

TARGET SHEET

Board: Medicine

Licensee Full Name:
BENITA L GROSS

License No:
MD441428

2832913_LIC_2_12/31/2012

b1gross144
1h1

ONLINE RENEWAL INFORMATION
BENITA L GROSS

LICENSE TYPE: Medical Physician and Surgeon
REGISTRATION CODE: t x C H g d E m

LICENSE NUMBER: MD441428
EXPIRATION DATE: 12/31/2012

Go to www.mylicense.state.pa.us. Follow the on-screen instructions to complete your renewal, and you will receive immediate confirmation that it has been processed. We encourage you to renew by **12/01/2012** to ensure receipt of your license prior to the expiration date.

TO OBTAIN A CURRENT LICENSE, YOU MUST COMPLETE THE RENEWAL PROCESS
THERE IS A ONE TIME WAIVER OF THE RENEWAL FEE FOR THE 2012 - 2014 RENEWAL PERIOD



If you will not be practicing with your Medical Physician and Surgeon license in Pennsylvania after 12/31/2012, check the box to the left to request inactive or out of business status, and return this form to the address above. No fee is required.

If you are unable to use the online renewal system, you may obtain a renewal application by:

- Downloading from our website at www.dos.state.pa.us/med;
- Requesting an application by emailing st-medicine@pa.gov;
- Checking the box to the left and returning this form to the address above.

IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR LICENSE IS RENEWED BY THE EXPIRATION DATE.



TARGET SHEET

Board: Medicine


Licensee Full Name:
BENITA L GROSS

License No:
MD441428

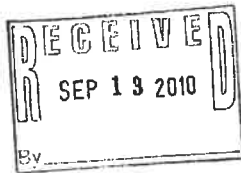
2832913_LIC_1_11/16/2011

ACCREDITED - AMERICAN

2/07

APPLYING FOR ACCREDITED:		<input checked="" type="checkbox"/> MD <input type="checkbox"/> MT	EVALUATOR: TERRY
APPLICANT'S NAME:		BENITA L. GROSS	
APPLICANT'S SPECIALTY:		OB/GYN	
LICENSED IN OTHER STATE(S):		CT, NJ, NY	
MEDICAL SCHOOL NAME:		ALBERT EINSTEIN COLLEGE OF MEDICINE	
DATE OF GRADUATION:		JUNE 5, 1981	
TRAINING:	PGY 1 HOSPITAL:	MONTEFIORE - EINSTEIN - JACOBI - NORTH CENTRAL	DATES: 7-1-81 TO 6-30-82
	PGY 2 HOSPITAL:	MONTEFIORE - EINSTEIN - JACOBI - NORTH CENTRAL	DATES: 7-1-82 TO 6-30-83
EXAMS:	USMLE 1: _____	NBME 1: X	FLEX 1: _____ LMCC 1: _____
	USMLE 2: _____	NBME 2: X	FLEX 2: _____ LMCC 2: _____
	USMLE 3: _____	NBME 3: X	
BOARD SPECIALTY CERTIFICATION:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SPECIALTY BOARD:		AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY	
DISCIPLINARY INFORMATION:		ANSWERED YES TO QUESTION(S):	9
SUBMITTED COPIES OF:		<input type="checkbox"/> COURT DOCUMENTS	
		1 MALPRACTICE / CIVIL COMPLAINT	
		<input type="checkbox"/> ACTION TAKEN BY ANOTHER JURISDICTION	
REASON FOR BOARD REVIEW:		CIVIL COMPLAINT AND 3 MALPRACTICE PAYMENTS ON THE NATIONAL DATA BANK REPORT.	
DATABANK SHOWS ACTION:		<input checked="" type="checkbox"/> NPDB	<input type="checkbox"/> HIPDB N/A
BOARD MEETING REVIEW:		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	BOARD MEETING DATE: 10 / 24 / 10
COMMENTS:			
ADMINISTRATOR'S SIGNATURE:			
		DATE:	

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us



MD 441428

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION
For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA)

Application Fee: \$35.00 **not refundable.** Make check payable to the "Commonwealth of Pennsylvania."
Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

232503

NAME: GROSS BENITA L
Last First Middle

Permanent Address: _____

All correspondence and the license will be mailed to this address unless the Board is notified of a change.

Street _____
New Rochelle NY 10805
City State Zip Code

Email address: _____@yahoo.com

Date of Birth: _____ Social Security Number: _____
MM DD YYYY

If your medical/licensure records are listed under another name or names list below: _____

Are you applying using credentials verification from FCVS? YES NO

Have you previously held a Pennsylvania graduate training license?
 YES; My license number is _____ NO

LIST MEDICAL SCHOOL(S) ATTENDED:

Albert Einstein

DATES OF ATTENDANCE:

From: 08/1977 to 06/1981
MM/YYYY MM/YYYY

From: _____ to _____
MM/YYYY MM/YYYY

Date of Graduation: 06/1981
MM/DD/YYYY

Check licensure examination(s) passed:

- () FLEX - indicate state where taken: _____ Date taken: Component 1 _____ Component 2 _____
- (x) NATIONAL BOARD - PART I 1979 PART II 1980 PART III 1982
- () USMLE - STEP 1 _____ STEP 2 _____ STEP 3 _____
- () LMCC - Canadian _____
- () STATE BOARD - indicate state where taken: _____

ACGME Post-Graduate Training:

PGY1 Hospital: Montefiore-Einstein Jacobi North Central From: 7/1/81 to: 6/30/85

PGY2 Hospital: _____ From: 1/1 to: 1/1

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? If yes, list the jurisdiction(s) here: <u>New York, Connecticut, NJ (inactive)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8) Are you, or have you ever been, addicted to the Intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date, and the date you were served.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SIGNED STATEMENT

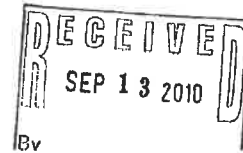
Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant _____

Date

8 2 2 1 0



Statement Regarding the status of the Shamail Alexander case vs. Benita Gross and Bronx Lebanon Hospital Center

This case has been pending since the court date was cancelled prior to trial. The reason given at that time was the plaintiff was unable to secure an expert witness. There has been no further activity in this case as of this date.

Enclosed is a narrative regarding this case. My understanding is that this patient has since delivered another healthy baby via cesarean section.

Benita Gross
October 8, 2010



10/8/2010

Practitioner Narrative

Practitioner Name: Benita Gross M.D.

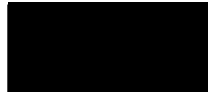
Patient Name: Shamail Alexander

Shamail Alexander presented to the Bronx Lebanon Emergency Room on October 20, 2005, having been seen for a prenatal visit , and no fetal heart beat was heard on exam. She was 15 weeks by her LMP 7-4-05. Ultrasound was done that day confirming a fetal demise of approximately 13 week size. Shamail was referred to the Women's Health Center to have the preoperative evaluation and be scheduled for evacuation for the uterus. She was seen on October 24th and scheduled for her procedure on October 26, 2005.

Her preoperative studies confirmed the fetal demise of about 13 weeks size. Preop labs were normal.

She underwent dilation and suction evacuation of the uterus on October 26th. At the time of the procedure, during suctioning, bowel was noted at the tip of the suction cannula. The diagnosis of a uterine perforation was confirmed. Examination of the suctioned tissue was felt to be complete, and preparations were made to perform an immediate laparotomy.

At laparotomy the perforation was noted and repaired. The abdomen was inspected for signs of damage to other organs, none were noted. Her postoperative course was uneventful



10/8/2010

SHEARER & ESSNER, LLP

INDEX NO: 7889/06
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

SHAMAIL ALEXANDER,

Plaintiff,

-against-

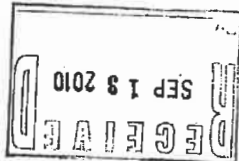
BENITA GROSS, M.D. and THE BRONX LEBANON HOSPITAL CENTER,

Defendants.

SUMMONS & VERIFIED COMPLAINT

SHEARER & ESSNER, LLP

50 Broadway
New York, New York 10004
(212) 750-4949
Attorneys for Plaintiff



To

Service of a copy of the within is hereby admitted.

STATE OF

COUNTY OF

88-1 (If both boxes are checked—indicate date, time, type of service used.)

I,
of age and reside at

being sworn, say: I am not a party to the action, am over 18 years

On

I served the within

Check Applicable Box

Service
By Mail

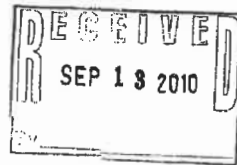
by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within this State, addressed to each of the following persons at the last known address set forth after each name:

Personal
Service on
Individual

by delivering a true copy thereof personally to each person named below at the address indicated. I knew each person served to be the person mentioned and described in said papers as a party therein:

Sworn to before me on

.....
The name signed must be printed beneath



Check Applicable Box

By Attorney
 Attorney's Affidavit

has been compared by me with the original and found to be a true and complete copy.
state that I am

the attorney(s) of record for
in the within action; I have read the foregoing
and know the contents thereof; the same is
true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as
to those matters I believe it to be true. The reason this verification is made by me and not by

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

I affirm that the foregoing statements are true, under the penalties of perjury.

Dated:

STATE OF

COUNTY OF

ss:

The name signed must be printed beneath

Check Applicable Box

Individual Verification
 Corporate Verification

I, the
the foregoing
my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those
matters I believe it to be true.

the of
corporation and a party in the within action; I have read the foregoing
and know the contents thereof; and the same is true to my own knowledge,
except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe
it to be true. This verification is made by me because the above party is a corporation and I am an officer thereof.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

Sworn to before me on

The name signed must be printed beneath

STATE OF

COUNTY OF

ss: (if both boxes are checked—indicate after names, type of service used.)

Check Applicable Box

Service By Mail
 Personal Service on Individual

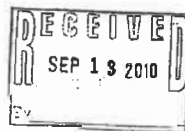
I, being sworn, say: I am not a party to the action, am over 18 years
of age and reside at

I served the within
by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care
and custody of the U.S. Postal Service within this State; addressed to each of the following persons at the last
known address set forth after each name:

by delivering a true copy thereof personally to each person named below at the address indicated. I knew each person
served to be the person mentioned and described in said papers as a party therein.

Sworn to before me on

The name signed must be printed beneath



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

Date Filed: 2/17/06
Index No. 788906

-----X
SHAMAIL ALEXANDER,

Plaintiff designates
BRONX
County as the place of trial

Plaintiff,

The basis of venue is
Plaintiff's Residence

-against-

SUMMONS

BENITA GROSS, M.D. and THE BRONX LEBANON
HOSPITAL CENTER,

Plaintiff resides at
1131 Longfellow Avenue, Apt. 4
Bronx, New York 10459
County of Bronx

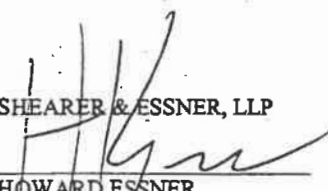
Defendants.

-----X
To the above named Defendants

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's Attorneys within 20 days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgement will be taken against you by default for the relief demanded in the complaint.

DATED: New York, New York
February 13, 2006

SHEARER & ESSNER, LLP


HOWARD ESSNER
Attorneys for Plaintiff
50 Broadway
New York, New York 10004
(212) 750-4949

2006 FEB 17 PM 12:02
COUNTY CLERK
BRONX COUNTY
RECEIVED

Defendants' addresses:

Benita Gross, M.D.
c/o The Bronx Lebanon Hospital Center
1650 Grand Concourse
Bronx, New York 10457

The Bronx Lebanon Hospital Center
1650 Grand Concourse
Bronx, New York 10457

RECEIVED
SEP 13 2010
By _____

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
SHAMAIL ALEXANDER,

Plaintiff,

-against-

BENITA GROSS, M.D. and THE BRONX LEBANON
HOSPITAL CENTER,

Defendants.
-----X

Index No.: 7889/06

VERIFIED COMPLAINT



RECEIVED
COUNTY CLERK
BRONX COUNTY
06 FEB 17 PM 12:02

RECEIVED

Plaintiff, by her attorneys, SHEARER & ESSNER, LLP, complaining of the defendants herein, alleges upon information and belief as follows:

AS AND FOR A FIRST CAUSE OF ACTION

1. At all times hereinafter mentioned, plaintiff was and is a resident of the County of Bronx, City and the State of New York with a residence address located at [REDACTED] Bronx, New York 10459.

2. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., was and is a physician duly licensed to practice medicine in the State of New York and maintained an office for the practice of medicine located at 1650 Grand Concourse, Bronx, New York 10457.

3. At all times relevant and hereinafter mentioned, defendant THE BRONX LEBANON HOSPITAL CENTER, was and is a domestic corporation duly organized and existing under and pursuant to the laws of the state of New York with its principal place of business located at 1650 Grand Concourse, Bronx, New York 10457.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

Date Filed: 2/17/06
Index No. 788906

-----X
SHAMAIL ALEXANDER,

Plaintiff designates
BRONX
County as the place of trial

Plaintiff,

The basis of venue is
Plaintiff's Residence

-against-

SUMMONS

BENITA GROSS, M.D. and THE BRONX LEBANON
HOSPITAL CENTER,

Plaintiff resides at
1131 Longfellow Avenue, Apt. 4
Bronx, New York 10459
County of Bronx

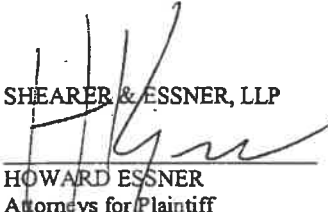
Defendants.
-----X

To the above named Defendants

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's Attorneys within 20 days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgement will be taken against you by default for the relief demanded in the complaint.

DATED: New York, New York
February 13, 2006

SHEARER & ESSNER, LLP


HOWARD ESSNER
Attorneys for Plaintiff
50 Broadway
New York, New York 10004
(212) 750-4949

2006 FEB 17 PM 12:02
CLERK OF COURT
COUNTY OF BRONX
RECEIVED

Defendants' addresses:

Benita Gross, M.D.
c/o The Bronx Lebanon Hospital Center
1650 Grand Concourse
Bronx, New York 10457

The Bronx Lebanon Hospital Center
1650 Grand Concourse
Bronx, New York 10457

RECEIVED
SEP 13 2010
By _____

4. At all times relevant and hereinafter mentioned, defendant THE BRONX LEBANON HOSPITAL CENTER, owned, operated, managed, maintained and controlled a medical facility known as THE BRONX LEBANON HOSPITAL CENTER, located at 1650 Grand Concourse, Bronx, New York 10457.

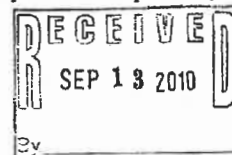
5. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., was an agent, servant and/or employee of defendant THE BRONX LEBANON HOSPITAL CENTER.

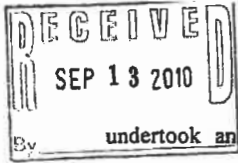
6. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., was acting in her capacity as an agent, servant and/or employee of defendant THE BRONX LEBANON HOSPITAL CENTER.

7. By the virtue of the foregoing, defendant THE BRONX LEBANON HOSPITAL CENTER, was and is vicariously liable for acts and/or omissions of defendant BENITA GROSS, M.D.

8. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., held herself out to the public, and more particularly to plaintiff SHAMAIL ALEXANDER, as possessing and utilizing the proper degree of learning and skill necessary to render medical services in accordance with good and accepted medical practice, and undertook and agreed to use reasonable care and diligence in the treatment of plaintiff SHAMAIL ALEXANDER herein.

9. At all times relevant and hereinafter mentioned, defendant THE BRONX LEBANON HOSPITAL CENTER, held itself out to the public, and more particularly to plaintiff SHAMAIL ALEXANDER, as possessing and utilizing the proper degree of learning and skill necessary to render medical services in accordance with good and accepted medical practice, and





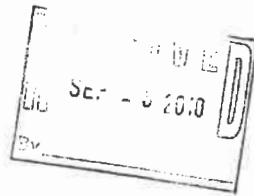
undertook and agreed to use reasonable care and diligence in the treatment of plaintiff SHAMAIL ALEXANDER herein.

10. Defendant BENITA GROSS, M.D., her agents, servants and/or employees, undertook, agreed and did render medical care and treatment to plaintiff SHAMAIL ALEXANDER from on or about October 20, 2005, through and including October 30, 2005.

11. Defendant BRONX LEBANON HOSPITAL CENTER, its agents, servants and/or employees, undertook, agreed and did render medical care and treatment to plaintiff SHAMAIL ALEXANDER from on or about October 20, 2005, through and including October 30, 2005.

12. Defendants, their agents, servants and/or employees, were negligent, careless, reckless, unskillful and committed acts of medical malpractice in connection with the care and treatment rendered to plaintiff SHAMAIL ALEXANDER in failing to act in accordance with accepted standards of medical practice, in deviating from accepted standards of medical practice, in failing to carefully and properly perform dilation and evacuation, in causing plaintiff to suffer intraoperative injury, in carelessly and negligently causing an intraoperative uterine perforation, and in failing and neglecting to exercise that degree of care, caution, prudence, skill, ability, professional knowledge and training generally possessed by physicians and medical providers in the community.

13. As a result of the foregoing, plaintiff SHAMAIL ALEXANDER has suffered severe and permanent personal injuries, has experienced pain and suffering, emotional and psychic trauma, mental anguish, loss of enjoyment of life, inability to attend activities of daily living including employment, and has been compromised in her reproductive capacity.



4. At all times relevant and hereinafter mentioned, defendant THE BRONX LEBANON HOSPITAL CENTER, owned, operated, managed, maintained and controlled a medical facility known as THE BRONX LEBANON HOSPITAL CENTER, located at 1650 Grand Concourse, Bronx, New York 10457.

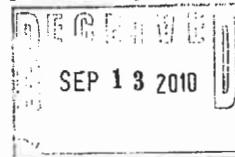
5. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., was an agent, servant and/or employee of defendant THE BRONX LEBANON HOSPITAL CENTER.

6. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., was acting in her capacity as an agent, servant and/or employee of defendant THE BRONX LEBANON HOSPITAL CENTER.

7. By the virtue of the foregoing, defendant THE BRONX LEBANON HOSPITAL CENTER, was and is vicariously liable for acts and/or omissions of defendant BENITA GROSS, M.D.

8. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., held herself out to the public, and more particularly to plaintiff SHAMAIL ALEXANDER, as possessing and utilizing the proper degree of learning and skill necessary to render medical services in accordance with good and accepted medical practice, and undertook and agreed to use reasonable care and diligence in the treatment of plaintiff SHAMAIL ALEXANDER herein.

9. At all times relevant and hereinafter mentioned, defendant THE BRONX LEBANON HOSPITAL CENTER, held itself out to the public, and more particularly to plaintiff SHAMAIL ALEXANDER, as possessing and utilizing the proper degree of learning and skill necessary to render medical services in accordance with good and accepted medical practice, and



14. The aforesaid injuries were caused wholly and solely by the carelessness, recklessness, negligence, and malpractice of defendants herein without any negligence or want of care on the part of plaintiff SHAMAIL ALEXANDER contributing thereto.

15. The damages sought herein exceed the jurisdictional limits of all lower Courts that would otherwise have jurisdiction in this matter.

16. The limitations on liability set forth in CPLR Section 1600 et. seq. do not apply.

17. The limitations on liability set forth in CPLR Section 1600 et. seq. do not apply by reason of one or more of the exceptions contained therein.

AS AND FOR A SECOND CAUSE OF ACTION

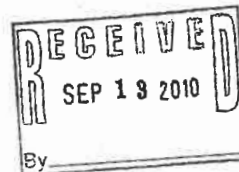
18. Plaintiff repeats, reiterates, and realleges each and every allegation contained in the First Cause of Action as though such allegations were fully set forth at length herein.

19. The performance of the surgical procedures involved the invasion and disruption of plaintiff SHAMAIL ALEXANDER's body.

20. Defendants, their agents, servants, and/or employees were under a duty to inform the plaintiff of the reasonably foreseeable risks, alternatives and benefits of the aforesaid procedures.

21. Defendants, their agents, servants, and/or employees failed to inform the plaintiff of the reasonably foreseeable risks, alternatives and benefits of the aforesaid procedures and failed to obtain plaintiff's informed consent.

22. A reasonably prudent person in plaintiff's position would not have undergone the treatment in question had she been fully informed with respect to the risks, alternatives and benefits of said treatment.

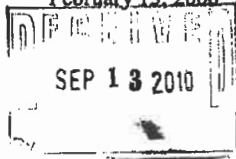


23. The lack of informed consent complained of herein is a proximate cause of the injuries for which recovery is sought herein.

24. By reason of the foregoing, plaintiff has sustained damages in an amount which exceeds the jurisdictional limits of all lower courts that would otherwise have jurisdiction in this matter.

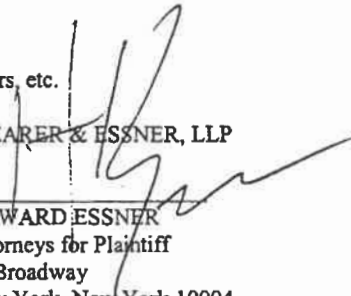
WHEREFORE, plaintiff demands judgment against defendants herein on the First and Second Causes of Action in amounts which exceed the jurisdictional limits of all lower Courts, together with interest and the costs and disbursements of this action.

Dated: New York, New York
February 13, 2006



Yours, etc.

SHEARER & ESSNER, LLP


HOWARD ESSNER
Attorneys for Plaintiff
50 Broadway
New York, New York 10004
(212) 750-4949

14. The aforesaid injuries were caused wholly and solely by the carelessness, recklessness, negligence, and malpractice of defendants herein without any negligence or want of care on the part of plaintiff SHAMAIL ALEXANDER contributing thereto.

15. The damages sought herein exceed the jurisdictional limits of all lower Courts that would otherwise have jurisdiction in this matter.

16. The limitations on liability set forth in CPLR Section 1600 et. seq. do not apply.

17. The limitations on liability set forth in CPLR Section 1600 et. seq. do not apply by reason of one or more of the exceptions contained therein.

AS AND FOR A SECOND CAUSE OF ACTION

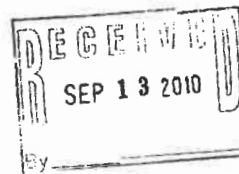
18. Plaintiff repeats, reiterates, and realleges each and every allegation contained in the First Cause of Action as though such allegations were fully set forth at length herein.

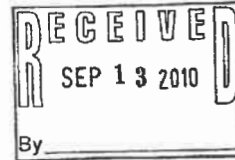
19. The performance of the surgical procedures involved the invasion and disruption of plaintiff SHAMAIL ALEXANDER's body.

20. Defendants, their agents, servants, and/or employees were under a duty to inform the plaintiff of the reasonably foreseeable risks, alternatives and benefits of the aforesaid procedures.

21. Defendants, their agents, servants, and/or employees failed to inform the plaintiff of the reasonably foreseeable risks, alternatives and benefits of the aforesaid procedures and failed to obtain plaintiff's informed consent.

22. A reasonably prudent person in plaintiff's position would not have undergone the treatment in question had she been fully informed with respect to the risks, alternatives and benefits of said treatment.





VERIFICATION

HOWARD ESSNER, an attorney duly admitted to practice in the State of New York, affirms the following under penalties of perjury:

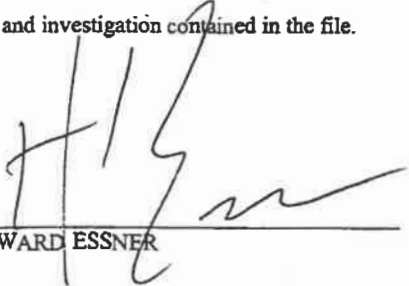
I am a member of the firm of SHEARER & ESSNER, LLP, attorneys for the plaintiff in this matter.

I have read the foregoing COMPLAINT and know the contents thereof, and upon information and belief, I believe the matters alleged therein to be true.

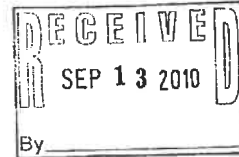
This Verification is made by myself and not by the plaintiff because plaintiff resides in a county other than the one in which plaintiff's attorneys maintain their offices.

The source of my information and the grounds for my belief are the communications, papers, records, reports and investigation contained in the file.

Dated: New York, New York
February 13, 2006



HOWARD ESSNER



VERIFICATION

HOWARD ESSNER, an attorney duly admitted to practice in the State of New York, affirms the following under penalties of perjury:

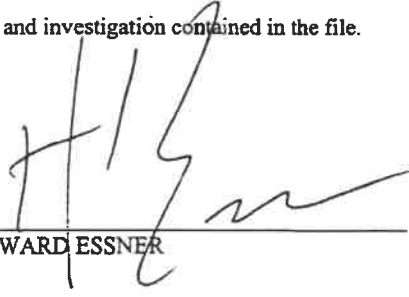
I am a member of the firm of SHEARER & ESSNER, LLP, attorneys for the plaintiff in this matter.

I have read the foregoing COMPLAINT and know the contents thereof, and upon information and belief, I believe the matters alleged therein to be true.

This Verification is made by myself and not by the plaintiff because plaintiff resides in a county other than the one in which plaintiff's attorneys maintain their offices.

The source of my information and the grounds for my belief are the communications, papers, records, reports and investigation contained in the file.

Dated: New York, New York
February 13, 2006



HOWARD ESSNER

49-101 (REV. 01-10)
State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months. ORIGINAL SIGNATURES ARE REQUIRED.

Name of Applicant: Dr. Benita Gross

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 14 year(s) month(s).

SIGNATURE: [Redacted] Date: 8/24/2010

Print or type name as signed above: Larry Ham

State in which licensed: New York License Number: 213395

Name of Applicant: Dr. Benita Gross

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

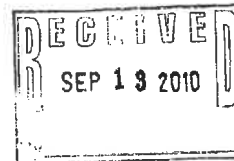
I have been personally acquainted with the applicant for 3 year(s) month(s).

SIGNATURE: [Redacted] Date: 8/25/10

Print or type name as signed above: Constance Youngs

State in which licensed: Ny License Number: 160390

Return Completed Form to Applicant



ACGME MD TH
RECEIVED DIRECT

49-101 (REV. 01-10)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

**VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates**

NAME: GROSS BENITA L
Last First Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

This Section to be completed by the program director at the hospital where the graduate training occurred.

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Montefiore-Einstein-Jacobi-North Central

NAME OF SPONSORING INSTITUTION: ALBERT EINSTEIN COLLEGE OF MEDICINE

LOCATED IN: Bronx NY
City State

1st Year from 7/1/81 To 6/30/82 Specialty OBGYN Level (PGY) 1

2nd Year from 7/1/82 To 6/30/83 Specialty OBGYN Level (PGY) 2

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

The hospital has no seal or stamp to affix to this document. Therefore, I will have this form notarized to verify that this form was completed by this hospital.

Program Director's Signature: _____

Date: 9/8/10

[Seal of Hospital]

[notary seal]
Notary's Signature: _____
Notary's Commission expires on: _____

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.

232503

49-101 (REV. 01-10)
State Board of Medicine
717-783-1400
717-787-2381

RECEIVED DIRECT

**VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools**

SECTION 1: To be completed by applicant:

Name: GROSS BENITA L
Last First Middle

Name of medical school: Albert Einstein

Location: Bronx, NY

SUBMIT THE VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Albert Einstein College of Medicine

Date student began to attend this medical school: 08/29/1977
MM/DD/YYYY

Date of graduation: 06/05/1981
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar:

Linda Gillespie, Registrar - *Linda Gillespie*

Date: 9/2/2010

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

DO NOT RETURN TO APPLICANT

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

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SEP 08 2010
5

Courier Delivery Address
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

RECEIVED DIRECT



ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY

Transcript of the Record of

GROSS - Reuifa

1981

From August 29, 1977

To May 31, 1981

OFFICIAL COPY

OFFICIAL COPY

BIOMEDICAL SCIENCES - Year I

Cell Biology-Biochemistry
Genetics
Histology
Gross Anatomy
Nanobiology
Immunology

P
P
P
P
P
P

Cardiovascular Physiology
Gastrointestinal Physiology
Respiratory Physiology
Renal Physiology
Community Health
Human Behavior

P
P
P
P
P
P

Selectives and Electives
Family Practice
Emergency Medicine
Public Health

H
H
H

PATHOLOGY AND PATHOPHYSIOLOGY - Year II

PATHOLOGY

General Pathology
Neuropathology
Endocrinology
Cardiovascular System
Respiratory System
Hemat System
Gastrointestinal System
Female Reproductive System

P
P
P
P
P
P
P
H

PATHOPHYSIOLOGY

Hematology
Rheumatology
Endocrinology
Cardiovascular System
Respiratory System
Renal System
Gastrointestinal System
Cancer

P
P
P
P
P
P
P
H

Infectious Diseases
Parasitology
Pharmacology
Physical Diagnosis

P
P
P
H

CLINICAL CLERKSHIP - Years II & III

Medicine
Surgery

P
H

Pediatrics
Obstetrics/Gynecology
Subspecialties

H
H
H

Psychiatry
Radiology

H
H

RETURN TO SCIENCES - Year III

Clinical Pharmacology
Epidemiology

P
P

ELECTIVES

Preoperative Patient

ELECTIVES

Biological Issues in Nutrition

SENIOR CLINICAL PROGRAM - Year IV

Ambulatory Care (GERIATRY) H
Neurology P
Subinternship (MEDICINE) P

ELECTIVES

Cardiology
Hematology
Endocrine Medicine
Ultrasound

H
H
P
P

Special Orthopedics

P

M.D. Granted JUNE 5, 1981

CERTIFIED BY _____

TITLE
Linda Gillespie
Linda Gillespie, M.S.Ed.
Registrar

GRADING SYSTEM
H - Honors
P - Pass
F - Failure
N - Ungraded Course

NOT VALID WITHOUT SEAL
Date SEP 8 2010

SEP 8 2010

THE COLLEGE NAME APPEARS IN WHITE PRINT ACROSS THE FACE OF THIS 8.5 X 11 INCH RECORD

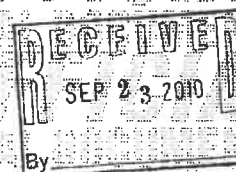


NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification
RECEIVED DIRECT

MD TH

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 • Telephone (215) 590-9700



Recipient: Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105-2649

Date: 09/21/2010

Examinee: Benita L. Gross

Examinee ID: 3-251-867-0
Date of Birth: [REDACTED]

NBME Certification Date: 07/01/1982

Certificate#: 251887

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores						
			Score	(Min. Pass)	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/12/1979	Pass	Three-Digit	400	(380)	440	400	335	465	485	345	530
		Two-Digit	75	(75)	77	75	70	78	80	71	82

NBME PART II

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores					
			Score	(Min. Pass)	Med	Surg	ObGyn	Prev	Peds	Psych
04/09/1980	Pass	Three-Digit	490	(290)	370	475	515	585	490	540
		Two-Digit	81	(75)	76	81	83	86	82	84

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	
			Score	(Min. Pass)
03/10/1982	Pass	Three-Digit	505	(290)
		Two-Digit	82.3	(75)



Authenticity of NBME Endorsement of Certification

An original, certified NBME Endorsement of Certification is printed using black ink on burgundy safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Endorsement of Certification may result in appropriate legal action or other action consistent with applicable policies, and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word VALID will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

USMLE Step 1, Step 2 and Step 3 INTERPRETATION OF RESULTS

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., Incomplete. On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 3 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2

CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic CS updates, available at the USMLE website (www.usmle.org).

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. **No score is reported.**

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

Addendum to the CV of Benita L Gross, MD
Chronological listing of my employment since medical school. September 21, 2010

July 1981 – June 1985

Resident in OBGYN, Albert Einstein/ Montefiore/ Jacobi and North Central Hospitals, Bronx, NY

July 1985 – June 1986

Private Practice with William Rashbaum, NY, NY

July 1986 – June 1989

Contract physician with HIP, Bronx, NY

July 1989 – December 1990

Private practice, Ossining NY, back up for Manhattan Midwives

July 1989 – April 1999

Attending Physician AECOM/ Jacobi. Staff gyn at CFCC, and the family planning clinic at Jacobi Hospital

October 1990 – June 1997

Staff Gynecologist, Planned Parenthood of Westchester, Rockland and Putnam counties, NY

January 1991 – June 1996

Solo Private Practice, New Rochelle, NY

May 1999 – present

Director of Family Planning Service at Bronx Lebanon Hospital Center

May 1999 – June 2009

Solo Private Practice, New Rochelle, NY

July 2009 – present

Family Planning Service, Jacobi/ North Central Hospitals, Bronx, NY

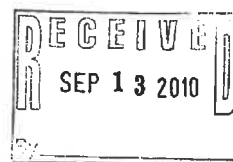
April 2010 – present

Per Diem Physician, Planned Parenthood Hudson Peconic, Westchester County, NY and Suffolk County, NY

CURRICULUM VITAE

BENT L. GROSS, M.D.

New Rochelle, New York 10805
January, 2010



PERSONAL DATA

Date of Birth: [REDACTED]
Place of Birth: Staten Island, N.Y.

EDUCATION

Richmond College, CUNY	BS	1976	Graduated with Highest Honors Valedictorian Student Body President University Student Senate Personnel and Budget Committee Richmond College Association Board of Directors Student Representative to Faculty Dean's List
Albert Einstein College of Medicine	MD	1981	Vice President, Einstein Student Branch of AMWA Planning Committee for Women in Medicine Conference Regional Coordinator for Women in Medicine Task Force of the AMSA Student Government Representative

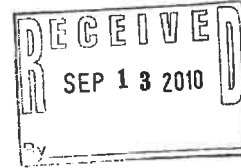
BOARDS AND LICENSURE

New York State Registry 151310
Connecticut 037164
New Jersey License 55815
Board Certified, ABOG 1989

PROFESSIONAL MEMBERSHIPS

American College of Obstetricians and Gynecologists

Curriculum Vitae, Benita Gross, M.D., January 2010, page 2



PROFESSIONAL EXPERIENCE

2009 - present Attending physician, Jacobi Hospital Department of Ob-Gyn, Bronx, NY

1999 - 2009 Private Practice, New Rochelle, N.Y.

1999 - present Director of Family Planning Service, Department of Obstetrics and
Gynecology, Bronx Lebanon Hospital Center, Bronx, N. Y.

1992 - present Assistant Professor, Department of Obstetrics and Gynecology, Albert
Einstein College of Medicine, Bronx, N.Y.

1989 - 1992 Clinical Instructor, Department of Obstetrics and Gynecology, Albert
Einstein College of Medicine

1991 - 1996 Private practice, New Rochelle, N.Y.

1991 - 1998 Attending, Westchester County Medical Center, Valhalla, N.Y.

1990 - 1997 Staff gynecologist, Planned Parenthood of Westchester, Rockland and
Putnam, N.Y.

1989 - 1991 Private practice, Ossining, N.Y.

1986 - 1989 Contract physician, Ob-Gyn, Bronx Cross County Medical Group, HIP

1985 - 1986 Private practice with Dr. William Rashbaum, New York, N.Y.

1981 - 1985 Resident in Obstetrics and Gynecology, Albert Einstein College of
Medicine, Bronx Municipal Hospital Center, Montefiore and North Central
Bronx Hospitals

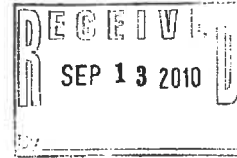
1984 - 1986 Post-doctoral research, Graduate Division, City University of New York

1981 - 1982 Teaching Associate, Cornell University Medical Center

1980 - 1981 Phlebotomy and pap smear technician, Jacobi Hospital, Bronx, N.Y.

1978, summer Lab assistant, Department of Human Genetics and Development, Columbia
University Health Sciences Center, New York, N.Y.

Curriculum Vitae, Benita Gross, M.D., January 2010, page 3



BIBLIOGRAPHY

1. Gross, B. and A. Henderson, 1986. Increased rDNA copy number in Down individuals and parents. International Chromosome Conference, Marseille, France. June 1986
2. Langer, O., M. Mindovnik, B. Gross, A. Anyaegbunam, J. Koury, and M. Divon, 1989. Ambulatory glucose profile of the pregnant non-diabetic. SGI, San Diego.
3. Gross, B. And A. Henderson, 1997. On the ribosomal DNA copy number in Down individuals and family members; relationship to satellite association frequency. Manuscript in preparation.
4. Gross, B. and A. Fleischer, 1997. Efficacy and morbidity associated with the use of oxytocin in VBACs. Manuscript in preparation.

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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

5500000064276227
Process Date: 09/20/2010
Page: 1 of 1

To: GROSS, BENITA LOUISE


CHERRY HILL, NJ 08034-1502

From: National Practitioner Data Bank / Healthcare Integrity and Protection 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, and Section 1921 of the Social Security Act as well as the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of 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. 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), HRSA, Division of Practitioner Data Banks.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response 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 adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB 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 and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. 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 and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB 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-HIPDB Customer Service Center is closed on all Federal holidays.

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SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

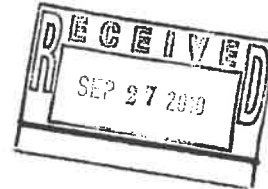
Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Type of Report(s)	Report Number(s)
Medical Malpractice Payment Report(s):	1019932250208000 1019932810121000 5500000041000512
State Licensure Action(s):	None
Exclusion or Debarment Action(s):	None
Government Administrative Action(s):	None
Clinical Privileges Action(s):	None
Health Plan Action(s):	None
Professional Society Action(s):	None
DEA/Federal Licensure Action(s):	None
Judgment or Conviction Report(s):	None
Peer Review Organization Action(s):	None

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: GROSS, BENITA LOUISE
Gender: FEMALE
Date of Birth: [REDACTED]
Other Name(s) Used: [REDACTED]
Organization Name: PHILADELPHIA WOMEN'S CENTER
Organization Type: MEDICAL GROUP/PRACTICE (365)
Home or Work Address: [REDACTED] - ATTN JEN CARLSON
City, State, ZIP: CHERRY HILL, NJ 08034-1502
Telephone: [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN): [REDACTED]
Professional School(s) & Year of Graduation: ALBERT EINSTEIN COLLEGE OF MEDICINE (1981)
ALBERT EINSTEIN COLLEGE OF MEDICINE -
MONTEFOIRE/EINSTEIN/JACOBI/NORTH CENTRAL (1985)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151310-1, NY
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 037164, CT
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 25MA05581500, NJ
Drug Enforcement Administration (DEA) Numbers: AG2108303
National Provider Identifiers (NPI):
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN): B78406



C. PAYMENT INFORMATION

Credit Card Number: [REDACTED] Expiration Date: [REDACTED]
Additional Paper Copies Requested: 0
NPDB Charge: \$8.00* NPDB Bill Reference Number: N23854160
HIPDB Charge: \$8.00* HIPDB Bill Reference Number: H23854160
* Each charge will appear separately on your credit card statement. Transaction Date: 09/20/2010

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921

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To: GROSS, BENITA LOUISE

[REDACTED]
ATTN JEN CARLSON
CHERRY HILL, NJ 08034-1502

From: National Practitioner Data Bank / Healthcare Integrity and Protection 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, and Section 1921 of the Social Security Act as well as the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of 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. 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), HRSA, Division of Practitioner Data Banks.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response 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 adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB 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.

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GROSS, BENITA

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 1019932250208000

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

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. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: MEDICAL MALPRACTICE INSURANCE ASSN *
Address: 110 WILLIAM STREET
City, State, Zip: NEW YORK, NY 10038
Country:
Name of Office: MAUREEN KATTENHORN
Title or Department: RECORDS RETENTION
Telephone: [REDACTED]

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 10/07/1999. The Data Banks have no additional information regarding this entity.

Entity Name: MEDICAL MALPRACTICE INSURANCE ASSN.
Address: 110 WILLIAM STREET
City, State, Zip: NEW YORK, NY 10038
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GROSS, BENITA
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: [REDACTED]
Organization Name: BENITA GROSS
Work Address: 1180 MORRIS PARK AVENUE
City, State, ZIP: BRONX, NY 10461
Home Address:
City, State, ZIP:
Deceased: NO

Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: ALBERT EINSTEIN (1981)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151318, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 09/28/1993
Act/Omission Code: OBSTETRICS: NOT OTHERWISE CLASSIFIED (590)
Date of Act/Omission: 11/18/1987
Payment Date: 08/10/1993
Multiple or Single Payment: SINGLE
Amount of This Payment: \$ 376,500.00
Total Amount of Judgment or Settlement:
Payment Result of: BEFORE SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement:

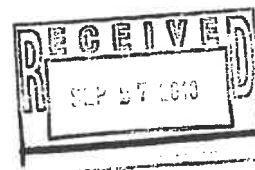
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of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV 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 and/or HIPDB are permitted to share that information with anyone they choose.



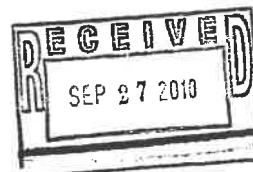
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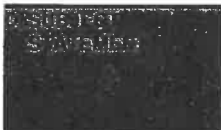
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GROSS, BENITA

Adjudicative Case Number:
Adjudicative Body Name:
Court File Number:
Reporter's Description of Act or Omission: ALLEGED NEGLIGENT TREATMENT DURING PRE-NATAL, LABOR AND
DELIVERY AND NEONATAL CARE RESULTING IN BRAIN
DAMAGE CEREBRAL PALSY RETARDATION AND SEIZURES

Reporter's Description of the Judgment or Settlement: CASE SETTLED OUT OF COURT IN THE FULL AMOUNT OF
\$3,076,500.00 WITH THIS INSD CONTRIBUTION \$376,500.00



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

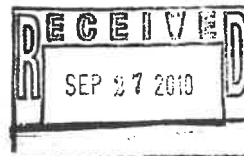


Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 09/28/1993
Date of Most Recent Change: 09/28/1993

END OF REPORT



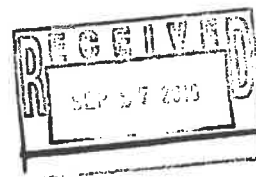
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
06/23/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/08/2008	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/10/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
01/14/2009	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
03/11/2009	CT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #13PHO PO BOX 340308 HARTFORD, CT 06134 (860) 509-7648
04/24/2009	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4805
06/26/2009	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
03/31/2010	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
08/04/2010	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/20/2010	SELF-QUERIER

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GROSS, BENITA

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11/10/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
01/14/2009	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 876-5566
03/11/2009	CT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #13PHO PO BOX 340308 HARTFORD, CT 06134 (860) 509-7648
04/24/2009	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
06/26/2009	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848



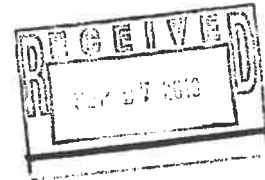
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<u>Date Released</u>	<u>Entity Name</u>
04/08/2005	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/20/2005	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
07/18/2005	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
07/21/2005	1189 NATIONAL BENEFIT FUND 330 WEST 42ND STREET 29TH FLOOR NEW YORK, NY 10036 (646) 473-7218
07/25/2005	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
09/06/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/30/2006	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
05/11/2006	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
06/27/2006	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
08/11/2006	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/22/2006	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
03/29/2007	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
01/04/2008	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
02/02/2008	WELLPOINT, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (818) 932-9133

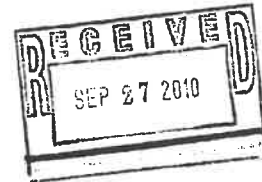
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
04/08/2005	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/20/2005	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
07/18/2005	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
07/21/2005	1199 NATIONAL BENEFIT FUND 330 WEST 42ND STREET 29TH FLOOR NEW YORK, NY 10036 (646) 473-7218
07/25/2005	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
09/06/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/30/2006	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566



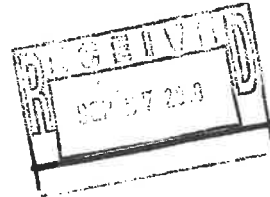
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
12/10/2003	CIGNA HEALTHCARE OF NEW JERSEY AND NY 499 WASHINGTON BLVD 5TH FLOOR JERSEY CITY, NJ 07310 (201) 533-4913
01/05/2004	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
03/17/2004	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
08/25/2004	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06811 (212) 216-6852
09/13/2004	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/15/2004	COMMUNITY CHOICE HEALTH PLAN, INC 30 SOUTH BROADWAY 4TH FLOOR YONKERS, NY 10701 (914) 709-8427
11/11/2004	ATLANTIS HEALTH PLAN CREDENTIALING DEPARTMENT 48 WALL STREET, 11TH FLOOR NEW YORK, NY 10005 (201) 728-5432



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DCN: 1019932250208000
Process Date: 09/28/1993
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
12/01/2004	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (718) 896-6500
12/20/2004	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
12/20/2004	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
12/20/2004	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
03/03/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/05/2005	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/01/2005	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448

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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
12/10/2003	CIGNA HEALTHCARE OF NEW JERSEY AND NY 499 WASHINGTON BLVD 5TH FLOOR JERSEY CITY, NJ 07310 (201) 533-4913
01/05/2004	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
03/17/2004	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
08/25/2004	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/13/2004	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/15/2004	COMMUNITY CHOICE HEALTH PLAN, INC 30 SOUTH BROADWAY 4TH FLOOR YONKERS, NY 10701 (914) 709-8427
11/11/2004	ATLANTIS HEALTH PLAN CREDENTIALING DEPARTMENT 48 WALL STREET, 11TH FLOOR NEW YORK, NY 10005 (201) 728-5432



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
07/02/2002	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
10/10/2002	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/17/2002	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
11/14/2002	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
01/28/2003	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
05/07/2003	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
05/13/2003	NEW YORK STATE DEPARTMENT OF HEALTH OPMG 433 RIVER STREET, SUITE 303 TROY, NY 12180 (518) 402-0810
07/07/2003	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
07/11/2003	HEALTHNET OF THE NORTHEAST, INC. ONE FAR MILL CROSSING SHELTON, CT 06484 20322 588-08
08/19/2003	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
10/24/2003	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477
12/01/2003	GHI HMO SELECT PO BOX 4332 KINGSTON, NY 12402 (845) 340-2250

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GROSS, BENITA

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10/10/2002	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/17/2002	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
11/14/2002	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
01/28/2003	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605



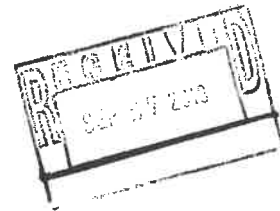
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GROSS, BENITA

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08/15/2000	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477
10/14/2000	ATLANTIS HEALTH PLAN CREDENTIALING DEPARTMENT 48 WALL STREET, 11TH FLOOR NEW YORK, NY 10005 (201) 728-5432
12/08/2000	HEALTHNET OF THE NORTHEAST, INC. ONE FAR MILL CROSSING SHELTON, CT 06484 20322 588-08
12/15/2000	ONE HEALTH PLAN OF NJ ONE CENTENNIAL AVENUE PISCATAWAY, NJ 08855 (732) 357-3326
01/29/2001	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
03/20/2001	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
03/20/2001	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605



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<u>Date Released</u>	<u>Entity Name</u>
03/23/2001	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/04/2001	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/19/2001	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
09/25/2001	NEW YORK STATE CATHOLIC HEALTH PLAN DBA 95-25 QUEENS BLVD REGO PARK, NY 11374 71889 665-00
02/11/2002	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/17/2002	CONSUMER HEALTH NETWORK PLUS, LLC CREDENTIALING DEPARTMENT 300 AMERICAN METRO BLVD. STE. 170 HAMILTON, NJ 08619 (800) 225-4246
05/09/2002	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448

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03/20/2001	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
03/20/2001	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
08/02/1999	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
08/06/1999	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/23/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864
10/11/1999	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
12/03/1999	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
01/19/2000	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
02/04/2000	HEALTH PLUS 335 ADAMS ST BROOKLYN, NY 11201 (718) 491-7515



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<u>Date Released</u>	<u>Entity Name</u>
03/14/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
03/17/2000	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
04/12/2000	BETH ISRAEL MEDI CTR KINGS HWY DIV 3201 KINGS HIGHWAY CREDENTIALS COORDINATOR BROOKLYN, NY 11234 (718) 951-3009
04/12/2000	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
05/03/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
05/09/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
08/11/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910

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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
08/02/1999	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
08/06/1999	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/23/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864
10/11/1999	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
12/03/1999	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
01/19/2000	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
02/04/2000	HEALTH PLUS 335 ADAMS ST BROOKLYN, NY 11201 (718) 491-7515



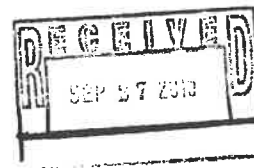
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
06/04/1997	PATIENT CARE, INC. 2907 SHELTER ISLAND DR., PMB 105-278 SAN DIEGO, CA 92106 61968 326-71
07/29/1997	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/24/1997	WESTCHESTER MEDICAL CENTER CLINICAL & ACADEMIC AFFAIRS TAYLOR CARE - EXEC OFFICES RM. C236 VALHALLA, NY 10595 (914) 493-5241
09/30/1997	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
11/24/1997	NORTH CENTRAL BRONX HOSPITAL 3424 KOSSUTH AVENUE BRONX, NY 10467 71851 947-31
12/22/1997	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/28/1998	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
07/16/1998	DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #12 APP, PO BOX 340 HARTFORD, CT 06134 86050 975-63
10/16/1998	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/04/1998	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
01/11/1999	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/20/1999	NATIONAL ABORTION FEDERATION 1660 L STREET NW SUITE 450 WASHINGTON, DC 20036 (202) 667-5881
05/05/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864

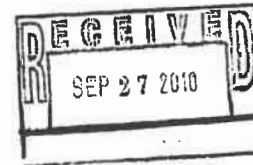
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07/29/1997	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/24/1997	WESTCHESTER MEDICAL CENTER CLINICAL & ACADEMIC AFFAIRS TAYLOR CARE - EXEC OFFICES RM. C236 VALHALLA, NY 10595 (914) 493-5241
09/30/1997	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
11/24/1997	NORTH CENTRAL BRONX HOSPITAL 3424 KOSSUTH AVENUE BRONX, NY 10467 71851 947-31
12/22/1997	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/28/1998	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 632-30



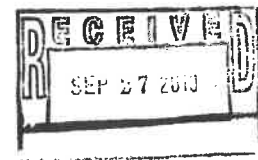
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<u>Date Released</u>	<u>Entity Name</u>
02/13/1996	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30
05/24/1996	COMMUNITY HOSPITAL AT DOBBS FERRY C/O ST. JOHN'S RIVERSIDE HOSPITAL 967 NORTH BROADWAY YONKERS, NY 10701 (914) 964-4475
05/24/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
06/26/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
07/09/1996	HUDSON HEALTH PLAN 303 SO BROADWAY, SUITE 321 TARRYTOWN, NY 10591 (914) 631-1611
09/10/1996	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
09/23/1996	SOUND SHORE MED. CENTER OF WESTCHESTER MEDICAL STAFF OFFICE 16 GUION PLACE NEW ROCHELLE, NY 10802 (914) 365-3609



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09/24/1996	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
10/17/1996	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (718) 896-8500
12/31/1996	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/12/1997	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/27/1997	KAISER PERMANENTE NORTHEAST DIVISION 1 CHP PLAZA LATHAM, NY 12110 51878 318-64
03/20/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
04/02/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872

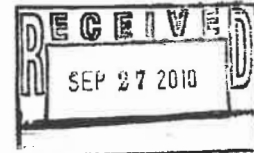
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05/24/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
06/26/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
07/09/1996	HUDSON HEALTH PLAN 303 SO BROADWAY, SUITE 321 TARRYTOWN, NY 10591 (914) 631-1611
09/10/1996	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
09/23/1996	SOUND SHORE MED. CENTER OF WESTCHESTER MEDICAL STAFF OFFICE 16 GUION PLACE NEW ROCHELLE, NY 10802 (914) 365-3609



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Adjudicative Case Number:

Adjudicative Body Name:

Court File Number:

Reporter's Description of Act or Omission: ALLEGED NEGLIGENT TREATMENT DURING PRE-NATAL, LABOR AND
DELIVERY AND NEONATAL CARE RESULTING IN BRAIN
DAMAGE CEREBRAL PALSY RETARDATION AND SEIZURES

Reporter's Description of the Judgment or Settlement: CASE SETTLED OUT OF COURT IN THE FULL AMOUNT OF
\$3,076,500.00 WITH THIS INSD CONTRIBUTION \$376,500.00



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



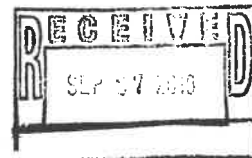
Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 09/28/1993

Date of Most Recent Change: 09/28/1993

END OF REPORT



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GROSS, BENITA

DISCLOSURE HISTORY

Report Number: 1019932250208000



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<u>Date Released</u>	<u>Entity Name</u>
07/07/1994	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30
09/06/1994	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/03/1995	OXFORD HEALTH PLANS ATTN: MIKE O'MAHONY 800 CONNECTICUT AVENUE NORWALK, CT 06854 20385 126-82
02/10/1995	OXFORD HEALTH PLANS ATTN: MIKE O'MAHONY 800 CONNECTICUT AVENUE NORWALK, CT 06854 20385 126-82
07/12/1995	MEDILERT-IRIS PO BOX 74250 PHOENIX, AZ 85087 (623) 551-5468

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DCN: 1019932810121000
Process Date: 11/23/1993
Page: 1 of 2
GROSS, BENITA

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 1019932810121000

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

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. For additional information or clarification, contact the reporting entity identified in Section A.

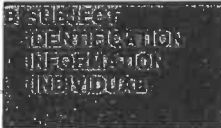


Entity Name: GROUP COUNCIL MUTUAL INS CO *
Address: 401 PARK AVE. SOUTH, SUITE 500
City, State, Zip: NEW YORK, NY 10016
Country:
Name of Office: JOHN GRYWALSKI, JR. ADELE LEVINE
Title or Department: PRESIDENT OFFICE MANAGER
Telephone: (212) 221-6944

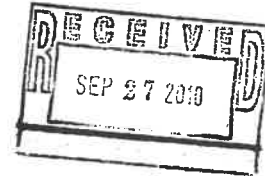
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 02/21/2001. The Data Banks have no additional information regarding this entity.

Entity Name: GROUP COUNCIL MUTUAL INSURANCE COMPANY
Address: 401 PARK AVENUE SOUTH
SUITE 500
City, State, Zip: NEW YORK, NY 10016
Country:



Subject Name: GROSS, BENITA
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: [REDACTED]
Organization Name: BENITA GROSS, M.D.
Work Address: [REDACTED]
City, State, ZIP: NEW YORK, NY 10021
Home Address:
City, State, ZIP:
Deceased: NO



Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: ALBERT EINSTEIN COLLEGE OF MEDICINE (1981)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151310, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):



Date of Report: 11/23/1993
Act/Omission Code: OB: IMPROPERLY MANAGED LABOR - NOT OTHERWISE CLASSIFIED (550)
Date of Act/Omission: 11/18/1987
Act/Omission Code: OBSTETRICS: FAILURE TO MANAGE PREGNANCY (505)
Date of Act/Omission: 11/18/1987
Payment Date: 07/29/1993
Multiple or Single Payment: MULTIPLE
Amount of This Payment: \$ 2,000,000.00
Total Amount of Judgment or Settlement:

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DCN: 1019932810121000
Process Date: 11/23/1993
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GROSS, BENITA

Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 2
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement:
Adjudicative Case Number:
Adjudicative Body Name:
Court File Number:
Reporter's Description of Act or Omission: NEGLIGENT PENATAL CARE AND NEGLIGENT MANAGEMENT OF LABOR AND DELIVERY. INFANT SUSTAINED SERIOUS INJURIES.

Reporter's Description of the Judgment or Settlement: CASE SETTLED IN THE AMOUNT OF 2 MILLION DOLLARS ON BEHALF OF DR. GROSS AND [NAME DELETED (ND)]. ANNUITY PAID IN THE AMOUNT OF \$1,687,031 ON 5/24/93 AND \$312,500 TO PLAINTIFF'S ATTORNEY ON 07/29/93.



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



Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 11/23/1993
Date of Most Recent Change: 11/23/1993

END OF REPORT

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Process Date: 11/23/1993
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GROSS, BENITA

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 1019932810121000

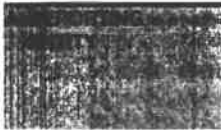
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Section 1921 (NPDB)

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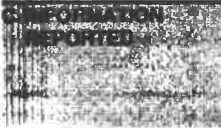
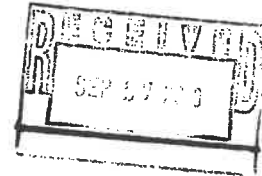
Entity Name: GROUP COUNCIL MUTUAL INS CO *
Address: 401 PARK AVE. SOUTH, SUITE 500
City, State, Zip: NEW YORK, NY 10016
Country:
Name of Office: JOHN GRYWALSKI, JR. ADELE LEVINE
Title or Department: PRESIDENT OFFICE MANAGER
Telephone: [REDACTED]
Entity Internal Report Reference:
Type of Report: INITIAL

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City, State, Zip: NEW YORK, NY 10016
Country:



Subject Name: GROSS, BENITA
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: [REDACTED]
Organization Name: BENITA GROSS, M.D.
Work Address: [REDACTED]
City, State, ZIP: NEW YORK, NY 10021
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: ALBERT EINSTEIN COLLEGE OF MEDICINE (1981)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151310, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):



Date of Report: 11/23/1993
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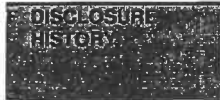
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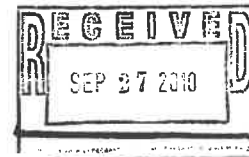
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07/12/1995	MEDILERT-IRIS PO BOX 74250 PHOENIX, AZ 85087 (623) 551-5468



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GROSS, BENITA

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02/13/1996	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30
05/24/1996	COMMUNITY HOSPITAL AT DOBBS FERRY C/O ST. JOHN'S RIVERSIDE HOSPITAL 967 NORTH BROADWAY YONKERS, NY 10701 (914) 964-4475
05/24/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
06/26/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
07/09/1996	HUDSON HEALTH PLAN 303 SO BROADWAY, SUITE 321 TARRYTOWN, NY 10591 (914) 631-1611
09/10/1996	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
09/23/1996	SOUND SHORE MED. CENTER OF WESTCHESTER MEDICAL STAFF OFFICE 16 GUION PLACE NEW ROCHELLE, NY 10802 (914) 365-3609

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GROSS, BENITA

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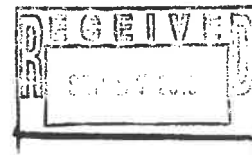
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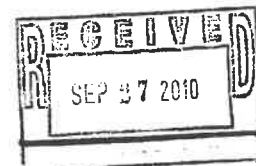
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
09/24/1998	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
10/17/1996	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (718) 896-6500
12/31/1996	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/12/1997	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/27/1997	KAISER PERMANENTE NORTHEAST DIVISION 1 CHP PLAZA LATHAM, NY 12110 51878 318-64
03/20/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
04/02/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
06/04/1997	PATIENT CARE, INC. 2907 SHELTER ISLAND DR., PMB 105-278 SAN DIEGO, CA 92106 61968 326-71
07/29/1997	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/24/1997	WESTCHESTER MEDICAL CENTER CLINICAL & ACADEMIC AFFAIRS TAYLOR CARE - EXEC OFFICES RM. G236 VALHALLA, NY 10595 (914) 493-5241
09/30/1997	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
11/24/1997	NORTH CENTRAL BRONX HOSPITAL 3424 KOSSUTH AVENUE BRONX, NY 10467 71851 947-31
12/22/1997	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/28/1998	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30

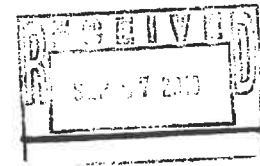
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12/31/1996	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/12/1997	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/27/1997	KAISER PERMANENTE NORTHEAST DIVISION 1 CHP PLAZA LATHAM, NY 12110 51878 318-64
03/20/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
04/02/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872



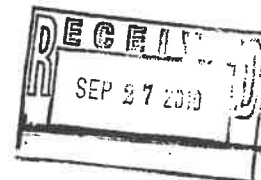
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
07/16/1998	DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #12 APP, PO BOX 340 HARTFORD, CT 06134 86050 975-63
10/16/1998	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/04/1998	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
01/11/1999	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/20/1999	NATIONAL ABORTION FEDERATION 1660 L STREET NW SUITE 450 WASHINGTON, DC 20036 (202) 667-5881
05/05/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864



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GROSS, BENITA

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08/02/1999	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
08/06/1999	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/23/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864
10/11/1999	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
12/03/1999	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
01/19/2000	AMERICHOICE NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
02/04/2000	HEALTH PLUS 335 ADAMS ST BROOKLYN, NY 11201 (718) 491-7515

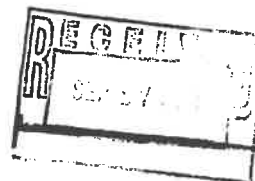
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07/16/1998	DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #12 APP, PO BOX 340 HARTFORD, CT 06134 86050 975-63
10/16/1998	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/04/1998	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
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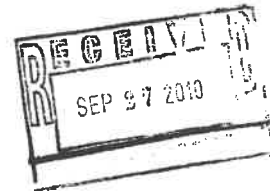
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03/17/2000	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
04/12/2000	BETH ISRAEL MEDI CTR KINGS HWY DIV 3201 KINGS HIGHWAY CREDENTIALS COORDINATOR BROOKLYN, NY 11234 (718) 951-3009
04/12/2000	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
05/03/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
05/09/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
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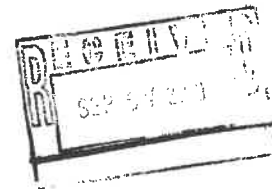
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
03/14/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
03/17/2000	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
04/12/2000	BETH ISRAEL MEDI CTR KINGS HWY DIV 3201 KINGS HIGHWAY CREDENTIALS COORDINATOR BROOKLYN, NY 11234 (718) 951-3009
04/12/2000	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
05/03/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
05/09/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
08/11/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
08/15/2000	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477
10/14/2000	ATLANTIS HEALTH PLAN CREDENTIALING DEPARTMENT 48 WALL STREET, 11TH FLOOR NEW YORK, NY 10005 (201) 728-5432
12/08/2000	HEALTHNET OF THE NORTHEAST, INC. ONE FAR MILL CROSSING SHELTON, CT 06484 20322 588-08
12/15/2000	ONE HEALTH PLAN OF NJ ONE CENTENNIAL AVENUE PISCATAWAY, NJ 08855 (732) 357-3326
01/29/2001	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
03/20/2001	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
03/20/2001	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605

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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
03/23/2001	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/04/2001	OXFORD HEALTH PLANS, INC. 48 MONROE TPK TRUMBULL, CT 06611 (212) 218-6852
09/19/2001	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
09/25/2001	NEW YORK STATE CATHOLIC HEALTH PLAN DBA 95-25 QUEENS BLVD REGO PARK, NY 11374 71889 665-00
02/11/2002	AMERICOICE NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/17/2002	CONSUMER HEALTH NETWORK PLUS, LLC CREDENTIALING DEPARTMENT 300 AMERICAN METRO BLVD. STE. 170 HAMILTON, NJ 08619 (800) 225-4246
05/09/2002	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 468-8448



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<u>Date Released</u>	<u>Entity Name</u>
07/02/2002	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
10/10/2002	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/17/2002	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
11/14/2002	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
01/28/2003	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605

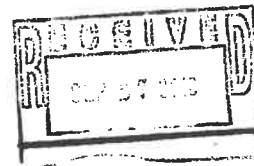
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<u>Date Released</u>	<u>Entity Name</u>
03/23/2001	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/04/2001	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/19/2001	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
09/25/2001	NEW YORK STATE CATHOLIC HEALTH PLAN DBA 95-25 QUEENS BLVD REGO PARK, NY 11374 71889 665-00
02/11/2002	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/17/2002	CONSUMER HEALTH NETWORK PLUS, LLC CREDENTIALING DEPARTMENT 300 AMERICAN METRO BLVD. STE. 170 HAMILTON, NJ 08619 (800) 225-4246
05/09/2002	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448



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<u>Date Released</u>	<u>Entity Name</u>
05/07/2003	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
05/13/2003	NEW YORK STATE DEPARTMENT OF HEALTH OPMC 433 RIVER STREET, SUITE 303 TROY, NY 12180 (518) 402-0810
07/07/2003	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
07/11/2003	HEALTHNET OF THE NORTHEAST, INC. ONE FAR MILL CROSSING SHELTON, CT 06484 20322 588-08
08/19/2003	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
10/24/2003	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477
12/01/2003	GHI HMO SELECT PO BOX 4332 KINGSTON, NY 12402 (845) 340-2250



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<u>Date Released</u>	<u>Entity Name</u>
12/10/2003	CIGNA HEALTHCARE OF NEW JERSEY AND NY 499 WASHINGTON BLVD 5TH FLOOR JERSEY CITY, NJ 07310 (201) 533-4913
01/05/2004	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
03/17/2004	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
08/25/2004	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/13/2004	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/15/2004	COMMUNITY CHOICE HEALTH PLAN, INC 30 SOUTH BROADWAY 4TH FLOOR YONKERS, NY 10701 (914) 709-8427
11/11/2004	ATLANTIS HEALTH PLAN CREDENTIALING DEPARTMENT 48 WALL STREET, 11TH FLOOR NEW YORK, NY 10005 (201) 728-5432

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05/07/2003	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
05/13/2003	NEW YORK STATE DEPARTMENT OF HEALTH OPMC 433 RIVER STREET, SUITE 303 TROY, NY 12180 (518) 402-0810
07/07/2003	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
07/11/2003	HEALTHNET OF THE NORTHEAST, INC. ONE FAR MILL CROSSING SHELTON, CT 06484 20322 588-08
08/19/2003	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
10/24/2003	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477
12/01/2003	GHI HMO SELECT PO BOX 4332 KINGSTON, NY 12402 (845) 340-2250



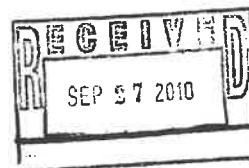
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<u>Date Released</u>	<u>Entity Name</u>
12/01/2004	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (718) 896-6500
12/20/2004	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
12/20/2004	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-8572
12/20/2004	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
03/03/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/05/2005	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/01/2005	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
04/08/2005	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/20/2005	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
07/18/2005	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
07/21/2005	1199 NATIONAL BENEFIT FUND 330 WEST 42ND STREET 29TH FLOOR NEW YORK, NY 10036 (646) 473-7218
07/25/2005	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
09/06/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/30/2006	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566

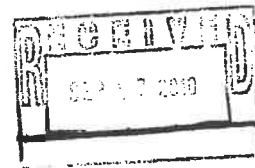
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<u>Date Released</u>	<u>Entity Name</u>
12/01/2004	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (718) 896-6500
12/20/2004	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
12/20/2004	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
12/20/2004	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
03/03/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/05/2005	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/01/2005	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448



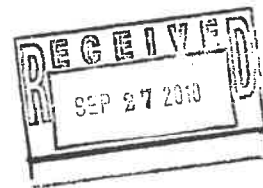
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
05/11/2006	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
06/27/2006	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
08/11/2006	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/22/2006	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
03/29/2007	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
01/04/2008	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
02/02/2008	WELLPOINT, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (818) 932-9133



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<u>Date Released</u>	<u>Entity Name</u>
06/23/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/08/2008	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/10/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
01/14/2009	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
03/11/2009	CT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #13PHO PO BOX 340308 HARTFORD, CT 06134 (860) 509-7648
04/24/2009	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
06/26/2009	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848

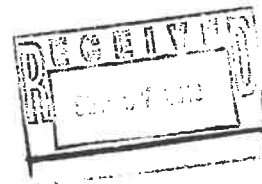
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<u>Date Released</u>	<u>Entity Name</u>
05/11/2006	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
06/27/2006	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
08/11/2006	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/22/2006	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
03/29/2007	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
01/04/2008	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
02/02/2008	WELLPOINT, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (818) 932-9133



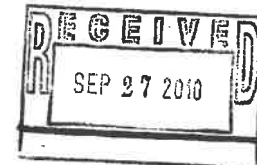
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<u>Date Released</u>	<u>Entity Name</u>
03/31/2010	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
08/04/2010	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/20/2010	SELF-QUERIER



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Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 41,000.00
Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 09/30/2005
Adjudicative Body Case Number: 13194/96
Adjudicative Body Name: NYS SUPREME COURT COUNTY OF BRONX
Court File Number:
Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: CASE SETTLED BY THE INSURANCE COMPANY AS A BUSINESS DECISION FOR \$41,000 ON BEHALF OF THE HOSPITAL AND THIS INSURED WITH NO ALLOCATION MADE TO THIS PRACTITIONER.

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: \$ 41,000.00
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: 18 YEARS
Patient's Gender: FEMALE
Patient Type: OUTPATIENT

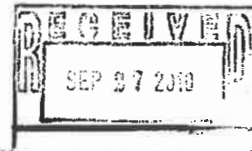
Description of the Medical Condition With Which the Patient Presented for Treatment: 18 YEAR OLD FEMALE WITH H/O MARFANS SYNDROME AND AORTIC INSUFFICIENCY WAS FOLLOWED IN CLINIC OVER SEVERAL MONTHS DUE TO CHLAMYDIA AND BILATERAL ADNEXAL MASSES AND WAS TREATED WITH ANTIBIOTICS. PATIENT WAS SUBSEQUENTLY ADMITTED TO THE HOSPITAL WITH BILATERAL TUBO-OVARIAN ABSCESSSES AND

Description of the Procedure Performed: UNDERWENT A RT SALPINGO-OOPHORECTOMY, LEFT SALPINGECTOMY AND A LEFT OVARIAN CYSTECTOMY.

Nature of Allegation: TREATMENT RELATED (060)
Specific Allegation: FAILURE/DELAY IN ADMISSION TO HOSPITAL OR INSTITUTION (600)

Date of Event Associated With Allegation or Incident: 01/10/1994
Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: PLAINTIFF ALLEGED A FAILURE TO ADMIT AND AGGRESSIVELY TREAT THE PATIENT'S PELVIC INFECTION WITH IV ANTIBIOTICS RESULTED IN INFERTILITY.



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GROSS, BENITA L.



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



Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 03/13/2006
Date of Most Recent Change: 03/13/2006

END OF REPORT

National Practitioner Data Bank
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DCN: 550000041000512
Process Date: 03/13/2006
Page: 2 of 3
GROSS, BENITA L.

Total Amount Paid or to Be Paid by
This Payer for This Practitioner: \$ 41,000.00
Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 09/30/2005
Adjudicative Body Case Number: 13194/96
Adjudicative Body Name: NYS SUPREME COURT COUNTY OF BRONX
Court File Number:
Description of Judgment or Settlement and Any
Conditions, Including Terms of Payment: CASE SETTLED BY THE INSURANCE COMPANY AS A BUSINESS
DECISION FOR \$41,000 ON BEHALF OF THE HOSPITAL AND THIS
INSURED WITH NO ALLOCATION MADE TO THIS PRACTITIONER.

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: \$ 41,000.00
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)

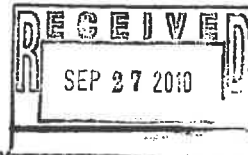
Patient's Age at Time of Initial Event: 18 YEARS
Patient's Gender: FEMALE
Patient Type: OUTPATIENT
Description of the Medical Condition With Which the Patient
Presented for Treatment: 18 YEAR OLD FEMALE WITH H/O MARFANS SYNDROME AND AORTIC
INSUFFICIENCY WAS FOLLOWED IN CLINIC OVER SEVERAL MONTHS
DUE TO CHLAMYDIA AND BILATERAL ADNEXAL MASSES AND WAS
TREATED WITH ANTIBIOTICS. PATIENT WAS SUBSEQUENTLY
ADMITTED TO THE HOSPITAL WITH BILATERAL TUBO-OVARIAN
ABSCESSSES AND

Description of the Procedure Performed: UNDERWENT A RT SALPINGO-OOPHORECTOMY, LEFT SALPINGECTOMY
AND A LEFT OVARIAN CYSTECTOMY.

Nature of Allegation: TREATMENT RELATED (060)
Specific Allegation: FAILURE/DELAY IN ADMISSION TO HOSPITAL OR INSTITUTION
(600)

Date of Event Associated With Allegation or Incident: 01/10/1994
Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: PLAINTIFF ALLEGED A FAILURE TO ADMIT AND AGGRESSIVELY
TREAT THE PATIENT'S PELVIC INFECTION WITH IV ANTIBIOTICS
RESULTED IN INFERTILITY.



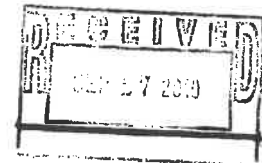
CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

**National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank**
P.O. Box 10832
Chantilly, VA 20153-0832

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

DCN: 1019932810121000
Process Date: 11/23/1993
Page: 17 of 17
GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
03/31/2010	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
08/04/2010	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/20/2010	SELF-QUERIER



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National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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

DCN: 5500000041000512
Process Date: 03/13/2006
Page: 1 of 3
GROSS, BENITA L.

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 5500000041000512

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

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. For additional information or clarification, contact the reporting entity identified in Section A.



Entity Name: FFH INSURANCE CORP. *
Address: CGM BUILDING
COLLYMORE ROCK
City, State, Zip: BRIDGETOWN,
Country: BARBADOS
Name of Office: VALERIE DARRELL
Title or Department: EXECUTIVE SECRETARY
Telephone: (441) 295-3688 Ext. 1952
Entity Internal Report Reference: V94-1188-4011
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 10/05/2009:

Entity Name: FFH INSURANCE CORP.
Address: C/O AMPHORA CAPTIVE INSURANCE MANAGERS
CGI TOWER - 2ND FLOOR
City, State, Zip: WARRENS, ST. MICHAEL,
Country: BARBADOS BB 22026



Subject Name: GROSS, BENITA L.
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name:
Work Address: 481 MAIN STREET
SUITE 201
City, State, ZIP: NEW ROCHELLE, NY 10801
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: ALBERT EINSTEIN COLLEGE OF MEDICINE (1981)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151310, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):



Date of Report: 03/13/2006
Relationship of Entity to
This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment
for This Practitioner: \$ 41,000.00
Date of This Payment: 01/25/2006
This Payment Represents: A SINGLE FINAL PAYMENT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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

DCN: 550000041000512
Process Date: 03/13/2006
Page: 1 of 3
GROSS, BENITA L.

DISCLOSURE HISTORY

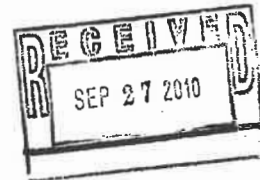
Report Number: 550000041000512



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.

<u>Date Released</u>	<u>Entity Name</u>
03/30/2006	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
05/11/2006	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
06/27/2006	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
08/11/2006	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/22/2006	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848



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Healthcare Integrity and Protection
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DCN: 550000041000512
Process Date: 03/13/2006
Page: 2 of 3
GROSS, BENITA L.

<u>Date Released</u>	<u>Entity Name</u>
03/29/2007	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
01/04/2008	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
02/02/2008	WELLPOINT, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (818) 932-9133
06/23/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/08/2008	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/10/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
01/14/2009	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566

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DCN: 550000041000512
Process Date: 03/13/2006
Page: 1 of 3
GROSS, BENITA L.

DISCLOSURE HISTORY

Report Number: 550000041000512



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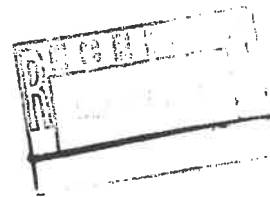
CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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

DCN: 5500000041000512
Process Date: 03/13/2006
Page: 3 of 3
GROSS, BENITA L.

<u>Date Released</u>	<u>Entity Name</u>
03/11/2009	CT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #13PHO PO BOX 340308 HARTFORD, CT 06134 (860) 509-7648
04/24/2009	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
06/26/2009	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
03/31/2010	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
08/04/2010	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/20/2010	SELF-QUERIER



M D T H



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

RECEIVED DIRECT

September 16, 2010

State Board of Medicine
Po Box 2649
Harrisburg, PA 17705-2649

TO WHOM IT MAY CONCERN:

LICENSURE VERIFICATION

Please be advised that Connecticut General Statutes, certain matters involving the investigation and rehabilitation of Physician/Surgeon remain confidential. Therefore, in response to your inquiry regarding the status of the Physician/Surgeon identified below, at this time we are providing only publically disclosable information. In order for this office to confirm or deny whether there is any confidential information relevant to your inquiry, a release form from such Physician/Surgeon must be provided.

IF YOU WISH TO ESTABLISH WHETHER CONFIDENTIAL INFORMATION EXISTS CONCERNING THIS Physician/Surgeon, PLEASE HAVE HIM/HER SIGN THE REVERSE SIDE OF THIS FORM, WHICH CONSTITUTES A RELEASE FOR SUCH INFORMATION, AND RETURN IT TO THIS OFFICE. PLEASE NOTE THAT ONLY THIS DEPARTMENT'S RELEASE FORM WILL BE ACCEPTED.

This is to certify that the records of the Connecticut Department of Public Health indicate that:

Benita Louise Gross, M.D.
PO BOX 196
BRONX, NY 10464-0196

Was issued Connecticut: Physician/Surgeon License
Date of Issuance: 08/07/1998
License Number: 37164
Expiration Date: 11/30/2010
Status of License: ACTIVE
Past or Pending Disciplinary History: No

Sincerely,

Stephen B. Carragher
Health Program Supervisor
Office of Practitioner Licensing and Investigation

Printed by: Jose Martinez

SEP 20 2010



Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12 APP
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

CONSENT FOR RELEASE OF CONFIDENTIAL RECORDS

THIS RELEASE FORM IS FOR USE BY **PHYSICIANS/SURGEONS & VETERINARIANS** ONLY AND EXPIRES ONE YEAR FROM DATE OF SIGNATURE.

Connecticut Department of Public Health
PLIS
410 Capitol Ave., MS # 12APP
P.O. Box 340308
Hartford, CT 06134
Fax: (860) 509-8457

This is to certify that I hereby give my consent and authorize the Department of Public Health to confirm the existence of any pending petitions and to release any records of disciplinary action maintained by that department (with the exception of any documents identified below) to:

SEND VERIFICATION TO:
(Company Name and Address)

I understand that these records are confidential pursuant to the provisions of Connecticut General Statutes and may not be disclosed without my permission. This information will only be disclosed when this release is executed by me. I also understand that if I am a participant in a rehabilitation program sponsored by a county medical association or by the Connecticut State Medical Society that I have the right to contact the association or society prior to signing this release. Please honor a mechanically reproduced copy of this release.

Documents the department is not authorized to release include:

Signature

Date

Name – Printed Clearly or Typed

CT License Number



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RECEIVED DIRECT

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183

September 24, 2010

MD-TH



PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

State Board of Medicine
PO BOX 2649
Harrisburg, PA 17105-2649

For overnight deliveries:
140 East Front St.
PO Box 183, 3rd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 826-7101 FAX

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by Benita L Gross to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

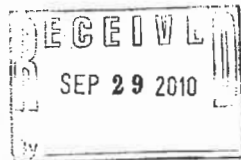
A review of the Board's files indicates that Benita L Gross was issued a New Jersey license 25MA05581500 on or about 12/21/1990 and is currently Inactive with an expiration date of . A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,

BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/dd/mac



THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CERTIFICATION & VERIFICATION UNIT
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

MD TH

PA
RECEIVED DIRECT

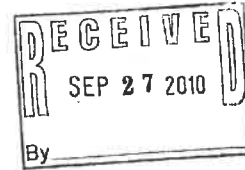
THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT ALBANY, NEW YORK, GROSS BENITA LOUISE WAS ISSUED LICENSE/CERTIFICATE NUMBER 151310 FOR THE PRACTICE OF MEDICINE ON 08/20/82.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: [REDACTED]
SCHOOL ATTENDED: ALBERT EINSTEIN MED COL
DATE OF GRADUATION: 06/01/81
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:
B NATIONAL BOARD CERT #251887 DATED 07/01/82



NP #360313/#360314/#360317/
NP #360124 [] MORE

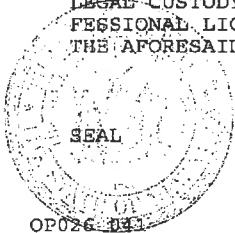
A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 10/31/11
ADDRESS: 38 POPLAR PLACE NEW ROCHELLE NY 10805-0000

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.

COMMENTS:

I MARTIN CARMODY, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.



OP026-041

Martin Carmody

09/21/10

PRINCIPAL CLERK



TARGET SHEET

Board: Medicine

Licensee Full Name:
BENITA L GROSS

License No:
MD441428

2832913_LIC_1_10/27/2010

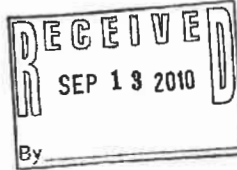
ACCREDITED - AMERICAN

2/07

APPLYING FOR ACCREDITED:		<input checked="" type="checkbox"/> MD <input type="checkbox"/> MT	EVALUATOR: TERRY	
APPLICANT'S NAME:		BENITA L. GROSS		
APPLICANT'S SPECIALTY:		OB/GYN		
LICENSED IN OTHER STATE(S):		CT, NJ, NY		
MEDICAL SCHOOL NAME:		ALBERT EINSTEIN COLLEGE OF MEDICINE		
DATE OF GRADUATION:		JUNE 5, 1981		
TRAINING:	PGY 1 HOSPITAL:	MONTEFIORE - EINSTEIN - JACOBI - NORTH CENTRAL	DATES: 7-1-81 TO 6-30-82	
	PGY 2 HOSPITAL:	MONTEFIORE - EINSTEIN - JACOBI - NORTH CENTRAL	DATES: 7-1-82 TO 6-30-83	
EXAMS:	USMLE 1: _____	NBME 1: X	FLEX 1: _____	LMCC 1: _____
	USMLE 2: _____	NBME 2: X	FLEX 2: _____	LMCC 2: _____
	USMLE 3: _____	NBME 3: X		
BOARD SPECIALTY CERTIFICATION:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SPECIALTY BOARD:		AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY		
DISCIPLINARY INFORMATION:		ANSWERED YES TO QUESTION(S):	9	
SUBMITTED COPIES OF:		<input type="checkbox"/> COURT DOCUMENTS <input checked="" type="checkbox"/> 1 MALPRACTICE / CIVIL COMPLAINT <input type="checkbox"/> ACTION TAKEN BY ANOTHER JURISDICTION		
REASON FOR BOARD REVIEW:		CIVIL COMPLAINT AND 3 MALPRACTICE PAYMENTS ON THE NATIONAL DATA BANK REPORT.		
DATABANK SHOWS ACTION:		<input checked="" type="checkbox"/> NPDB	<input type="checkbox"/> HIPDB	N/A
BOARD MEETING REVIEW:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	BOARD MEETING DATE: 10/24/0
COMMENTS:				
ADMINISTRATOR'S SIGNATURE:		<i>tsd</i>		DATE:

49-101 (REV. 1-10)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us



MD 441428
Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION
For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA)

Application Fee: \$35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania."
Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

232503

NAME: GROSS BENITA L
Last First Middle

Permanent Address: _____
Street
New Rochelle NY 10805
City State Zip Code

Email address: _____@yahoo.com

Date of Birth: _____ Social Security Number: _____
MM DD YYYY

All correspondence and the license will be mailed to this address unless the Board is notified of a change.

If your medical/licensure records are listed under another name or names list below:

Are you applying using credentials verification from FCVS? YES NO

Have you previously held a Pennsylvania graduate training license?
YES; My license number is _____ NO

LIST MEDICAL SCHOOL(S) ATTENDED:

DATES OF ATTENDANCE:

Albert Einstein

From: 08/1977 to 06/1981
MM/YYYY MM/YYYY

Date of Graduation: 06/1981
MM/DD/YYYY

From: _____ to _____
MM/YYYY MM/YYYY

Check licensing examination(s) passed:

- () FLEX - indicate state where taken: _____ Date taken: Component 1 _____ Component 2 _____
- (x) NATIONAL BOARD - PART I 1079 PART II 1980 PART III 1982
- () USMLE - STEP 1 _____ STEP 2 _____ STEP 3 _____
- () LMCC - Canadian _____
- () STATE BOARD - indicate state where taken: _____

49-101 (REV. 01-10)
ACGME Post-Graduate Training:

PGY1 - 4 Hospital: Montefiore-Einstein-Jacobi-North-Central From: 7/1/81 to: 6/30/85

PGY2 Hospital: _____ From: 1/1 to: 1/1

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

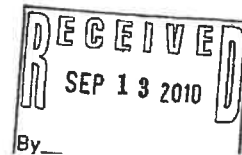
	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? <u>If yes, list the jurisdiction(s) here: New York, Vermont, NJ (inactive)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8) Are you, or have you ever been, addicted to the Intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date, and the date you were served.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare Information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/IPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information files or records requested by the Board.

Signature of Applicant _____ Date 8 22 10

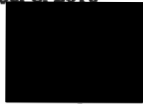


Statement Regarding the status of the Shamail Alexander case vs. Benita Gross and Bronx Lebanon Hospital Center

This case has been pending since the court date was cancelled prior to trial. The reason given at that time was the plaintiff was unable to secure an expert witness. There has been no further activity in this case as of this date.

Enclosed is a narrative regarding this case. My understanding is that this patient has since delivered another healthy baby via cesarean section.

Benita Gross
October 8, 2010



10/8/2010

Practitioner Narrative**Practitioner Name: Benita Gross M.D.****Patient Name: Shamail Alexander**

Shamail Alexander presented to the Bronx Lebanon Emergency Room on October 20, 2005, having been seen for a prenatal visit, and no fetal heart beat was heard on exam. She was 15 weeks by her LMP 7-4-05. Ultrasound was done that day confirming a fetal demise of approximately 13 week size. Shamail was referred to the Women's Health Center to have the preoperative evaluation and be scheduled for evacuation for the uterus. She was seen on October 24th and scheduled for her procedure on October 26, 2005.

Her preoperative studies confirmed the fetal demise of about 13 weeks size. Preop labs were normal.

She underwent dilation and suction evacuation of the uterus on October 26th. At the time of the procedure, during suctioning, bowel was noted at the tip of the suction cannula. The diagnosis of a uterine perforation was confirmed. Examination of the suctioned tissue was felt to be complete, and preparations were made to perform an immediate laparotomy.

At laparotomy the perforation was noted and repaired. The abdomen was inspected for signs of damage to other organs, none were noted. Her postoperative course was uneventful

BG
10/8/2010

SHEARER & ESSNER, LLP

INDEX NO: 7889/06
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

SHAMAIL ALEXANDER,

Plaintiff,

-against-

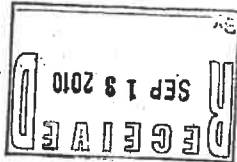
BENITA GROSS, M.D. and THE BRONX LEBANON HOSPITAL CENTER,

Defendants.

SUMMONS & VERIFIED COMPLAINT

SHEARER & ESSNER, LLP

50 Broadway
New York, New York 10004
(212) 750-4949
Attorneys for Plaintiff



To

Service of a copy of the within is hereby admitted.

Client Applicability Bar
 By Attorney
 Attorney's Affidavit

has been compared by me with the original and found to be a true and complete copy.
state that I am

the attorney(s) of record for
in the within action; I have read the foregoing
and know the contents thereof; the same is
true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as
to those matters I believe it to be true. The reason this verification is made by me and not by

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

I affirm that the foregoing statements are true, under the penalties of perjury.
Dated:

STATE OF _____ COUNTY OF _____ ss.: _____
The name signed must be printed beneath

Individual Verification the
the foregoing
my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those
matters I believe it to be true.

Corporate Verification the
a _____ of _____
corporation and a party in the within action; I have read the foregoing
and know the contents thereof; and the same is true to my own knowledge,
except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe
it to be true. This verification is made by me because the above party is a corporation and I am an officer thereof.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

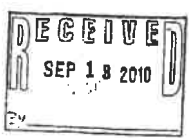
Sworn to before me on _____
The name signed must be printed beneath

STATE OF _____ COUNTY OF _____ ss.: _____
(If both boxes are checked—indicate after names, type of service used.)
being sworn, say; I am not a party to the action, am over 18 years

of age and reside at _____
On _____ I served the within
 Service By Mail by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care
and custody of the U.S. Postal Service within this State; addressed to each of the following persons at the last
known address set forth after each name:

Personal Service on Individual by delivering a true copy thereof personally to each person named below at the address indicated. I knew each person
served to be the person mentioned and described in said papers as a party therein:

Sworn to before me on _____
The name signed must be printed beneath



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

Date Filed: 2/14/06
Index No. 788906

SHAMAIL ALEXANDER,

Plaintiff designates
BRONX
County as the place of trial

Plaintiff,

The basis of venue is
Plaintiff's Residence

-against-

SUMMONS

BENITA GROSS, M.D. and THE BRONX LEBANON
HOSPITAL CENTER,

Plaintiff resides at
[REDACTED]
Bronx, New York 10459
County of Bronx

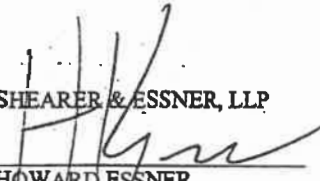
Defendants.

To the above named Defendants

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's Attorneys within 20 days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgement will be taken against you by default for the relief demanded in the complaint.

DATED: New York, New York
February 13, 2006

SHEARER & ESSNER, LLP


HOWARD ESSNER
Attorneys for Plaintiff
50 Broadway
New York, New York 10004
(212) 750-4949

Defendants' addresses:

Benita Gross, M.D.
c/o The Bronx Lebanon Hospital Center
1650 Grand Concourse
Bronx, New York 10457

The Bronx Lebanon Hospital Center
1650 Grand Concourse
Bronx, New York 10457

2006 FEB 17 PM 12:02
CLERK
COUNTY OF
BRONX

RECEIVED

RECEIVED
SEP 13 2010
By

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
SHAMAIL ALEXANDER,

Plaintiff,

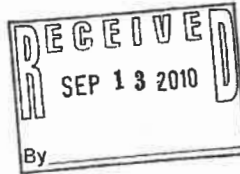
-against-

BENITA GROSS, M.D. and THE BRONX LEBANON
HOSPITAL CENTER,

Defendants.
-----X

Index No.: 7889/06

VERIFIED COMPLAINT



SEP 17 11:12:02
COUNTY CLERK
BRONX COUNTY

RECEIVED

Plaintiff, by her attorneys, SHEARER & ESSNER, LLP, complaining of the defendants herein, alleges upon information and belief as follows:

AS AND FOR A FIRST CAUSE OF ACTION

1. At all times hereinafter mentioned, plaintiff was and is a resident of the County of Bronx, City and the State of New York with a residence address located at [REDACTED] Bronx, New York 10459.

2. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., was and is a physician duly licensed to practice medicine in the State of New York and maintained an office for the practice of medicine located at 1650 Grand Concourse, Bronx, New York 10457.

3. At all times relevant and hereinafter mentioned, defendant THE BRONX LEBANON HOSPITAL CENTER, was and is a domestic corporation duly organized and existing under and pursuant to the laws of the state of New York with its principal place of business located at 1650 Grand Concourse, Bronx, New York 10457.

4. At all times relevant and hereinafter mentioned, defendant THE BRONX LEBANON HOSPITAL CENTER, owned, operated, managed, maintained and controlled a medical facility known as THE BRONX LEBANON HOSPITAL CENTER, located at 1650 Grand Concourse, Bronx, New York 10457.

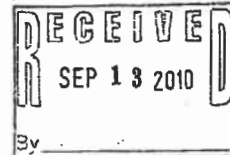
5. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., was an agent, servant and/or employee of defendant THE BRONX LEBANON HOSPITAL CENTER.

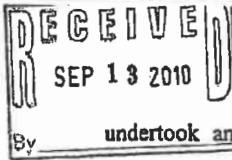
6. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., was acting in her capacity as an agent, servant and/or employee of defendant THE BRONX LEBANON HOSPITAL CENTER.

7. By the virtue of the foregoing, defendant THE BRONX LEBANON HOSPITAL CENTER, was and is vicariously liable for acts and/or omissions of defendant BENITA GROSS, M.D.

8. At all times relevant and hereinafter mentioned, defendant BENITA GROSS, M.D., held herself out to the public, and more particularly to plaintiff SHAMAIL ALEXANDER, as possessing and utilizing the proper degree of learning and skill necessary to render medical services in accordance with good and accepted medical practice, and undertook and agreed to use reasonable care and diligence in the treatment of plaintiff SHAMAIL ALEXANDER herein.

9. At all times relevant and hereinafter mentioned, defendant THE BRONX LEBANON HOSPITAL CENTER, held itself out to the public, and more particularly to plaintiff SHAMAIL ALEXANDER, as possessing and utilizing the proper degree of learning and skill necessary to render medical services in accordance with good and accepted medical practice, and





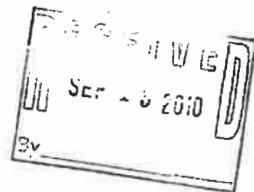
By _____ undertook and agreed to use reasonable care and diligence in the treatment of plaintiff SHAMAIL ALEXANDER herein.

10. Defendant BENITA GROSS, M.D., her agents, servants and/or employees, undertook, agreed and did render medical care and treatment to plaintiff SHAMAIL ALEXANDER from on or about October 20, 2005, through and including October 30, 2005.

11. Defendant BRONX LEBANON HOSPITAL CENTER, its agents, servants and/or employees, undertook, agreed and did render medical care and treatment to plaintiff SHAMAIL ALEXANDER from on or about October 20, 2005, through and including October 30, 2005.

12. Defendants, their agents, servants and/or employees, were negligent, careless, reckless, unskillful and committed acts of medical malpractice in connection with the care and treatment rendered to plaintiff SHAMAIL ALEXANDER in failing to act in accordance with accepted standards of medical practice, in deviating from accepted standards of medical practice, in failing to carefully and properly perform dilation and evacuation, in causing plaintiff to suffer intraoperative injury, in carelessly and negligently causing an intraoperative uterine perforation, and in failing and neglecting to exercise that degree of care, caution, prudence, skill, ability, professional knowledge and training generally possessed by physicians and medical providers in the community.

13. As a result of the foregoing, plaintiff SHAMAIL ALEXANDER has suffered severe and permanent personal injuries, has experienced pain and suffering, emotional and psychic trauma, mental anguish, loss of enjoyment of life, inability to attend activities of daily living including employment, and has been compromised in her reproductive capacity.



14. The aforesaid injuries were caused wholly and solely by the carelessness, recklessness, negligence, and malpractice of defendants herein without any negligence or want of care on the part of plaintiff SHAMAIL ALEXANDER contributing thereto.

15. The damages sought herein exceed the jurisdictional limits of all lower Courts that would otherwise have jurisdiction in this matter.

16. The limitations on liability set forth in CPLR Section 1600 et. seq. do not apply.

17. The limitations on liability set forth in CPLR Section 1600 et. seq. do not apply by reason of one or more of the exceptions contained therein.

AS AND FOR A SECOND CAUSE OF ACTION

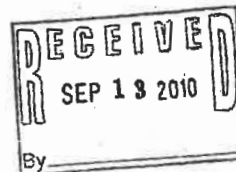
18. Plaintiff repeats, reiterates, and realleges each and every allegation contained in the First Cause of Action as though such allegations were fully set forth at length herein.

19. The performance of the surgical procedures involved the invasion and disruption of plaintiff SHAMAIL ALEXANDER's body.

20. Defendants, their agents, servants, and/or employees were under a duty to inform the plaintiff of the reasonably foreseeable risks, alternatives and benefits of the aforesaid procedures.

21. Defendants, their agents, servants, and/or employees failed to inform the plaintiff of the reasonably foreseeable risks, alternatives and benefits of the aforesaid procedures and failed to obtain plaintiff's informed consent.

22. A reasonably prudent person in plaintiff's position would not have undergone the treatment in question had she been fully informed with respect to the risks, alternatives and benefits of said treatment.



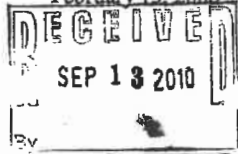
23. The lack of informed consent complained of herein is a proximate cause of the injuries for which recovery is sought herein.

24. By reason of the foregoing, plaintiff has sustained damages in an amount which exceeds the jurisdictional limits of all lower courts that would otherwise have jurisdiction in this matter.

WHEREFORE, plaintiff demands judgment against defendants herein on the First and Second Causes of Action in amounts which exceed the jurisdictional limits of all lower Courts, together with interest and the costs and disbursements of this action.

Dated: New York, New York

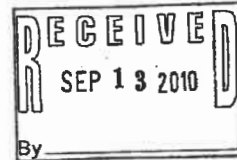
February 13, 2006



Yours, etc.

SHEARER & ESSNER, LLP

HOWARD ESSNER
Attorneys for Plaintiff
50 Broadway
New York, New York 10004
(212) 750-4949



VERIFICATION

HOWARD ESSNER, an attorney duly admitted to practice in the State of New York, affirms the following under penalties of perjury:

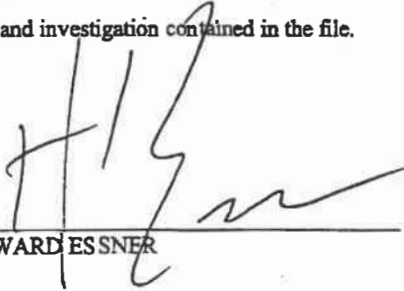
I am a member of the firm of SHEARER & ESSNER, LLP, attorneys for the plaintiff in this matter.

I have read the foregoing COMPLAINT and know the contents thereof, and upon information and belief, I believe the matters alleged therein to be true.

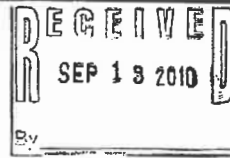
This Verification is made by myself and not by the plaintiff because plaintiff resides in a county other than the one in which plaintiff's attorneys maintain their offices.

The source of my information and the grounds for my belief are the communications, papers, records, reports and investigation contained in the file.

Dated: New York, New York
February 13, 2006



HOWARD ESSNER



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
SHAMAIL ALEXANDER,

Plaintiff,

-against-

Index No.:

CERTIFICATE OF
MERIT

BENITA GROSS, M.D., and THE BRONX LEBANON
HOSPITAL CENTER,

Defendants.

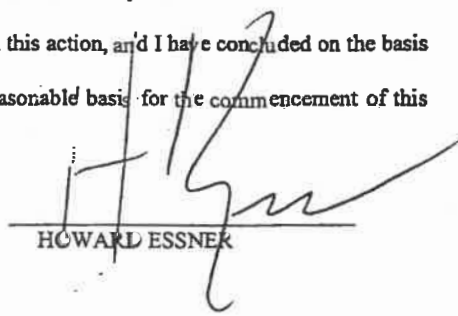
----- X

STATE OF NEW YORK)
)ss.:
COUNTY OF NEW YORK)

HOWARD ESSNER, being duly sworn, deposes and says:

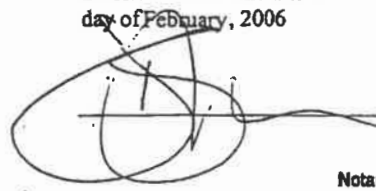
1. I am a member of the law firm of SHEARER & ESSNER, LLP, attorneys for the plaintiff herein, and as such, I am fully familiar with the facts of this matter.

2. I have reviewed the facts of this case and I have consulted with at least one physician who is licensed to practice medicine in this State or any other state and whom I believe is knowledgeable in the relevant issues involved in this action, and I have concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of this action.



HOWARD ESSNER

Sworn to before me this 13th
day of February, 2006



DAVID M. SHEARER
Notary Public, State of New York
No. 02SH6063080
Qualified in Westchester County
Commission Expires August 27, 2007

49-101 (REV. 01-10)
State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months. ORIGINAL SIGNATURES ARE REQUIRED.

Name of Applicant: Dr. Benita Gross

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the Intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 14 year(s) month(s).

SIGNATURE: [Redacted] Date: 8/24/200

Print or type name as signed above: Larry Ham

State in which licensed: New York License Number: 213395

Name of Applicant: Dr. Benita Gross

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the interperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

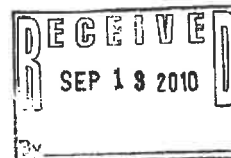
I have been personally acquainted with the applicant for 3 year(s) month(s).

SIGNATURE: [Redacted] Date: 8/25/10

Print or type name as signed above: Constance Youngs

State in which licensed: NY License Number: 160390

Return Completed Form to Applicant



ACGME MD TH
RECEIVED DIRECT

49-101 (REV. 01-10)
Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

**VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates**

NAME: GROSS BENITA L
Last First Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

This Section to be completed by the program director at the hospital where the graduate training occurred.

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Montefiore-Einstein-Jacobi-North Central

NAME OF SPONSORING INSTITUTION: ALBERT EINSTEIN COLLEGE OF MEDICINE

LOCATED IN: Bronx NY
City State

1st Year from 7/1/81 To 6/30/82 Specialty OBGYN Level (PGY) 1

2nd Year from 7/1/82 To 6/30/83 Specialty OBGYN Level (PGY) 2

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

The hospital has no seal or stamp to affix to this document. Therefore, I will have this form notarized to verify that this form was completed by this hospital.

Program Director's Signature: [Signature]

Date: 9/8/10

[Seal of Hospital]

SEP 29 2010

[notary seal]
Notary's Signature: _____
Notary's Commission expires on: _____

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.

232503

49-101 (REV. 01-10)
State Board of Medicine
717-783-1400
717-787-2381

RECEIVED DIRECT

**VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools**

SECTION 1: To be completed by applicant:

Name: GROSS BENITA L
Last First Middle

Name of medical school: Albert Einstein

Location: Bronx, NY

SUBMIT THE VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Albert Einstein College of Medicine

Date student began to attend this medical school: 08/29/1977
MM/DD/YYYY

Date of graduation: 06/05/1981
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar:

Linda Gillespie, Registrar - *Linda Gillespie*

Date: 9/2/2010

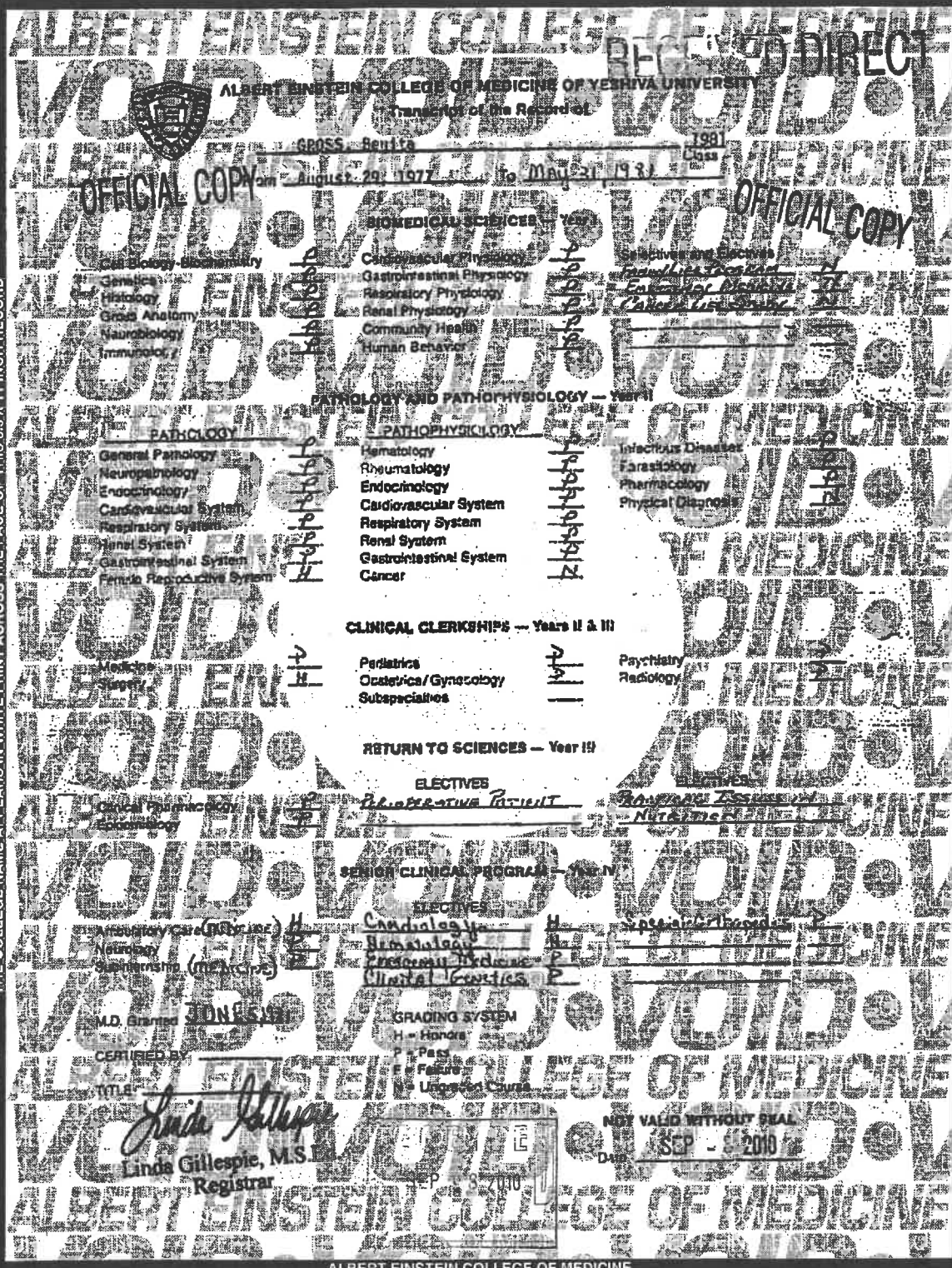
Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

DO NOT RETURN TO APPLICANT

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

RECEIVED
SEP 08 2010
5

Courier Delivery Address
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110



ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY
Transfer of the Record of

GROSS, Reuven

1981

From August 29, 1977 To May 31, 1981

OFFICIAL COPY

OFFICIAL COPY

BIOMEDICAL SCIENCES - Year I

Cell Biology-Biochemistry
Genetics
Histology
Gross Anatomy
Microbiology
Immunology

P
P
P
P
P
H

Cardiovascular Physiology
Gastrointestinal Physiology
Respiratory Physiology
Renal Physiology
Community Health
Human Behavior

P
P
P
P
P
P

Structural Biochemistry
Immunology
Embryology
Cellular Biology

H
H
H
H

PATHOLOGY AND PATHOPHYSIOLOGY - Year II

PATHOLOGY

General Pathology
Neuropathology
Endocrinology
Cardiovascular System
Respiratory System
Renal System
Gastrointestinal System
Female Reproductive System

P
P
P
P
P
P
P
H

PATHOPHYSIOLOGY

Hematology
Rheumatology
Endocrinology
Cardiovascular System
Respiratory System
Renal System
Gastrointestinal System
Cancer

P
P
P
P
P
P
P
R

Infectious Diseases
Parasitology
Pharmacology
Physical Diagnosis

P
P
P
P

CLINICAL CLERKSHIPS - Years II & III

Medicine
Surgery

P
H

Pediatrics
Obstetrics/Gynecology
Subspecialties

H
H
H

Psychiatry
Radiology

RETURN TO SCIENCES - Year III

ELECTIVES

Preoperative Patient

Advanced Issues in

Nutrition

Clinical Pharmacology
Epidemiology

P
P

SENIOR CLINICAL PROGRAM - Year IV

ELECTIVES

Cardiology
Hematology
Internal Medicine
Clinical Genetics

H
H
P
P

Special Abstracts

P

Intensive Care (Nursing)
Nursing
Subspecialties (medicine)

H
H
H

M.D. Granted

GRADING SYSTEM

H - Honors
P - Pass
F - Failure
U - Under Course

CERTIFIED BY

TITLE

Linda Gillespie
Linda Gillespie, M.S.
Registrar

NOT VALID WITHOUT SEAL

SEP - 8 2010

THE COLLEGE NAME APPEARS IN WHITE PRINT ACROSS THE PAGE OF THIS 8.5 X 11 INCH RECORD

THE COLLEGE NAME APPEARS IN WHITE PRINT ACROSS THE PAGE OF THIS 8.5 X 11 INCH RECORD



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

RECEIVED DIRECT

MD TH

This document was prepared by National Board of Medical Examiners® (NBME®) 3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700



Recipient: Pennsylvania State Board of Medicine PO Box 2649 Harrisburg, PA 17105-2649

Date: 09/21/2010

Examinee: Dennis L. Cross

Examinee ID: 3-251-887-0 Date of Birth: [REDACTED]

NBME Certification Date: 07/01/1982

Certificate #: 251887

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Table with columns: Test Date, Pass/Fail, Score Scale, Total Score, (Min. Pass), Individual Subject Scores (Anat, Phys, Bioc, Path, Migr, Phar, Beh Sci)

NBME PART II

Table with columns: Test Date, Pass/Fail, Score Scale, Total Score, (Min. Pass), Individual Subject Scores (Med, Surg, ObGyn, Prev, Peds, Psych)

NBME PART III

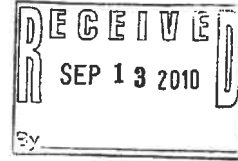
Table with columns: Test Date, Pass/Fail, Score Scale, Total Score, (Min. Pass)

Addendum to the CV of Benita L Gross, MD**Chronological listing of my employment since medical school. September 21, 2010****July 1981 – June 1985****Resident in OBGYN, Albert Einstein/ Montefiore/ Jacobi and North Central Hospitals, Bronx, NY****July 1985 – June 1986****Private Practice with William Rashbaum, NY, NY****July 1986 – June 1989****Contract physician with HIP, Bronx, NY****July 1989 – December 1990****Private practice, Ossining NY, back up for Manhattan Midwives****July 1989 – April 1999****Attending Physician AECOM/ Jacobi. Staff gyn at CFCC, and the family planning clinic at Jacobi Hospital****October 1990 – June 1997****Staff Gynecologist, Planned Parenthood of Westchester, Rockland and Putnam counties, NY****January 1991 – June 1996****Solo Private Practice, New Rochelle, NY****May 1999 – present****Director of Family Planning Service at Bronx Lebanon Hospital Center****May 1999 – June 2009****Solo Private Practice, New Rochelle, NY****July 2009 – present****Family Planning Service, Jacobi/ North Central Hospitals, Bronx, NY****April 2010 – present****Per Diem Physician, Planned Parenthood Hudson Peconic, Westchester County, NY and Suffolk County, NY**

CURRICULUM VITAE

BENITA L. GROSS, M.D.

New Rochelle, New York 10805
January, 2010



PERSONAL DATA

Date of Birth: [REDACTED]
Place of Birth: Staten Island, N.Y.

EDUCATION

Richmond College, CUNY	BS	1976	Graduated with Highest Honors Valedictorian Student Body President University Student Senate Personnel and Budget Committee Richmond College Association Board of Directors Student Representative to Faculty Dean's List
Albert Einstein College of Medicine	MD	1981	Vice President, Einstein Student Branch of AMWA Planning Committee for Women in Medicine Conference Regional Coordinator for Women in Medicine Task Force of the AMSA Student Government Representative

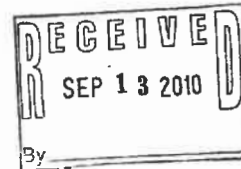
BOARDS AND LICENSURE

New York State Registry 151310
Connecticut 037164
New Jersey License 55815
Board Certified, ABOG 1989

PROFESSIONAL MEMBERSHIPS

American College of Obstetricians and Gynecologists

Curriculum Vitae, Benita Gross, M.D., January 2010, page 2



PROFESSIONAL EXPERIENCE

2009 - present Attending physician, Jacobi Hospital Department of Ob-Gyn, Bronx, NY

1999 - 2009 Private Practice, New Rochelle, N.Y.

1999 - present Director of Family Planning Service, Department of Obstetrics and
Gynecology, Bronx Lebanon Hospital Center, Bronx, N. Y.

1992 - present Assistant Professor, Department of Obstetrics and Gynecology, Albert
Einstein College of Medicine, Bronx, N.Y.

1989 - 1992 Clinical Instructor, Department of Obstetrics and Gynecology, Albert
Einstein College of Medicine

1991 - 1996 Private practice, New Rochelle, N.Y.

1991 - 1998 Attending, Westchester County Medical Center, Valhalla, N.Y.

1990 - 1997 Staff gynecologist, Planned Parenthood of Westchester, Rockland and
Putnam, N.Y.

1989 - 1991 Private practice, Ossining, N.Y.

1986 - 1989 Contract physician, Ob-Gyn, Bronx Cross County Medical Group, HIP

1985 - 1986 Private practice with Dr. William Rashbaum, New York, N.Y.

1981 - 1985 Resident in Obstetrics and Gynecology, Albert Einstein College of
Medicine, Bronx Municipal Hospital Center, Montefiore and North Central
Bronx Hospitals

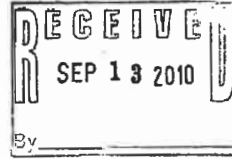
1984 - 1986 Post-doctoral research, Graduate Division, City University of New York

1981 - 1982 Teaching Associate, Cornell University Medical Center

1980 - 1981 Phlebotomy and pap smear technician, Jacobi Hospital, Bronx, N.Y.

1978, summer Lab assistant, Department of Human Genetics and Development, Columbia
University Health Sciences Center, New York, N.Y.

Curriculum Vitae, Benita Gross, M.D., January 2010, page 3



BIBLIOGRAPHY

1. Gross, B. and A. Henderson, 1986. Increased rDNA copy number in Down individuals and parents. International Chromosome Conference, Marseille, France. June 1986
2. Langer, O., M. Mindovnik, B. Gross, A. Anyaegbunam, J. Koury, and M. Divon, 1989. Ambulatory glucose profile of the pregnant non-diabetic. SGI, San Diego.
3. Gross, B. And A. Henderson, 1997. On the ribosomal DNA copy number in Down individuals and family members; relationship to satellite association frequency. Manuscript in preparation.
4. Gross, B. and A. Fleischer, 1997. Efficacy and morbidity associated with the use of oxytocin in VBACs. Manuscript in preparation.

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Process Date: 09/20/2010

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To: GROSS, BENITA LOUISE


CHERRY HILL, NJ 08034-1502

From: National Practitioner Data Bank / Healthcare Integrity and Protection 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, and Section 1921 of the Social Security Act as well as the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of 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. 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), HRSA, Division of Practitioner Data Banks.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response 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 adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB 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 and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. 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 and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB 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-HIPDB Customer Service Center is closed on all Federal holidays.

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SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

Type of Report(s)	Report Number(s)
Medical Malpractice Payment Report(s):	1019932250208000 1019932810121000 5500000041000512
State Licensure Action(s):	None
Exclusion or Debarment Action(s):	None
Government Administrative Action(s):	None
Clinical Privileges Action(s):	None
Health Plan Action(s):	None
Professional Society Action(s):	None
DEA/Federal Licensure Action(s):	None
Judgment or Conviction Report(s):	None
Peer Review Organization Action(s):	None

SECURITY IDENTIFICATION INFORMATION

Subject Name: GROSS, BENITA LOUISE
Gender: FEMALE
Date of Birth: [REDACTED]
Other Name(s) Used: [REDACTED]
Organization Name: PHILADELPHIA WOMEN'S CENTER
Organization Type: MEDICAL GROUP/PRACTICE (365)
Home or Work Address: [REDACTED]
City, State, ZIP: CHERRY HILL, NJ 08034-1502
Telephone: [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN): [REDACTED]
Professional School(s) & Year of Graduation: ALBERT EINSTEIN COLLEGE OF MEDICINE (1981)
ALBERT EINSTEIN COLLEGE OF MEDICINE -
MONTEFOIRE/EINSTEIN/JACOBI/NORTH CENTRAL (1985)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151310-1, NY
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 037164, CT
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 25MA05581500, NJ
Drug Enforcement Administration (DEA) Numbers: AG2108303
National Provider Identifiers (NPI):
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN): B76406



PAYMENT INFORMATION

Credit Card Number: [REDACTED] Expiration Date: [REDACTED]
Additional Paper Copies Requested: 0
NPDB Charge: \$8.00* NPDB Bill Reference Number: N23854160
HIPDB Charge: \$8.00* HIPDB Bill Reference Number: H23854160
* Each charge will appear separately on your credit card statement. Transaction Date: 09/20/2010

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921

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GROSS, BENITA

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 1019932250208000

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

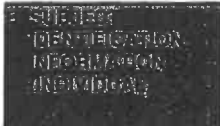
The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.



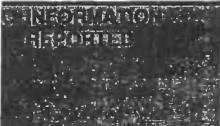
Entity Name: MEDICAL MALPRACTICE INSURANCE ASSN *
Address: 110 WILLIAM STREET
City, State, Zip: NEW YORK, NY 10038
Country:
Name of Office: MAUREEN KATTENHORN
Title or Department: RECORDS RETENTION
Telephone: (212) 962-0210 Ext. 254
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 10/07/1999. The Data Banks have no additional information regarding this entity.

Entity Name: MEDICAL MALPRACTICE INSURANCE ASSN.
Address: 110 WILLIAM STREET
City, State, Zip: NEW YORK, NY 10038
Country:



Subject Name: GROSS, BENITA
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: [REDACTED]
Organization Name: BENITA GROSS
Work Address: 1180 MORRIS PARK AVENUE
City, State, ZIP: BRONX, NY 10461
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: ALBERT EINSTEIN (1981)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151318, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):



Date of Report: 09/28/1993
Act/Omission Code: OBSTETRICS: NOT OTHERWISE CLASSIFIED (590)
Date of Act/Omission: 11/18/1987
Payment Date: 08/10/1993
Multiple or Single Payment: SINGLE
Amount of This Payment: \$ 376,500.00
Total Amount of Judgment or Settlement:
Payment Result of: BEFORE SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement:

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of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV 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 and/or HIPDB are permitted to share that information with anyone they choose.



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GROSS, BENITA

Adjudicative Case Number:

Adjudicative Body Name:

Court File Number:

Reporter's Description of Act or Omission: ALLEGED NEGLIGENT TREATMENT DURING PRE-NATAL, LABOR AND
DELIVERY AND NEONATAL CARE RESULTING IN BRAIN
DAMAGE CEREBRAL PALSY RETARDATION AND SEIZURES

Reporter's Description of the Judgment or Settlement: CASE SETTLED OUT OF COURT IN THE FULL AMOUNT OF
\$3,076,500.00 WITH THIS INSD CONTRIBUTION \$376,500.00

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

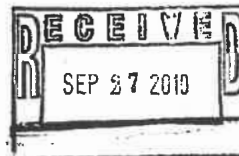
Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 09/28/1993

Date of Most Recent Change: 09/28/1993

END OF REPORT



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GROSS, BENITA

DISCLOSURE HISTORY

Report Number: 1019932250208000



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.

<u>Date Released</u>	<u>Entity Name</u>
07/07/1994	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30
09/06/1994	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/03/1995	OXFORD HEALTH PLANS ATTN: MIKE O'MAHONY 800 CONNECTICUT AVENUE NORWALK, CT 06854 20385 126-82
02/10/1995	OXFORD HEALTH PLANS ATTN: MIKE O'MAHONY 800 CONNECTICUT AVENUE NORWALK, CT 06854 20385 126-82
07/12/1995	MEDILERT-IRIS PO BOX 74250 PHOENIX, AZ 85087 (623) 551-5468

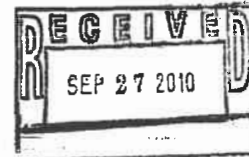
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
02/13/1996	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30
05/24/1996	COMMUNITY HOSPITAL AT DOBBS FERRY C/O ST. JOHN'S RIVERSIDE HOSPITAL 987 NORTH BROADWAY YONKERS, NY 10701 (914) 964-4475
05/24/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
06/26/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
07/09/1996	HUDSON HEALTH PLAN 303 SO BROADWAY, SUITE 321 TARRYTOWN, NY 10591 (914) 631-1611
09/10/1996	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
09/23/1996	SOUND SHORE MED. CENTER OF WESTCHESTER MEDICAL STAFF OFFICE 16 GUION PLACE NEW ROCHELLE, NY 10802 (914) 365-3609



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
09/24/1996	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
10/17/1996	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (718) 896-6500
12/31/1996	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4805
02/12/1997	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4805
02/27/1997	KAISER PERMANENTE NORTHEAST DIVISION 1 CHP PLAZA LATHAM, NY 12110 51878 318-64
03/20/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
04/02/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872

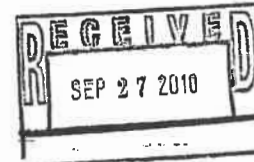
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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
06/04/1997	PATIENT CARE, INC. 2907 SHELTER ISLAND DR., PMB 105-278 SAN DIEGO, CA 92106 61968 326-71
07/29/1997	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/24/1997	WESTCHESTER MEDICAL CENTER CLINICAL & ACADEMIC AFFAIRS TAYLOR CARE - EXEC OFFICES RM. C236 VALHALLA, NY 10595 (914) 493-5241
09/30/1997	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
11/24/1997	NORTH CENTRAL BRONX HOSPITAL 3424 KOSSUTH AVENUE BRONX, NY 10467 71851 947-31
12/22/1997	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/28/1998	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30



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<u>Date Released</u>	<u>Entity Name</u>
07/16/1998	DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #12 APP, PO BOX 340 HARTFORD, CT 06134 86050 975-63
10/16/1998	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 578-3910
11/04/1998	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
01/11/1999	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/20/1999	NATIONAL ABORTION FEDERATION 1660 L STREET NW SUITE 450 WASHINGTON, DC 20036 (202) 667-5881
05/05/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864

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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
08/02/1999	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
08/06/1999	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/23/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864
10/11/1999	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
12/03/1999	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
01/19/2000	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
02/04/2000	HEALTH PLUS 335 ADAMS ST BROOKLYN, NY 11201 (718) 491-7515



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
03/14/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
03/17/2000	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
04/12/2000	BETH ISRAEL MEDI CTR KINGS HWY DIV 3201 KINGS HIGHWAY CREDENTIALS COORDINATOR BROOKLYN, NY 11234 (718) 951-3009
04/12/2000	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
05/03/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
05/09/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
08/11/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910

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<u>Date Released</u>	<u>Entity Name</u>
08/15/2000	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477
10/14/2000	ATLANTIS HEALTH PLAN CREDENTIALING DEPARTMENT 48 WALL STREET, 11TH FLOOR NEW YORK, NY 10005 (201) 728-5432
12/08/2000	HEALTHNET OF THE NORTHEAST, INC. ONE FAR MILL CROSSING SHELTON, CT 06484 20322 588-08
12/15/2000	ONE HEALTH PLAN OF NJ ONE CENTENNIAL AVENUE PISCATAWAY, NJ 08855 (732) 357-3328
01/29/2001	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
03/20/2001	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
03/20/2001	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
03/23/2001	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/04/2001	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/19/2001	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86083 642-17
09/25/2001	NEW YORK STATE CATHOLIC HEALTH PLAN DBA 95-25 QUEENS BLVD REGO PARK, NY 11374 71889 665-00
02/11/2002	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/17/2002	CONSUMER HEALTH NETWORK PLUS, LLC CREDENTIALING DEPARTMENT 300 AMERICAN METRO BLVD. STE. 170 HAMILTON, NJ 08619 (800) 225-4246
05/09/2002	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448

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<u>Date Released</u>	<u>Entity Name</u>
07/02/2002	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
10/10/2002	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/17/2002	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4805
11/14/2002	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
01/28/2003	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4805



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<u>Date Released</u>	<u>Entity Name</u>
05/07/2003	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (846) 447-6584
05/13/2003	NEW YORK STATE DEPARTMENT OF HEALTH OPMC 433 RIVER STREET, SUITE 303 TROY, NY 12180 (518) 402-0810
07/07/2003	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
07/11/2003	HEALTHNET OF THE NORTHEAST, INC. ONE FAR MILL CROSSING SHELTON, CT 06484 20322 588-08
08/19/2003	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
10/24/2003	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477
12/01/2003	GHI HMO SELECT PO BOX 4332 KINGSTON, NY 12402 (845) 340-2250

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<u>Date Released</u>	<u>Entity Name</u>
12/10/2003	CIGNA HEALTHCARE OF NEW JERSEY AND NY 499 WASHINGTON BLVD 5TH FLOOR JERSEY CITY, NJ 07310 (201) 533-4913
01/05/2004	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
03/17/2004	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
08/25/2004	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/13/2004	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/15/2004	COMMUNITY CHOICE HEALTH PLAN, INC 30 SOUTH BROADWAY 4TH FLOOR YONKERS, NY 10701 (914) 709-8427
11/11/2004	ATLANTIS HEALTH PLAN CREDENTIALING DEPARTMENT 48 WALL STREET, 11TH FLOOR NEW YORK, NY 10005 (201) 728-5432



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<u>Date Released</u>	<u>Entity Name</u>
12/01/2004	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (718) 896-6500
12/20/2004	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
12/20/2004	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-8572
12/20/2004	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
03/03/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/05/2005	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/01/2005	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448

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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
04/08/2005	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/20/2005	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4805
07/18/2005	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 898-6500
07/21/2005	1199 NATIONAL BENEFIT FUND 330 WEST 42ND STREET 29TH FLOOR NEW YORK, NY 10036 (646) 473-7218
07/25/2005	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
09/06/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/30/2006	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 678-5566



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<u>Date Released</u>	<u>Entity Name</u>
05/11/2006	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
06/27/2006	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
08/11/2006	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/22/2006	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
03/29/2007	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
01/04/2008	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
02/02/2008	WELLPOINT, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (818) 932-9133

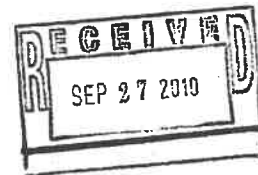
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<u>Date Released</u>	<u>Entity Name</u>
06/23/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/08/2008	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/10/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
01/14/2009	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 678-5566
03/11/2009	CT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #13PHO PO BOX 340308 HARTFORD, CT 06134 (860) 509-7648
04/24/2009	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
06/26/2009	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06158 (860) 636-4848



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<u>Date Released</u>	<u>Entity Name</u>
03/31/2010	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
08/04/2010	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/20/2010	SELF-QUERIER

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MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 1019932810121000

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

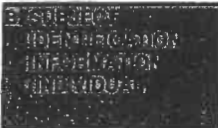
The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.



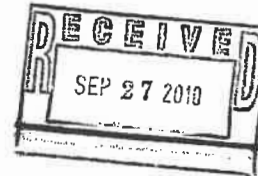
Entity Name: GROUP COUNCIL MUTUAL INS CO *
Address: 401 PARK AVE. SOUTH, SUITE 500
City, State, Zip: NEW YORK, NY 10016
Country:
Name of Office: JOHN GRYWALSKI, JR. ADELE LEVINE
Title or Department: PRESIDENT OFFICE MANAGER
Telephone: (212) 221-6944
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 02/21/2001. The Data Banks have no additional information regarding this entity.

Entity Name: GROUP COUNCIL MUTUAL INSURANCE COMPANY
Address: 401 PARK AVENUE SOUTH
SUITE 500
City, State, Zip: NEW YORK, NY 10016
Country:



Subject Name: GROSS, BENITA
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: [REDACTED]
Organization Name: BENITA GROSS, M.D.
Work Address: 225 EAST 64TH STREET
City, State, ZIP: NEW YORK, NY 10021
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: ALBERT EINSTEIN COLLEGE OF MEDICINE (1981)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151310, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):



Date of Report: 11/23/1993
Act/Omission Code: OB: IMPROPERLY MANAGED LABOR - NOT OTHERWISE CLASSIFIED (550)
Date of Act/Omission: 11/18/1987
Act/Omission Code: OBSTETRICS: FAILURE TO MANAGE PREGNANCY (505)
Date of Act/Omission: 11/18/1987
Payment Date: 07/29/1993
Multiple or Single Payment: MULTIPLE
Amount of This Payment: \$ 2,000,000.00
Total Amount of Judgment or Settlement:

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Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 2
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement:
Adjudicative Case Number:
Adjudicative Body Name:
Court File Number:
Reporter's Description of Act or Omission: NEGLIGENT PENATAL CARE AND NEGLIGENT MANAGEMENT OF LABOR AND DELIVERY. INFANT SUSTAINED SERIOUS INJURIES.

Reporter's Description of the Judgment or Settlement: CASE SETTLED IN THE AMOUNT OF 2 MILLION DOLLARS ON BEHALF OF DR. GROSS AND [NAME DELETED (ND)]. ANNUITY PAID IN THE AMOUNT OF \$1,687,031 ON 5/24/93 AND \$312,500 TO PLAINTIFF'S ATTORNEY ON 07/29/93.

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

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 11/23/1993
Date of Most Recent Change: 11/23/1993

END OF REPORT

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DISCLOSURE HISTORY

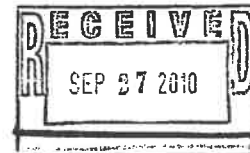
Report Number: 1019932810121000



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.

<u>Date Released</u>	<u>Entity Name</u>
07/07/1994	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30
09/08/1994	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4805
02/03/1995	OXFORD HEALTH PLANS ATTN: MIKE O'MAHONY 800 CONNECTICUT AVENUE NORWALK, CT 06854 20385 126-82
02/10/1995	OXFORD HEALTH PLANS ATTN: MIKE O'MAHONY 800 CONNECTICUT AVENUE NORWALK, CT 06854 20385 126-82
07/12/1995	MEDILERT-IRIS PO BOX 74250 PHOENIX, AZ 85087 (623) 551-5468



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<u>Date Released</u>	<u>Entity Name</u>
02/13/1996	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30
05/24/1996	COMMUNITY HOSPITAL AT DOBBS FERRY C/O ST. JOHN'S RIVERSIDE HOSPITAL 967 NORTH BROADWAY YONKERS, NY 10701 (914) 964-4475
05/24/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
06/26/1996	MONTEFIORE CMO 200 CORPORATE DRIVE YONKERS, NY 10701 91437 746-91
07/09/1996	HUDSON HEALTH PLAN 303 SO BROADWAY, SUITE 321 TARRYTOWN, NY 10591 (914) 831-1611
09/10/1996	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
09/23/1996	SOUND SHORE MED. CENTER OF WESTCHESTER MEDICAL STAFF OFFICE 16 GUION PLACE NEW ROCHELLE, NY 10802 (914) 365-3609

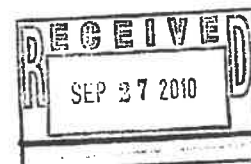
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<u>Date Released</u>	<u>Entity Name</u>
09/24/1996	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
10/17/1996	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (718) 896-6500
12/31/1996	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/12/1997	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
02/27/1997	KAISER PERMANENTE NORTHEAST DIVISION 1 CHP PLAZA LATHAM, NY 12110 51878 318-64
03/20/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
04/02/1997	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872



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<u>Date Released</u>	<u>Entity Name</u>
06/04/1997	PATIENT CARE, INC. 2907 SHELTER ISLAND DR., PMB 105-278 SAN DIEGO, CA 92106 61968 326-71
07/29/1997	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/24/1997	WESTCHESTER MEDICAL CENTER CLINICAL & ACADEMIC AFFAIRS TAYLOR CARE - EXEC OFFICES RM. C236 VALHALLA, NY 10595 (914) 493-5241
09/30/1997	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
11/24/1997	NORTH CENTRAL BRONX HOSPITAL 3424 KOSSUTH AVENUE BRONX, NY 10467 71851 947-31
12/22/1997	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/28/1998	JACOBI MEDICAL CENTER PELHAM PKWY & EASTCHESTER RD. BRONX, NY 10461 71891 832-30

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<u>Date Released</u>	<u>Entity Name</u>
07/16/1998	DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #12 APP, PO BOX 340 HARTFORD, CT 06134 86050 975-63
10/16/1998	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/04/1998	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
01/11/1999	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/20/1999	NATIONAL ABORTION FEDERATION 1660 L STREET NW SUITE 450 WASHINGTON, DC 20036 (202) 667-5881
05/05/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864



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GROSS, BENITA

<u>Date Released</u>	<u>Entity Name</u>
08/02/1999	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
08/06/1999	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/23/1999	INDEPENDENT HEALTH ASSOCIATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 635-4864
10/11/1999	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
12/03/1999	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
01/19/2000	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
02/04/2000	HEALTH PLUS 335 ADAMS ST BROOKLYN, NY 11201 (718) 491-7515

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<u>Date Released</u>	<u>Entity Name</u>
03/14/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1850 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
03/17/2000	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 898-6500
04/12/2000	BETH ISRAEL MEDI CTR KINGS HWY DIV 3201 KINGS HIGHWAY CREDENTIALS COORDINATOR BROOKLYN, NY 11234 (718) 951-3009
04/12/2000	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
05/03/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
05/09/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
08/11/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1850 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910



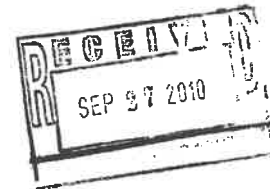
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<u>Date Released</u>	<u>Entity Name</u>
03/14/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
03/17/2000	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
04/12/2000	BETH ISRAEL MEDI CTR KINGS HWY DIV 3201 KINGS HIGHWAY CREDENTIALS COORDINATOR BROOKLYN, NY 11234 (718) 951-3009
04/12/2000	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-2872
05/03/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
05/09/2000	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
08/11/2000	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910



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<u>Date Released</u>	<u>Entity Name</u>
03/23/2001	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/04/2001	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06811 (212) 216-6852
09/19/2001	AETNA NORTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
09/25/2001	NEW YORK STATE CATHOLIC HEALTH PLAN DBA 85-25 QUEENS BLVD REGO PARK, NY 11374 71889 665-00
02/11/2002	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/17/2002	CONSUMER HEALTH NETWORK PLUS, LLC CREDENTIALING DEPARTMENT 300 AMERICAN METRO BLVD. STE. 170 HAMILTON, NJ 08619 (800) 225-4246
05/09/2002	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448



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07/02/2002	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
10/10/2002	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/17/2002	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
11/14/2002	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
01/28/2003	NEW YORK-PRESBYTERIAN HOSPITAL MEDICAL STAFF OFFICE 333 EAST 38TH STREET BOX 38-001 NEW YORK, NY 10016 (212) 297-3064
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
04/21/2003	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605

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05/07/2003	HEALTH INSURANCE PLAN OF GREATER NY 55 WATER STREET NEW YORK, NY 10041 (646) 447-6584
05/13/2003	NEW YORK STATE DEPARTMENT OF HEALTH OPMC 433 RIVER STREET, SUITE 303 TROY, NY 12180 (518) 402-0810
07/07/2003	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
07/11/2003	HEALTHNET OF THE NORTHEAST, INC. ONE FAR MILL CROSSING SHELTON, CT 06484 20322 588-08
08/19/2003	COMM BLUE, HMO OF BC&BS OF WEST NY CREDENTIALING 257 W. GENESEE STREET 6S BUFFALO, NY 14202 (716) 887-7500
10/24/2003	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477
12/01/2003	GHI HMO SELECT PO BOX 4332 KINGSTON, NY 12402 (845) 340-2250



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12/10/2003	CIGNA HEALTHCARE OF NEW JERSEY AND NY 499 WASHINGTON BLVD 5TH FLOOR JERSEY CITY, NJ 07310 (201) 533-4913
01/05/2004	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
03/17/2004	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
08/25/2004	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (212) 216-6852
09/13/2004	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
10/15/2004	COMMUNITY CHOICE HEALTH PLAN, INC 30 SOUTH BROADWAY 4TH FLOOR YONKERS, NY 10701 (914) 709-8427
11/11/2004	ATLANTIS HEALTH PLAN CREDENTIALING DEPARTMENT 48 WALL STREET, 11TH FLOOR NEW YORK, NY 10005 (201) 728-5432

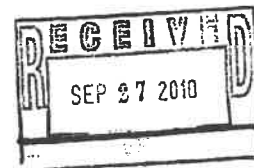
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12/01/2004	FIDELIS CARE NEW YORK 40 JOHN GLENN DRIVE BUFFALO, NY 14228 (716) 896-6500
12/20/2004	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
12/20/2004	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
12/20/2004	EMPIRE BLUECROSS BLUESHIELD 15 METROTECH CENTER BROOKLYN, NY 11201 (718) 312-5059
03/03/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/05/2005	AMERICHoice NEW YORK 7 HANOVER SQUARE NEW YORK, NY 10004 21289 883-17
04/01/2005	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLAZA EAST PP-12K NEWARK, NJ 07105 9733 466-8448



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04/08/2005	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5747
05/20/2005	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
07/18/2005	CENTERCARE, INC 95-25 QUEENS BOULEVARD NEW YORK, NY 11374 (718) 896-6500
07/21/2005	1199 NATIONAL BENEFIT FUND 330 WEST 42ND STREET 29TH FLOOR NEW YORK, NY 10036 (646) 473-7218
07/25/2005	KALEIDA HEALTH 3 GATES CIRCLE BUFFALO, NY 14209 (716) 887-4664
09/06/2005	NEIGHBORHOOD HEALTH PROVIDERS 521 5TH AVENUE 3RD FLOOR NEW YORK, NY 10175 (917) 542-8084
03/30/2006	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566

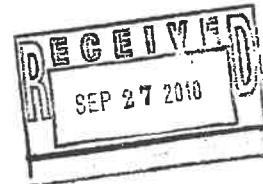
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<u>Date Released</u>	<u>Entity Name</u>
05/11/2006	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
06/27/2006	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
08/11/2006	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1850 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/22/2006	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
03/29/2007	MONTEFIORE MEDICAL CENTER/GMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
01/04/2008	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
02/02/2008	WELLPOINT, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (618) 932-9133



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<u>Date Released</u>	<u>Entity Name</u>
06/23/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/08/2008	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/10/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
01/14/2009	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5568
03/11/2009	CT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #13PHO PO BOX 340308 HARTFORD, CT 06134 (860) 509-7648
04/24/2009	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
06/26/2009	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 836-4848

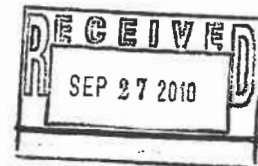
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<u>Date Released</u>	<u>Entity Name</u>
03/31/2010	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
08/04/2010	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/20/2010	SELF-QUERIER



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DCN: 5500000041000512
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MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 5500000041000512

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

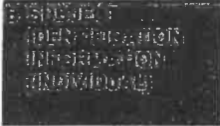
The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.



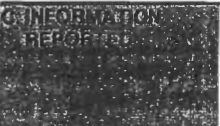
Entity Name: FFH INSURANCE CORP. *
Address: CGM BUILDING
COLLYMORE ROCK
City, State, Zip: BRIDGETOWN,
Country: BARBADOS
Name of Office: VALERIE DARRELL
Title or Department: EXECUTIVE SECRETARY
Telephone: (441) 295-3688 Ext. 1952
Entity Internal Report Reference: V94-1188-4011
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 10/05/2009:

Entity Name: FFH INSURANCE CORP.
Address: C/O AMPHORA CAPTIVE INSURANCE MANAGERS
CGI TOWER - 2ND FLOOR
City, State, Zip: WARRENS, ST. MICHAEL,
Country: BARBADOS BB 22026



Subject Name: GROSS, BENITA L.
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name:
Work Address: 481 MAIN STREET
SUITE 201
City, State, ZIP: NEW ROCHELLE, NY 10801
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: ALBERT EINSTEIN COLLEGE OF MEDICINE (1981)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 151310, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):



Date of Report: 03/13/2006
Relationship of Entity to
This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment
for This Practitioner: \$ 41,000.00
Date of This Payment: 01/25/2006
This Payment Represents: A SINGLE FINAL PAYMENT

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Total Amount Paid or to Be Paid by
This Payer for This Practitioner: \$ 41,000.00
Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 09/30/2005
Adjudicative Body Case Number: 13194/96
Adjudicative Body Name: NYS SUPREME COURT COUNTY OF BRONX
Court File Number:
Description of Judgment or Settlement and Any
Conditions, Including Terms of Payment: CASE SETTLED BY THE INSURANCE COMPANY AS A BUSINESS
DECISION FOR \$41,000 ON BEHALF OF THE HOSPITAL AND THIS
INSURED WITH NO ALLOCATION MADE TO THIS PRACTITIONER.

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: \$ 41,000.00
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: 18 YEARS

Patient's Gender: FEMALE

Patient Type: OUTPATIENT

Description of the Medical Condition With Which the Patient
Presented for Treatment: 18 YEAR OLD FEMALE WITH H/O MARFANS SYNDROME AND AORTIC
INSUFFICIENCY WAS FOLLOWED IN CLINIC OVER SEVERAL MONTHS
DUE TO CHLAMYDIA AND BILATERAL ADNEXAL MASSES AND WAS
TREATED WITH ANTIBIOTICS. PATIENT WAS SUBSEQUENTLY
ADMITTED TO THE HOSPITAL WITH BILATERAL TUBO-OVARIAN
ABSCESSSES AND

Description of the Procedure Performed: UNDERWENT A RT SALPINGO-OOPHORECTOMY, LEFT SALPINGECTOMY
AND A LEFT OVARIAN CYSTECTOMY.

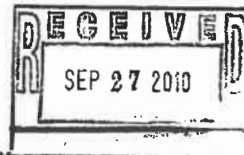
Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: FAILURE/DELAY IN ADMISSION TO HOSPITAL OR INSTITUTION
(600)

Date of Event Associated With Allegation or Incident: 01/10/1994

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: PLAINTIFF ALLEGED A FAILURE TO ADMIT AND AGGRESSIVELY
TREAT THE PATIENT'S PELVIC INFECTION WITH IV ANTIBIOTICS
RESULTED IN INFERTILITY.



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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 one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 03/13/2006
Date of Most Recent Change: 03/13/2006

END OF REPORT

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DISCLOSURE HISTORY

Report Number: 550000041000512



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.

<u>Date Released</u>	<u>Entity Name</u>
03/30/2006	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 678-5566
05/11/2006	AFFINITY HEALTH PLAN 2500 HALSEY STREET BRONX, NY 10461 (718) 794-7180
06/27/2006	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
08/11/2006	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/22/2006	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848



CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832.

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

DCN: 5500000041000512
Process Date: 03/13/2006
Page: 2 of 3
GROSS, BENITA L.

<u>Date Released</u>	<u>Entity Name</u>
03/29/2007	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
01/04/2008	GROUP HEALTH INC 55 WATER STREET CREDENTIALING, 6TH FLOOR NEW YORK, NY 10001 (646) 447-6572
02/02/2008	WELLPOINT, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (818) 932-9133
06/23/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/08/2008	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
11/10/2008	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
01/14/2009	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566

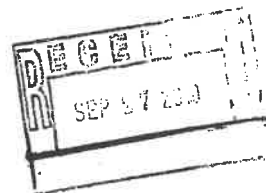
CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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

DCN: 550000041000512
Process Date: 03/13/2006
Page: 3 of 3
GROSS, BENITA L.

<u>Date Released</u>	<u>Entity Name</u>
03/11/2009	CT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVE., MS #13PHO PO BOX 340308 HARTFORD, CT 06134 (860) 509-7648
04/24/2009	MONTEFIORE MEDICAL CENTER/CMO 200 CORPORATE DRIVE YONKERS, NY 10701 (914) 377-4605
06/26/2009	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 636-4848
03/31/2010	BRONX LEBANON HOSPITAL MEDICAL AFFAIRS MEDICAL AFFAIRS DEPARTMENT 1650 SELWYN AVENUE, STE. 5-B BRONX, NY 10457 (718) 579-3910
08/04/2010	NORTH BRONX HEALTHCARE NETWORK 1400 PELHAM PKWY BRONX, NY 10461 (718) 918-3236
09/20/2010	SELF-QUERIER



CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

MDTH



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

RECEIVED DIRECT

September 16, 2010

State Board of Medicine
Po Box 2649
Harrisburg, PA 17705-2649

TO WHOM IT MAY CONCERN:

LICENSURE VERIFICATION

Please be advised that Connecticut General Statutes, certain matters involving the investigation and rehabilitation of Physician/Surgeon remain confidential. Therefore, in response to your inquiry regarding the status of the Physician/Surgeon identified below, at this time we are providing only publically disclosable information. In order for this office to confirm or deny whether there is any confidential information relevant to your inquiry, a release form from such Physician/Surgeon must be provided.

IF YOU WISH TO ESTABLISH WHETHER CONFIDENTIAL INFORMATION EXISTS CONCERNING THIS Physician/Surgeon, PLEASE HAVE HIM/HER SIGN THE REVERSE SIDE OF THIS FORM, WHICH CONSTITUTES A RELEASE FOR SUCH INFORMATION, AND RETURN IT TO THIS OFFICE. PLEASE NOTE THAT ONLY THIS DEPARTMENT'S RELEASE FORM WILL BE ACCEPTED.

This is to certify that the records of the Connecticut Department of Public Health indicate that:

Benita Louise Gross, M.D.
PO BOX 196
BRONX, NY 10464-0196

Was issued Connecticut: Physician/Surgeon License
Date of Issuance: 08/07/1998
License Number: 37164
Expiration Date: 11/30/2010
Status of License: ACTIVE
Past or Pending Disciplinary History: No

Sincerely,

Stephen B. Carragher

Stephen B. Carragher
Health Program Supervisor
Office of Practitioner Licensing and Investigation

Printed by: Jose Martinez



Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12 APP
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RECEIVED DIRECT

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183

MD-TH



PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

September 24, 2010

State Board of Medicine
PO BOX 2649
Harrisburg, PA 17105-2649

For overnight deliveries:
140 East Front St.
PO Box 183, 3rd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 826-7101 FAX

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by Benita L Gross to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

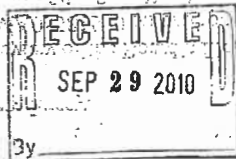
A review of the Board's files indicates that Benita L Gross was issued a New Jersey license 25MA05581500 on or about 12/21/1990 and is currently inactive with an expiration date of . A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,

BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/dd/mac



THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CERTIFICATION & VERIFICATION UNIT
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

MD 14

PA
RECEIVED DIRECT

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT ALBANY, NEW YORK, GROSS BENITA LOUISE WAS ISSUED LICENSE/CERTIFICATE NUMBER 151310 FOR THE PRACTICE OF MEDICINE ON 08/20/82.

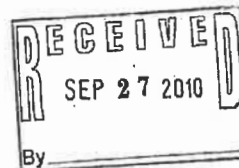
OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: [REDACTED]
SCHOOL ATTENDED: ALBERT EINSTEIN MED COL
DATE OF GRADUATION: 06/01/81
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:

B NATIONAL BOARD CERT #251887 DATED 07/01/82



NP #360313/#360314/#360317/
NP #360124 : [] MORE

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 10/31/11
ADDRESS: 38 POPLAR PLACE NEW ROCHELLE NY 10805-0000

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.

COMMENTS:

I MARTIN CARMODY, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE FORESAID INFORMATION IS TRUE AND CORRECT.



Martin Carmody

09/21/10

PRINCIPAL CLERK

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

September 14, 2010

Attn: Tammy Radel, Administrator
Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: September 14, 2010
Your Reference Number: VKUNKEL
FSMB Batch Number: BQ1813233

The following is a report of the search results from the Board Action Data Bank as of September 14, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of September 14, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
3	FEINER, ALYSSA	[REDACTED]		2004	22717455
		LICENSE HISTORY <u>State Board</u> NEW YORK			
1	GROSS, BENITA	[REDACTED]		1981	22717451
		LICENSE HISTORY <u>State Board</u> CONNECTICUT NEW JERSEY NEW YORK			
2	MILLER, RANDALL	[REDACTED]		1980	22717454
		LICENSE HISTORY <u>State Board</u> ALASKA MAINE MASSACHUSETTS NEW YORK VERMONT WASHINGTON			
4	TALLMAN, MARSHA	[REDACTED]		2008	22717456
		LICENSE HISTORY <u>State Board</u> No License Information Available			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
September 30, 2010

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

BENITA L GROSS 9849
NEW ROCHELLE NY 10805

EVALUATOR: TERRY

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states: New Jersey

- Please provide a detail statement, as requested on the application, regarding the civil complaint that was reported for question nine.

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link [duplicate licenses/address changes/application status](#). First time users will be required to register and create a user ID and password. Your registration code to register is: txCHgdEm

Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
September 22, 2010

BENITA L GROSS 9849
[REDACTED]
NEW ROCHELLE NY 10805

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

EVALUATOR: TERRY

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

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- OK** National Board scores **must be received DIRECTLY from the National Board in an official agency envelope.**
- OK** Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

The CV the Board received is not in a month and year format for beginning and ending dates of all activities since graduation from medical school. Please provide this information.
- Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states: NJ and NY
- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

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Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
September 15, 2010

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

BENITA L GROSS 9849
NEW ROCHELLE NY 10805

EVALUATOR: TERRY

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelope.**
- National Board scores **must be received DIRECTLY from the National Board in an official agency envelope.**
- Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

The CV the Board received is not in a month and year format for beginning and ending dates of all activities since graduation from medical school. Please provide this information.

- Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states: CT, NJ, NY
- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
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Sincerely,

Pennsylvania State Board of Medicine