



**Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application**

**Physician Name:** Danielle Patterson, M.D.

**License No.:** 231004

**Current Status:** Active

**License Expiration Date:** 1/7/2012

**1) Activity Status:** Active

**2) Address & Contact Information**

**Mailing Address:**

**Home Address:**

**Business Address:** 119 Belmont Street  
Worcester  
Massachusetts - 01605  
United States of America  
(508) 334-9840

**3) Email Address:**

**4) Fax Number:**

**5) Specialties**  
Gynecology  
Urogynecology

**6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

| ABMS/AOA | Board Name              | Certification             | Subspecialty |
|----------|-------------------------|---------------------------|--------------|
| ABMS     | Obstetrics & Gynecology | Obstetrics and Gynecology |              |

**7) Drug License Numbers**

| Massachusetts | Federal (DEA) | Federal (DEA) XS |
|---------------|---------------|------------------|
|               |               |                  |

**8) Other states where you are now licensed to practice**  
Ohio

**9) States where you were previously licensed**  
Ohio

**10) Work Sites**  
List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

| WorkSite                      | Location |
|-------------------------------|----------|
| UMass Memorial Medical Center |          |



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**11) Care of patients in Massachusetts  
Average weekly hours involved in:**

- a) inpatient care 8 hrs/wk
- b) outpatient care 16 hrs/wk

**12) Medical Liability Insurance Information**

| <b>Insurance Carrier</b>                | <b>Policy Start Date</b> | <b>Policy End Date</b> | <b>Policy Type</b>             |
|---|--------------------------|------------------------|--------------------------------|
| Commonwealth Professional Assurance Con | 10/01/2011               | 10/01/2012             | Claims made with tail coverage |

**13) Do you perform any surgery in your Massachusetts office?**

**14) Claims Made**

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

**15) Claims Closed**

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

**16) Other Civil Lawsuits**

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

**17) Criminal Charges**

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

**18) Other Issues**

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

**19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?**

**20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?**

**21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?**