pages including face sheet: 2

From: \_\_\_\_\_ MARCI L. BOWERS, M.D.

Physician office/department: \_\_\_\_\_ THE POLYCLINIC

1145 BROADWAY

Date: 7-10-00 Time: SEATTLE WA 98122

RE: \_\_\_\_\_ (206) 329-1760

Comments: \_\_\_\_\_

If transmission is unreadable or any portion is missing, please call The Polyclinic at (206) 329-1760, extension 3636. Fax number: (206) 325-6910. Thank you.

**Please do not staple the document.**

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1145 Broadway / Seattle, Washington 98122-4299 / (206) 329-1760

The  
Polyclinic



8649 Fauntleroy Way SW  
Seattle, WA 98136  
8 July 2000

Washington St Dept. of Health  
Medical Quality Assurance Committee  
1300 SE Quince St  
P.O. Box 47866  
Olympia, WA 98504-7866

To whom it may concern:

As per the July 14, 1999 MQAC Compliance Requirement, I have included a listing of completed category I hours pertaining to "general surgical complications and postoperative care."

- 1) Northwest Washington OB/GYN Conference (topics including "serious pelvic infections" and postoperative care) October 28, 1999. 6 Hours
- 2) "From patient injury to patient surgery" January 13, 2000 1 Hour
- 3) "Vaginal birth after cesarean section: safe and sound strategies" January 27, 2000 2.5 Hrs
- 4) "Key steps to preventing Pulmonary Embolism" Feb. 18, 2000 2 Hours
- 5) "Medical errors--Sources and solutions at Swedish" June 22, 2000 2 Hours

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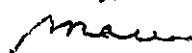
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Sincerely,



Marci Bowers, MD

The  
Polyclinic



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

July 14, 1999

MARCI LEE BOWERS MD  
C/O THE POLYCLINIC  
1145 BROADWAY  
SEATTLE WA 98122-4299

Dear Dr. Bowers:

Enclosed please find your copy of the *Compliance Requirement Summary* reflecting your requirements and their respective due dates. These requirements will help determine compliance with the **Stipulation To Informal Disposition** dated July 8, 1999.

If you have any questions regarding your Order, please contact me at (360)236-4794.

Sincerely,

A handwritten signature in black ink, appearing to read "Dirk Gillespie", is written over a horizontal line.

Dirk Gillespie  
Compliance Officer

cc: Marcia Stickler, Staff Attorney

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
ADJUDICATIVE CLERK OFFICE**

In the Matter of the License to Practice as	)	Docket No. 99-04-A-1055MD
a Physician and Surgeon of:	)	
<b>MARCI LEE BOWERS, M.D.,</b>	)	DECLARATION OF SERVICE
License No.: MD00027147	)	BY MAIL
	)	
	)	
	)	

---

I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

On July 13, 1999, I served a true and correct copy of the Stipulation to Informal Disposition dated July 8, 1999, by placing same in the U.S. mail by 4:30 p.m, postage prepaid, on the following parties to this case:

MARCI LEE BOWERS  
C/O THE POLYCLINIC  
1145 BROADWAY  
SEATTLE, WA 98122-4299

DATED: This 13 day of July 1999, at Olympia, Washington.

  
\_\_\_\_\_  
Pam L. Mena, Adjudicative Clerk Office

cc: Maryella Jansen, Program Manager  
Marcia G. Stickler, Staff Attorney



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
PO Box 47879 • Olympia, Washington 98504-7879

July 13, 1999

MARCI LEE BOWERS  
C/O THE POLYCLINIC  
1145 BROADWAY  
SEATTLE, WA 98122-4299

Dear Dr. Bowers:

Enclosed please find the Stipulation to Informal Disposition (Stipulation) dated July 8, 1999

Questions regarding compliance with the Stipulation should be directed to Dirk Gillespie, Compliance Officer for the Washington State Medical Quality Assurance Commission, P. O. Box 47866, Olympia, WA 98504-7866 or (360) 236-4794.

Sincerely,

Pam L. Mena  
Adjudicative Clerk Office  
P. O. Box 47879  
Olympia, WA 98504-7879  
(360) 236-4674

Enclosure

cc: Dirk Gillespie, Compliance Officer ✓  
Maryella Jansen, Program Manager  
Marcia G. Stickler, Staff Attorney

# Final Order Mailing List

Respondent: Last, First <b>Marci Lee Bowers</b>		Address: (Certified Mail)		Legal/ACO/CO/HCI <b>11-13-02</b>
Respondent's Attorney:		Address: (Certified Mail)		<b>N/A</b>
Program No.	<b>99-12-0051MD</b>			
Type of Order	<b>STID Release letter</b>			
Date of Order	<b>11-13-02</b>	Med. School	<b>University of Minnesota</b>	
License No.	<b>27147</b>	Grad Year	<b>1976</b>	
Issue Date	<b>3-5-90</b>	Expire Date		
Date of Birth	<b>1-18-58</b>	SS No.		
Specialty		Docket No.	<b>99-04-A-1055MD</b>	
AAG of Record: Ms:0110		ACO-7879 OPS-7872		<b>N/A</b>
Reviewing Commissioner: <b>Stichter</b>		Address:		<b>N/A</b>
Staff Attorney <b>Irwin</b>		Address:		<b>N/A</b>
Program Manager: <b>Pigott</b>		(Inc Orders w/Stats report ) 1 no STIDs or non reportable RSA/ Yes-noc, Yes-mental exam		<b>11-13-02</b>
Public Disclosure Officer: <b>Marla/Bob</b>		Provide SOA & STID together 1 SOA is not releasable until STID is signed / noc		<b>11-13-02</b>
Complainant:		Address: SOC's & STID inc w/letter		<b>N/A</b>
FEDERATION State MED BD of US INC		Yes-SOC, No-STIDs incl ASI w/school per Verna/JanC.3/30/00 YES-summary suspension & EX Parte		<b>N/A</b>
FINAL & Agreed Orders only-Bev		business packet		<b>N/A</b>
FINAL & Agreed Orders only-Dr. Heye				<b>N/A</b>
AGREED Orders only - Mike Farrell				<b>N/A</b>
STIDS only - Gerald Kelly		include WSOC & SOA		<b>N/A</b>
STIDS only - Linda Grant-L&I		include WSOC & SOA		<b>N/A</b>
STIDS - Scott Alberti, CCDC II - WPHP 2065830127		include WSOC & SOA Washington Physicians Health Program 720 Olive Way Suite 717, Seattle 98101		<b>N/A</b>
STIDS - Pam Mena - ACO 236-4674		STID Letter of Release if previously reported to DATA BANK		<b>N/A</b>
TIMELINES Workload or HTTS		8/16/99 CO-enter only soc,asoc,soa & noc (01-Jan- ACO do WSOC per Pam 01-leann to enter above)		<b>Legal</b>
TRACKING System ID#		soc/exparte/soa-Legal (Final S, LP, LS,NOC -compliance officer)		<b>N/A</b>
S-Drive UDA / RX List / Revoked List		active only-inc.noc/ suspended orders ASI-updated by Bev/Sue		<b>11-13-02</b>
CARD File		include NOC		<b>11-13-02</b>
ASI-Update susp/revoke see Sue/Bev code		(co-to close all, noc, admin, icl, stids) ACO not closing ASI		<b>11-13-02</b>
STATS Compliance Listing XLS		SOC.SOA,Open,STIDopen,Rx,PR,CA,C lose		<b>11-13-02</b>
REVENUE \$ Letter		stid.doc / agreed - final		<b>N/A</b>
CRS		worksheet-Compliance Requirement Summary		<b>N/A</b>

## Public Distribution List

<b>Linda Grant</b> <i>include-wsoc, soa, stid</i> <i>keep per Mej</i>	360.902.6790	Provider Review & Education Department of Labor and Industries PO Box 44322 Olympia, WA 98504-4322	all
<b>Casey Zimmer</b> <i>No STIDs</i> <i>keep per Mej</i>		Medical Assistance Administration PO Box 45510-5510 Olympia, WA 98504-5510	all
<b>Catherine A. Colton</b> Regional Inspector General YES- rsa, ao, rfr, revoke, default, final No-SOC, WSOC, ASOC, STID, eff 1/31/02 <i>keep per Mej</i>	415.463.7961	Department of Health & Human Services Office of Investigations P.O. Box 422516 San Francisco, CA 94142-2516	
<b>Archivist-Bob Horner PDO</b> <i>Public Disclosure Officer</i> <i>File closure prepare for archives</i>			
<b>HIPDB</b> Healthcare Integrity & Protection Data Bank Respondents Reporting Form: Attorneys HIPDB Action Report: Assigned DCN No.		MD-010 PA-642 <i>report STID eff 12/1/99</i> Indef-98 / Perm-99      ID CODE-DCN# 2 - National Pr... HIPDB-none for reinstatement or modification-per Pam 3/29/00 Report Summary Suspension	<b>ACO shall report</b> <b>eff. 8/1/01</b>
<b>MISCELLANEOUS:</b>			

# Final Order Mailing List

<b>Respondent:</b> Bowers Marci Lee		<b>Address:</b> (Certified Mail)		<b>Legal/ACO/CO</b> 7/13/99
<b>Respondent's Attorney:</b>		<b>Address:</b> (Certified Mail)		N/A
<b>Program No.</b>	98-14-0057MD			
<b>Type of Order</b>	STID			
<b>Docket No.</b>	99-04-A-1055MD			
<b>Date of Order</b>		<b>Med.School</b>		
<b>Date of Birth</b>	11/18/54	<b>Grad. Year</b>		
<b>License No.</b>	21157	<b>Issue Date</b>		
<b>Specialty</b>		<b>Expire Date</b>		
<b>AAG of Record: Ms:0110</b>		<b>OPS Ms 7872</b>		N/A
<b>Reviewing Commission Member:</b> Jensen		<b>Address:</b>		7/14/99
<b>Staff Attorney</b> Hill		<b>Address:</b>		7/14/99
<b>Program Manager:</b> Jansen		<b>(Inc Orders with Stats Only) 2</b> No STIDs or Non reportable RSA		7/14/99
<b>Public Disclosure Officer:</b> Kramer		<b>Send SOA &amp; STID together</b> SOA is not releasable until STID is signed		7/14/99
<b>Complainant:</b>		<b>Address:</b> (SOC's - letter only)		N/A
<b>ACO</b> Anna Mullic		<b>Address:</b> Public Dis after 7/1/97, originals, Incomp Ltr, CoFD, & STIDS		N/A
<b>Federation State Medical Board</b>		<b>(Form Only-include orders)</b>		N/A
<b>National Practitioner Data Bank</b>		<b>Form Only-no orders MD-010 / PA-642</b>		N/A
<b>AGREED only - Mike Farrell</b>				N/A
<b>STIDS only - Gerald Kelly</b>		<b>include SOA</b>		7/14/99
<b>STIDS only - Linda Grant-L&amp;I</b>		<b>include SOA see reverse for address</b>		7/14/99
<b>STIDS-WPHP Scott Alberti</b>		<b>include SOA see reverse for address</b>		N/A
<b>Timeline Workload</b>				7/14/99
<b>CARD File - Update</b>				7/14/99
<b>ASI-Update system</b>				7/14/99
<b>Tracking System</b>		<b>SOC-Legal (tracking - close S, LP, LS, on Final)</b>		7/14/99
<b>UDA S-Drive</b>				7/14/99
<b>Compliance Listing</b>		<b>SOC,SOA,Open,STID List-Book,Close,Rx,PR,CA</b>		7/14/99
<b>Revenue \$ Letter</b>				N/A
<b>Compliance Requirement Summary</b>		<b>Worksheet CRS</b>		7/14/99

06/15/1999stats.fomail.xls

## Public Distribution List

<b>Linda Grant</b>	Provider Review & Education Department of Labor and Industries PO Box 44322 Olympia, WA 98504-4322	
<b>Moss, Oesting &amp; Associates</b>	600 Stewart Street, Suite 1220 Seattle, WA 98101-1217	
<b>Casey Zimmer</b>	Medical Assistance Administration PO Box 45510-5510 Olympia, WA 98504-5510	
<b>Deborah McGrath, Underwriter</b>	Physician's Insurance 1730 Minor Avenue #1800 Seattle, WA 98101	
<b>Carol Leonard</b>	Regence Blue Shield Provider Credentialing P.O. Box 21267 MS: 1403--Seattle, WA 98111-3267	
<b>Sheila Scannell Credential Coordinator</b>	First Choice Health Network Inc. 601 Union Street, Suite 1100 Seattle, WA 98101	
<b>Bob Sisson</b> <i>(06-Clark County Orders Only)</i>	Columbian PO Box 180 Vancouver, WA 98666	
<b>Scott Alberti, CCDC II</b> <i>(WPHP Mandates Only)</i>	Washington Physicians Health Program 720 Olive Way Suite 525 Seattle, WA 98101	
<b>John Uncapher, Supervisor</b> <i>(Yes -RSA's, Revocation, Suspension, etc.) (No SOC' (No Summary Suspensions-Investigator Coordinates)</i>	Drug Enforcement Administration 220 West Mercer Street Suite 104 Seattle, WA 98119	
<b>Kenneth W. Davidson Regional Inspector General</b> <i>Yes-RSA, AO, RFJ, Revoke-Default, Fof, Col No-SOC, WSOC, ASOC, STID.</i>	Department of Health & Human Services Office of Investigations P.O. Box 422516 San Francisco, CA 94142-2516	



# Final Order Mailing List

Respondent:		Address: (Certified Mail)		Legal/ACO/CO
Marci Lee Bowers				4/21/99
Respondent's Attorney:		Address: (Certified Mail)		N/A
Program No.	99-12-005 MD			
Type of Order	SOA			
Docket No.	99-041-A-1055 MD			
Date of Order	4/28/99	Med. School		
Date of Birth	1/18/58	Grad. Year		
License No.	27147	Issue Date	3/5/90	
Specialty		Expire Date	1/11/2000	
AAG of Record: Ms:0110		OPS Ms 7872		12/19
Reviewing Commission Member:		Address:		4/21/99
Irwin				
Staff Attorney		Address:		4/28/99
Stiller				
Program Manager:		(Inc Orders with Stats Only) 2		4/29/99
Jansen		ASAP for revoke, sum sus, default for Matt Ashworth-MEDIA		
Public Disclosure Officer:		Send SOA & STID together		4/29/99
Kramer		SOA is not releasable until STID is signed		
Complainant:		Address: (SOC's - letter only)		
ACO		Address:		N/A
Anna Mullic		Public Dis after 7/1/97, originals, Incomp Ltr, Conf, & STIDS		
Federation State Medical Board		(Form Only-include orders)		N/A
National Practitioner Data Bank		Form Only-no orders MD-010 / PA-642		N/A
AGREED only - Mike Farrell				N/A
STIDS only - Gerald Kelly		include SOA		N/A
STIDS only - Linda Grant-L&I		include SOA see reverse for address		N/A
STIDS-WPHP Scott Alberti		include SOA see reverse for address		N/A
Timeline Workload				
CARD File - Update				4/29/99
ASI-Update system				4/25/99
Tracking System		SOC-Legal (tracking - close S, LP, LS, on Final)		4/28/99
UDA S-Drive				N/A
Compliance Listing		SOC, SOA, Open, STID List-Book, Close, Rx, PR, CA, SLtr,		4/28/99
Compliance Requirement Summary		Worksheet CRS		N/A

04/28/1999stats.fomail.xls

# Public Distribution List

<b>Linda Grant</b>	Provider Review & Education Department of Labor and Industries PO Box 44322 Olympia, WA 98504-4322	
<b>Moss, Oesting &amp; Associates</b>	600 Stewart Street, Suite 1220 Seattle, WA 98101-1217	
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<b>Carol Leonard</b>	Regence Blue Shield Provider Credentialing P.O. Box 21267 MS: 1403--Seattle, WA 98111-3267	
<b>Sheila Scannell Credential Coordinator</b>	First Choice Health Network Inc. 601 Union Street, Suite 1100 Seattle, WA 98101	
<b>Bob Sisson</b> (06-Clark County Orders Only)	Columbian PO Box 180 Vancouver, WA 98666	
<b>Scott Alberti, CCDC II</b> (WPHP Mandates Only)	Washington Physicians Health Program 720 Olive Way Suite 525 Seattle, WA 98101	
<b>John Uncapher, Supervisor</b> (Yes -RSA's, Revocation, Suspension, etc.) (No'SOC' (No Summary Suspensions-Investigator Coordinates)	Drug Enforcement Administration 220 West Mercer Street Suite 104 Seattle, WA 98119	
<b>Kenneth W. Davidson</b> <b>Regional Inspector General</b> Yes-RSA, AO, RFJ, Revoke-Default, Fof, Col. No-SOC, WSOC, ASOC, STID,	Department of Health & Human Services Office of Investigations P.O. Box 422516 San Francisco, CA 94142-2516	

Redaction Summary ( 2 redactions )

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2 Privilege / Exemption reasons used:

- 1 -- "Investigative Records Compiled by agency investigative and law enforcement unit; and non-disclosure is essential to effective law enforcement or for a person's privacy. - RCW 42.56.240(1)" ( 1 instance )
- 2 -- "National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1)" ( 1 instance )

Redacted pages:

- Page 14, Investigative Records Compiled by agency investigative and law enforcement unit; and non-disclosure is essential to effective law enforcement or for a person's privacy. - RCW 42.56.240(1), 1 instance
- Page 46, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance