

**PAID**

\$ 569.00

417064

The content of this application must not be changed. If the content is changed,  
the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado.

**PART 1—APPLICANT INFORMATION**

Name: Last: <u>Van Sriver</u>	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	First: <u>Kimberly</u>	Middle: <u>Pauline</u>	Suffix:
Previous Name(s): <u>none</u>				
Social Security Number: *	Date of Birth (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Place of Birth (city and state, or foreign country): <u>Long Beach, California</u>				
Mailing Address:	PO Box, Street:	<u>7520 Hollyridge Rd</u>		
This is a <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business	City, State, Zip:	<u>Jacksonville, FL 32256</u>		
Daytime Telephone Number: (904) <u>891-2802</u>		E-mail Address: Preferred method for communication: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> E-mail		

**PART 2—EDUCATION / TRAINING**

List the name and address of the school where your medical degree was received:

Name of School	Location (address and ZIP)	Years Attended (from / to)	Year of Graduation
<u>University of New Mexico</u>	<u>University of New Mexico</u>	<u>1992-1994</u>	<u>1994</u>
	<u>Albuquerque, NM 87131-0001</u>		

► If this is an international medical school, provide the country where the school is physically located: \_\_\_\_\_

U.S. medical school graduates: Have you completed one (1) year of qualifying postgraduate training in U.S. or Canadian programs approved by the ACGME/AOA? ☒ YES ☐ NO

International medical school graduates: Have you completed three (3) years of qualifying postgraduate training in U.S. or Canadian programs approved by the ACGME/AOA? ☐ YES ☐ NO

Provide information for qualifying postgraduate training:

Name of Facility	Specialty	Years Attended (from / to)
<u>University of Oklahoma</u>	<u>Family Medicine</u>	<u>1994-1995</u>
<u>University of New Mexico</u>	<u>OB/Gyn</u>	<u>1995-1997</u>
<u>University of Florida</u>	<u>OB/Gyn</u>	<u>1997-1998</u>

What is your specialty or specialties?

\*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in Title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's Social Security Number. Disclosure of your Social Security Number is mandatory for purposes of establishing, modifying, or enforcing child support under Sections 14-14-113 and 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by Section 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the National Practitioner Data Bank pursuant to 45 CFR Sections 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR Sections 61.1 et seq. Failure to provide your Social Security Number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your Social Security Number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your Social Security Number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY

LICENSE NUMBER:

~~51657~~

DATE ISSUED:

08/15/12

Physician Endorsement

APPLICANT NAME: Kimberly Pauline van Sriver

### PART 3—EXAMINATION / CERTIFICATION

List name of licensing exam(s): ECFMG, Medical or Osteopathic National Boards, FLEX, USMLE, LMCC, or state written exam.

Exam	Location	Date	Result
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► If this is an international medical school, provide the country where the school is physically located: \_\_\_\_\_

Are you Board certified by either the American Board of Medical Specialties or the American Osteopathic Association?

☒ YES ☐ NO

► If YES, list certification information: AC# 4232904 or 90006163

### PART 4—LICENSE INFORMATION

Provide information for your original state of medical licensure:

Type of license	State/Country	License Number	Year license issued

### PART 5—SCREENING QUESTIONS

1. Have you ever been notified by any state, territory, district, or country, U.S. government agency, or state medical/osteopathic licensing board of any complaint, investigation, or inquiry which is currently pending? YES NO

► If YES, give details below AND request official complaint and/or investigative report be sent directly to the Board from the licensing body, as well as personally submit a narrative regarding the complaint.

Agency	Date	Charge	Disposition
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2. Has any healing arts license which you now hold or have ever held been admonished, reprimanded, censured and/or disciplined in any way by any licensing agency in another state or country, by any peer review committee or body, by any healthcare facility or committee thereof, by any professional or medical society or association or committee thereof, or by any governmental agency, law enforcement agency or court of law? (Disciplinary actions include, but are not limited to, any allegations currently pending.) YES NO

Washington licensees must disclose any Stipulation to Informal Disposition in response to this question.

► If YES, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Board, as well as a narrative regarding the action taken.

Agency	Date	Charge	Disposition
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APPLICANT NAME: Kimberly Pauline van Serven

**PART 5—SCREENING QUESTIONS (Continued)**

3. Have you ever entered into any agreement with any state, territory, district, country, U.S. government agency, and state medical/osteopathic board regarding your medical license? YES NO

► If YES, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

Agency	Date	Reason

4. Have you ever been denied a license, permission to practice medicine or any other healing art, or permission to take an examination in any state, country, or U.S. federal jurisdiction? YES NO

► If YES, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

Agency	Date	Reason for Denial

5. Have you ever voluntarily surrendered a license to practice medicine or any other healing arts in any other state, country, or U.S. federal jurisdiction? This does not include allowing your license to expire solely due to non-payment of the renewal fee. YES NO

► If YES, summarize below AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

Agency	Date	Reason

6. Have either your medical staff membership or clinical privileges at any hospital or healthcare facility or your DEA registration been voluntarily or involuntarily reduced, limited, placed on probation, not renewed or relinquished or have either been denied, revoked or suspended? You must answer YES if any of these actions are currently pending. You must answer YES if you have withdrawn or failed to proceed with an application for these items. YES NO

► If YES, summarize below AND request hospital or DEA to submit a report directly to the Board regarding the action. Also submit your narrative regarding the action taken.

Name of Facility	Date	Reason for Action

7. Have you ever been charged, indicted, convicted, received a deferred prosecution, received a deferred judgment and sentence, entered a plea of guilty, entered a plea of nolo contendere, or been placed on adult diversion for any violation of any law? Note: It is unnecessary to report traffic offenses that do not involve alcohol or drugs. YES NO

► If YES, summarize below AND submit your narrative regarding the incident as well as court and police records and information regarding final disposition of the case.

Date	Court	Violation	Penalty or Disposition

APPLICANT NAME: Kimberly Pauline Van Siver

**PART 5—SCREENING QUESTIONS (Continued)**

- |   |     |    |
|---|-----|----|
| 8. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a physician safely and competently? | YES | NO |
| 9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?                      | YES | NO |

You may answer NO to Question 8 or 9 if the behavior or condition is already known to the Colorado Physician Health Program (CPHP). "Known to CPHP" means that you have informed CPHP of your behavior or condition and you are complying with all of CPHP's requirements for evaluation, treatment, and/or monitoring.

If you answer YES to Question 8 or 9, submit detailed information to the Board that will allow the Board to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to that information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Board.

Please be advised that an affirmative response to Question 8 or 9 may result in a request from the Board for evaluation by the Colorado Physician Health Program (CPHP). The CPHP evaluation process could potentially delay consideration of an application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact CPHP to schedule an evaluation at the beginning of the application process. By doing so, the application for licensure should not be unduly delayed. An applicant is not required to contact CPHP in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a CPHP evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he or she so desires. (Colorado Physicians Health Program – CPHP, 899 Logan Street, #410, Denver, CO 80203; 303-860-0122.)

- |  |     |    |
|--|-----|----|
| 10. Within the last five years, has any final judgment, settlement or arbitration award for medical malpractice been paid on your behalf or has any claim been filed which is still pending? | YES | NO |
|--|-----|----|
- If YES, summarize below AND submit to the Board a completed malpractice Claims Information Form (attached) and a clinical narrative regarding your involvement in the case.

Date	Name and Address of Insurance Company	Reason for Action

- |  |     |    |
|--|-----|----|
| 11. Have you ever been refused malpractice insurance, or has your malpractice insurance ever been canceled or rated at a higher premium due to past claims experience? | YES | NO |
|--|-----|----|
- If YES, submit to the Board an explanation regarding the cancellation or increase in premiums of the insurance and verification directly from the insurance company to the Board.

**PART 6—MALPRACTICE INSURANCE CERTIFICATION**

You must provide proof of malpractice insurance or an acceptable alternative as required by Colorado law, or claim one of the exemptions set forth in the enclosed insurance memo. See instructions in the insurance memo, and include proof of insurance (obtained from your insurance carrier), or include a statement setting forth the basis for the exemption claimed below

Exemption Claimed:

**PART 7—SECURITY OF PATIENT MEDICAL RECORDS**

- ☐ By checking this box, I attest that I have developed a written plan to ensure the security of patient medical records in compliance with C.R.S. 12-36-140.

APPLICANT NAME: Kimberly Pauline van Sorn

#### ATTESTATION

I hereby make application for a license to practice medicine in the state of Colorado. In so doing, I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies (local, state, federal and foreign), which includes state medical licensing boards and the Federation of State Medical Boards, to release to the licensing Board any information, files or records requested by the Board in connection with the processing of this application. I further authorize this Board to release to the organizations, individuals and groups listed above any information which is material to my application or pertinent to my practice of medicine during the processing of this application and the time that I am a licensee of this Board.

**I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.**

Kimberly P. van Sorn  
Signature of Applicant

4/23/12  
Date



Colorado Division of Registrations  
**Office of Licensing—Medical**  
 1560 Broadway, Suite 1350  
 Denver, CO 80202  
 Phone: (303) 894-7800 / FAX: (303) 894-7693  
[www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations)

## REPORT OF PRACTICE HISTORY

	Dates of Practice From mm/yyyy To mm/yyyy	Facility Name	Address (Street & Number, City, State, ZIP)	Reference (Name and Title)	Nature of Practice
1	6/1994	University of Oklahoma	1100 North Lindsey Ave Oklahoma City, OK 73104		Family Medicine Residency
2	6/1995	University of New Mexico	1 University of New Mexico Albuquerque, NM 87131	Gloria Sato	OB/Gyn Residency
3	5/1997	University of Florida	580 W. 8th St Jacksonville, FL 32209	Guy Benndi	OB/Gyn Residency
4	8/1998	Women's Medical Group	4205 Belvoir Rd Ste 2004 Jacksonville, FL 32214	Angela Martin	OB/Gyn
5	8/2000	A Woman's Place	836 Peachtree Dr Ste 100 Baptist Medical Center Jacksonville, FL 32214	Paige Gray	OB/Gyn
6	6/2002 present	A Place for Women	6817 Southpoint Parkway Ste 2204 Jacksonville, FL 32214	Self	OB/Gyn
7					
8					
9					
10					

Supplying false information in an application for a license is punishable by law.

I state under penalty of perjury in the second degree, as defined in Colorado Revised Statutes 18-6-503, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

Applicant Signature Kimberly P. Van Simer Applicant Name (print) Kimberly Pauline van Simer Date 4/23/12



**Dora**  
Department of Regulatory Agencies

**Division of Registrations**  
Marcia Waters  
Acting Division Director

**Colorado Medical Board**  
Marschall S. Smith  
Program Director

John W. Hickenlooper  
Governor

Barbara J. Kelley  
Executive  
Director

M E M O R A N D U M

TO: Colorado Medical Board

FROM: ~~Jan Seewald~~, Administrative Assistant

SUBJECT: **Kimberly Pauline van Scriver, M.D.**  
(Tabled Physician Applicant - Endorsement)

Date: July 31, 2012

The Panel first considered Dr. van Scriver's application on July 18, 2012.

Dr. van Scriver responded "yes" to the following application questions:

#6 – "Have either your medical staff membership or clinical privileges at any hospital or healthcare facility or your DEA registration been voluntarily or involuntarily reduced, limited, placed on probation, not renewed or relinquished or have either of the following been denied, revoked or suspended? You must answer YES if any of these actions are currently pending. You must answer YES if you have withdrawn or failed to proceed with an application for these items.

#10 – "Within the last five years, has any final judgment, settlement, or arbitration award for medical malpractice been paid on your behalf or has any claim been filed which is still pending?"

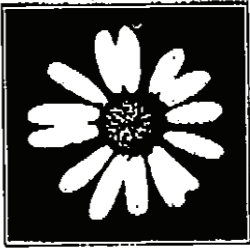
Dr. van Scriver reported a 12-month voluntary suspension at Baptist Medical Center on August 5, 2002.

Dr. van Scriver also reported two civil malpractice cases.

At the July 18, 2012 Licensing meeting, the Panel tabled Dr. van Scriver's application for the medical records for the civil malpractice case that was settled for \$495,000.00 on February 9, 2009.

Dr. van Scriver has submitted correspondence for the Panel's review.





A PLACE FOR WOMEN  
OBSTETRICS & GYNECOLOGY

To whom it may concern,

The records for the patient you are requesting are records from a previous practice I was part of and not my current practice. That previous group has not dissolved so I am not sure where these records would be. The lawsuit was from 1999 and settled in 2009. I have contacted my malpractice carrier, as well, and they do not have these records any longer.

Please let me know how I should proceed as a next step.

Thank you,

Kimberly van Scriver





**Dora**  
Department of Regulatory Agencies

**Division of Registrations**  
Marcia Waters  
Acting Division Director

**Colorado Medical Board**  
Marschall S. Smith  
Program Director

John W. Hickenlooper  
Governor

Barbara J. Kelley  
Executive  
Director

July 25, 2012

Kimberly Pauline van Scriver, M.D.  
7520 Hollyridge Road  
Jacksonville, Florida 32256

Dear Dr. van Scriver,

The Licensing Panel ("Panel") of the Colorado Medical Board ("Board") met on July 18, 2012 and reviewed your application for a Colorado medical license by endorsement. The Panel members thank you for your correspondence.

After careful consideration, the Panel voted to table your application for you to provide the medical records for the civil malpractice case that was settled for \$495,000.00 on February 9, 2009.

Please note that your application will expire one year from April 26, 2012 and that if you do not fulfill the Board's requirements prior to the expiration of your application, your application file will be purged unless you request a specific extension and the Panel grants it.

If you have any questions, please feel free to contact me at (303) 894-7716.

Sincerely,

FOR THE COLORADO MEDICAL BOARD  
LICENSING PANEL

Jan Sedwald  
Administrative Assistant  
(303) 894-7716

***Kimberly van Scriver, M.D.***

6817 Southpoint Parkway Ste 2204, Jacksonville, FL 32216

Telephone: (904) 674-0022 \* FAX 9904) 425-0192

**Explanation for the following questions marked "yes"**

**Provider:** Kimberly van Scriver, MD

**Disciplinary Action:**

Over the course of the month of June 2002, several employees at A Woman's Place were fired including myself and the other practitioner, a Certified Nurse Midwife. At 1:00pm on June 26, 2002 the C.N.M. was fired, leaving three of her patients in labor at the Baptist Medial Center. The C.N.M. informed me of this situation and I immediately contacted the owner of the business to ask her to reconsider and instead I was fired as well. I was asked by Baptist Medical Center to leave the building. After explaining, I had patients in labor I was able to contact the physician liaison to let him know the situation. He said he would take care of the situation and cover me until this was resolved. Everyone, including Baptist Medical Center, had assumed that I owned A Woman's Place. I was simply an employee of the practice.

I'm certain this situation left Baptist Medical Center feeling vulnerable. They gathered several incidents over the last two years and threatened to have me suspended. In an effort to ease their concerns regarding this practice (A Woman's Place) that was falling apart, I voluntarily agreed to a 12-month suspension. After my employment at A Woman's Place, I found it to be necessary to reduce the number of hospitals that I take call at and it has turned out to be a good decision.

I would also like to say that the other hospitals that I had privileges at have gotten my response and have not changed the status of my privileges. Also, after my employment with A Woman's Place and owning my own practice I have not had any incidences, as I have more control over the practice.

CASE # 1

COLORADO MEDICAL BOARD  
CLAIMS INFORMATION FORM

**Applicant:** Complete this form for each liability or malpractice claim identified in the application Screening Question regarding malpractice.

Kimberly van Siver  
Name of Physician  
904-674-0022  
Business Telephone Number  
6817 Southpoint parking Ste 2204  
Address  
Jacksonville, FL 32216  
City, State, ZIP

1. On a separate sheet of paper, type your full name and provide a clinical narrative regarding each malpractice case(s) / allegations. Include name of patient, age, sex, date of occurrence, and location (include address). Do not omit the answers to these questions or make reference to attached documents for answers. This section must be completed with your own description, which includes all of the facts requested above. Simply stating that the charges were dismissed is inadequate, more detail must be provided.

2. Indicate your position in case, i.e., intern, resident, primary doctor, etc.  
One of the physicians in our group taking care of patient.

3. Case was filed against: ☐ Individual doctor ☒ Group ☒ Hospital

List names of other doctors and/or hospitals also named in the suit:  
St Luke's Medical Center  
Rushin Slide, MD

4. Plaintiff's Attorney and Telephone:


5. Is the claim pending? ☐ YES ☒ NO

6. Was there a judgment or settlement? ☒ YES ☐ NO

7. What was the amount and date of the judgment or settlement? 7/11 \$49,500

8. What amount was attributable to you, your insurance company, or your employer?  
\$49,500 settle for me / \$49,500 settled for Dr. Stade

I certify that the information I have provided is correct to the best of my knowledge.

  
Signature

1/9/12  
Date

Kimberly P. van Scriver

A patient presented five days prior to the alleged incident for a consult for transfer of care from a lay midwife to our practice for high blood pressure at 34 weeks of gestation. The patient and her husband had a consult with me regarding their blood pressure issue. I recommended a transfer to a hospital setting for their delivery. The patient and her husband declined my recommendation and decided to go back to their midwife for care.

They then presented five days later to their lay midwife with a complaint of decreased fetal movement for 24 hours. Their midwife placed them on a fetal monitor to assess fetal well being. The fetal monitoring was non reactive. The patient was sent to lunch by the lay midwife. The midwife then brought the fetal testing strip to our office for us to evaluate. The fetal strip was reviewed by Dr. Slade, who agreed the strip was non reactive. The pt returned from lunch around 230 pm and was placed on the monitor again with a second non reactive strip. The lay midwife then called our office and was told the patient needed to go to hospital. The patient was checked into the hospital at 4 pm. She was placed on the fetal monitor. Her husband said if all that was going to be done is being placed on the monitor then they had no desire to stay in the hospital. They talked to another lay midwife in their previous practice who talks then into staying in the hospital. Approximately three hours after being admitted the fetus began having late decelerations. A cesarean section was done but the baby did not survive

Emily McGuire DOB 12/7/82

Date of Occurrence 1/19/09

St. Luke's Hospital 4201 Belfort Rd. Jacksonville, FL 32216

Allegations: Failure of employee in my group to provide a timely Cesarean Section.

CASE # 2

COLORADO MEDICAL BOARD  
CLAIMS INFORMATION FORM

**Applicant:** Complete this form for each liability or malpractice claim identified in the application Screening Question regarding malpractice.

Kimberly P. van Sester  
Name of Physician

904-296-3200  
Business Telephone Number

University Blvd  
Address 4205 Belfort Rd ste 2004

Jacksonville, FL 32216  
City, State, ZIP

1. On a separate sheet of paper, type your full name and provide a clinical narrative regarding each malpractice case(s) / allegations. Include name of patient, age, sex, date of occurrence, and location (include address). Do not omit the answers to these questions or make reference to attached documents for answers. This section must be completed with your own description, which includes all of the facts requested above. Simply stating that the charges were dismissed is inadequate, more detail must be provided.

2. Indicate your position in case, i.e., intern, resident, primary doctor, etc.

primary doctor

3. Case was filed against: ☐ Individual doctor ☒ Group ☒ Hospital

List names of other doctors and/or hospitals also named in the suit:

Women's Medical Group, Dr Michelle McLanahan, Dr Joan Mackey, Dr Joseph Hartigan, St Luke's Hospital

4. Plaintiff's Attorney and Telephone:

5. Is the claim pending?

☐ YES

☒ NO

Settled  
Case

6. Was there a judgment or settlement?

☒ YES

☐ NO

7. What was the amount and date of the judgment or settlement?

2/2016 \$1495,000

8. What amount was attributable to you, your insurance company, or your employer?

Women's Medical Group  
prior filed for bankruptcy/ reorganization

I certify that the information I have provided is correct to the best of my knowledge.

  
Signature

1/9/12  
Date



**Explanation Re: Malpractice Claim**  
**Kimberly vanScriver MD**

A patient presented to me at my prior practice with a complaint of abdominal pain in August 1999. She was seen by a midwife and sent to the hospital on-call doctor for an evaluation. She was 26 weeks pregnant and was triaged in Labor and Delivery. While there she had an episode of nausea and vomiting. After this she stated that she felt like she had the flu and wanted to go home. I was called as the on-coming physician since the day physician was now off call. I was given report on the patient and discharged her home. I instructed the patient to call if her pain persisted or worsened. The patient presented two days later to the office with an acute abdomen. The patient then delivered at 26 weeks with ruptured appendix. She was taken to the OR and had an appendectomy.

Date of occurrence 8/1999

Cheryl Genn - Female

St Lukes Hospital 4201 Belfort Rd  
Jacksonville, FL 32216

Allegations: untimely diagnosis of appendicitis resulting in delivery at 28 weeks

Rick Scott  
Governor



Steven L. Harris, M.D., M.Sc.  
Interim State Surgeon General

April 23, 2012

Colorado Medical Board  
1560 Broadway, Suite 1300  
Denver, CO 80202-5140

RE: License Certification for Kimberly Pauline Van Scriver

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME73993
ORIGINAL CERTIFICATION:	08/20/1997
EXPIRATION DATE:	01/31/2013
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	None

This license information was last updated on: 04/23/2012

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

5500000074528116

Process Date: 04/26/2012

Page: 1 of 1

the DataBank

P.O. Box 10832  
Chantilly, VA 20153-0832<http://www.npdb-hipdb.hrsa.gov>**To:** VAN SCRIVER, KIMBERLY PAULINE

6817 SOUTHPOINT PARKWAY STE 2204

JACKSONVILLE, FL 32216

**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.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

**MEDICAL MALPRACTICE PAYMENT REPORT**

Report Number: 5500000055769230

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: FIRST PROFESSIONALS INSURANCE COMPANY

Address: 1000 RIVERSIDE AVE, SUITE 800, JACKSONVILLE, FL 32204

City, State, Zip: JACKSONVILLE, FL 32204

Country: USA

Name of Office: ERIN BERNARDO

Title or Department: CLAIM EXAMINER

Telephone: (904) 360-3047

Entity Internal Report Reference: 25005-01

Type of Report: INITIAL

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

Subject Name: VAN SCRIVER, KIMBERLY

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 07/18/1965

Organization Name:

Work Address: 4311 SALISBURY RD NORTH

City, State, ZIP: JACKSONVILLE, FL 32216

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) &amp; Year(s) of Graduation: UNIV OF NEW MEXICO SCHOOL OF MED (1994)

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

State License Number, State of Licensure: 73993, FLA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 03/24/2009

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**Amount of This Payment  
for This Practitioner: \$ 495,000.00

Date of This Payment: 02/27/2009

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 495,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 02/09/2009

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: SETTLEMENT OF \$495K WITH NO ADMISSION OF LIABILITY; PT RESPONSIBLE FOR LIENS; CONFIDENTIALITY.

**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: \$ 495,000.00

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: UNKNOWN

Patient's Gender: FEMALE

Patient Type: INPATIENT

Description of the Medical Condition With Which the Patient Presented for Treatment: SEVERE ABDOMINAL PAIN

Description of the Procedure Performed: PT VISITED ER, INSURED IN TELEPHONIC COMMUNICATION WITH ER NURSES

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: DELAY IN DIAGNOSIS (200)

Date of Event Associated With Allegation or Incident: 08/09/1999

Outcome: MAJOR PERMANENT INJURY (07)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGED FAILURE TO TIMELY DISGNOSE AND TREAT APPENDICITIS IN ONSET OF LABOR AND PREMATURE DELIVERY OF INFANT.

**SUBJECT STATEMENT**

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

**REPORT STATUS**

Unless a box below is 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: 03/24/2009

Date of Most Recent Change: 03/24/2009

END OF REPORT

# MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 5500000069997548

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: FLORIDA DOCTORS INSURANCE COMPANY

Address: 4655 SALISBURY ROAD  
SUITE 110

City, State, Zip: JACKSONVILLE, FL 32256

Country:

Name of Office: LINDA COLLINS

Title or Department: DIRECTOR OF CLAIMS COMPLIANCE & REPORTIN

Telephone: (904) 296-2887 Ext. 214

Entity Internal Report Reference: 10-0154-B-09

Type of Report: INITIAL

## B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: VAN SCRIVER, KIMBERLY

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 07/18/1965

Organization Name:

Work Address: 6817 SOUTHPOINT PARKWAY  
SUITE 2204

City, State, ZIP: JACKSONVILLE, FL 32216

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE (1994)

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

State License Number, State of Licensure: ME73993, FL

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

## C. INFORMATION REPORTED

Date of Report: 08/10/2011

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

### PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 49,500.00

Date of This Payment: 07/22/2011

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 49,500.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 07/20/2011

Adjudicative Body Case Number: 2011CA003070

Adjudicative Body Name: IN THE CIRCUIT COURT 4TH JUDICIAL CIRCUIT IN AND FOR

DUVAL, C

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment:

NEGOTIATED SETTLEMENT BETWEEN COUNSEL FOR THE PLAINTIFF  
AND COUNSEL FOR THE INSURED.**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: \$ 99,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 2

**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: 1 DAYS

Patient's Gender: FEMALE

Patient Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

PRENATAL CARE AND DELIVERY OF INFANT.

Description of the Procedure Performed:

EMERGENCY C-SECTION.

Nature of Allegation:

OBSTETRICS RELATED (050)

Specific Allegation:

DELAY IN PERFORMANCE (201)

Date of Event Associated With Allegation or Incident:

01/19/2009

Outcome:

DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

ALLEGED FAILURE TO TIMELY DELIVER INFANT VIA C-SECTION,  
RESULTED IN INFANT'S DEMISE.**SUBJECT  
STATEMENT**

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

**REPORT STATUS**

Unless a box below is 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: 08/10/2011

Date of Most Recent Change: 08/10/2011

END OF REPORT

# ADVERSE ACTION REPORT

## TITLE IV CLINICAL PRIVILEGES ACTION

Report Number: 5500000026730662

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. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

### A. REPORTING ENTITY

Entity Name: BAPTIST MEDICAL CENTER

Address: 800 PRUDENTIAL DRIVE

City, State, Zip: JACKSONVILLE, FL 32207

Country:

Name of Office: DANIELLE PALMER

Title or Department: DIRECTOR, MEDICAL STAFF OFFICE

Telephone: (904) 202-2070

Entity Internal Report Reference:

Type of Report: INITIAL

### B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: VAN SCRIVER, KIMBERLY PAULINE

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 07/18/1965

Organization Name:

Work Address: 9951 ATLANTIC BOULEVARD, SUITE 319

City, State, ZIP: JACKSONVILLE, FL 32225

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-2411

Professional School(s) & Year(s) of Graduation: UNIVERSITY OF NEW MEXICO (1994)

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

State License Number, State of Licensure: ME0073993, FL

Drug Enforcement Administration (DEA) Numbers: BV5582285

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

### C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: REPEATED NON-AVAILABILITY TO PATIENTS

OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: SIGNIF. CONCERNS RE: CLINICAL MANAGEMENT

OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: SIGNIF. CONCERNS RE: CLINICAL JUDGMENT

OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: VIOLATIONS OF POLICIES AND PROCEDURES



Adverse Action  
Classification Code(s): SUSPENSION OF CLINICAL PRIVILEGES (1630)  
Date Action Was Taken: 08/05/2002  
Date Action Became Effective: 07/17/2002  
Length of Action: SPECIFIC PERIOD  
Years:  
Months: 12  
Days:

Description of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:

AFTER APPROPRIATE INVESTIGATION, THE MEDICAL EXECUTIVE COMMITTEE RECOMMENDED TO THE BOARD OF DIRECTORS THAT THE MEDICAL STAFF APPOINTMENT AND PRIVILEGES OF DR. VAN SCRIVER BE SUSPENDED FOR 12 MONTHS. THIS RECOMMENDATION RESULTED FROM SIGNIFICANT CONCERNS OF THE COMMITTEE RELATING TO (I) SERIOUS PATIENT CARE QUALITY PROBLEMS (INCLUDING REPEATED UNAVAILABILITY, PATIENT MANAGEMENT AND CLINICAL JUDGMENT), (II) FAILURE TO FOLLOW HOSPITAL POLICIES, RULES AND REGULATIONS AND (III) AN APPARENT FAILURE TO IMPROVE HER STANDARD OF CARE AFTER WRITTEN REPRIMAND BY THE MEC AND COUNSELING BY HOSPITAL OFFICIALS. THE COMMITTEE CONCLUDED THAT DR. VAN SCRIVER: (1) FAILED TO APPROPRIATELY RESPOND WHILE ON EMERGENCY CALL, WHICH RESULTED IN A GENERAL SURGEON HAVING TO PERFORM AN EMERGENCY C-SECTION (FOR WHICH DR. VAN SCRIVER WAS ISSUED A WRITTEN REPRIMAND), (2) CONTINUED HER PATTERN OF UNAVAILABILITY BY FAILING TO FOLLOW HOSPITAL POLICY AND MEDICAL STAFF STANDARDS REGARDING MANAGEMENT OF A PATIENT ON PITOCIN IV AND FAILING TO HAVE LEFT A H&P AND ADEQUATE INSTRUCTIONS FOR THE MANAGEMENT OF ANOTHER PATIENT BY A PHYSICIAN COVERING FOR HER DURING A FOUR DAY PERIOD, (3) EXHIBITED QUESTIONABLE CLINICAL JUDGMENT DURING MANAGEMENT OF AN OBSTETRIC PATIENT BY HER DECISION TO CONTINUE LABOR AFTER FAILED ATTEMPTS AT VACUUM-ASSISTED DELIVERY, AND (4) REPEATEDLY FAILED TO FOLLOW HOSPITAL POLICIES RELATED TO DOCUMENTATION OF THE REASONS FOR TERMINATION OF PREGNANCIES. THE COMMITTEE DETERMINED THAT DR. VAN SCRIVER'S CONDUCT IN EACH OF THESE INSTANCES FELL BELOW THE HOSPITAL'S ACCEPTED PROFESSIONAL STANDARDS. AFTER DR. VAN SCRIVER WAIVED HER DUE PROCESS RIGHTS, THE BOARD OF DIRECTORS APPROVED ON AUGUST 5, 2002, THE RECOMMENDATION TO BE EFFECTIVE AS OF JULY 17, 2002.

**SUBJECT STATEMENT**

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

**REPORT STATUS**

Unless a box below is 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.

DCN: 5500000026730662

Process Date: 08/06/2002

Page: 3 of 3

VAN SCRIVER, KIMBERLY PAULINE

☐ 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: 08/06/2002

Date of Most Recent Change: 08/06/2002

**END OF REPORT**



RECEIVED  
CONSUMER SERVICES UNIT

02 AUG -9 AM 8:13

Keith L. Stein, MD, FCCM, FCCP  
Senior Vice President for Medical Affairs  
and Clinical Effectiveness

August 7, 2002

**VIA FEDERAL EXPRESS**

Margaret Beck, Investigation Specialist II  
Consumer Services Unit  
Division of Medical Quality Assurance  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-75  
Tallahassee, Florida 32399-3275

Re: **Kimberly P. Van Sriver, M.D.**  
**Florida License No. ME0073993**

Dear Ms. Beck:

I am writing on behalf of Southern Baptist Hospital of Florida, Inc., a Florida not for profit corporation d/b/a Baptist Medical Center ("BMC"), pursuant to Section 395.0193(4), Florida Statutes, to inform you that BMC has suspended the above-referenced practitioner's clinical privileges for a term of twelve (12) months. Accordingly, please find enclosed a copy of the more-detailed report submitted to the National Practitioner Data Bank regarding this action.

Sincerely,

Keith L. Stein, MD, FCCM, FCCP  
Senior Vice President for Medical Affairs  
and Clinical Effectiveness

KLS:sr

Enclosure

## **COMPROMISE AND SETTLEMENT OF DISPUTED CLAIMS ("RELEASE")**

Southern Baptist Hospital of Florida, Inc., doing business as Baptist Medical Center ("BMC"), by and through its authorized undersigned representatives, and Kimberly Van Scriver, M.D. (Dr. Van Scriver"), in consideration of the promises and covenants made herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, do hereby agree as follows:

The Medical Executive Committee of BMC will recommend to the BMC Board of Directors to call for a twelve (12) month suspension of Dr. Van Scriver's privileges, effective July 17, 2002, in return for which Dr. Van Scriver:

- A. Shall, within five (5) days of the BMC Board of Directors' action approving the Medical Executive Committee's recommendation, resign from BMC's Medical Staff, with the understanding that such resignation need not be reported to either the MQA or the NPDB (as such terms are defined below) unless either of such agencies take action to compel such a report;
- B. Hereby forever releases, acquits and discharges BMC, its Medical Staff (and all appointees thereto), agents, employees, representatives, successors or assigns from every claim or demand presented by Dr. Van Scriver, including any and all claims, causes of action, or demands of any kind which existed in the past, presently exist, or shall accrue, directly or indirectly, stemming from or arising out of Dr. Van Scriver's appointment to and separation from the BMC Medical Staff and the suspension of her privileges. Specifically included in this Release are the following:
  - 1. Peer review activities, including but not limited to risk management, quality management and credentialing activities of BMC and appointees to its Medical Staff;
  - 2. Good faith responses that have been made or shall be made hereafter to other credentialing bodies (such as third party payors, healthcare providers, and government agencies) that Dr. Van Scriver has or will authorize to obtain information regarding her clinical care while an appointee to the BMC Medical Staff. In such instances, BMC and its Medical Staff are authorized to provide details of the reasons for Dr. Van Scriver's suspension as summarized in BMC's report to the National Practitioner Data Bank ("NPDB") and the Florida Division of Medical Quality Assurance ("MQA");
  - 3. BMC's submission of required reports to the NPDB and MQA, in the form contained in Exhibit "A" (which is attached hereto and hereby incorporated into this Release) and as coded as set forth below in Paragraph C hereof;
  - 4. Any claims, rights or causes of action that Dr. Van Scriver may have *stemming from or arising out of Dr. Van Scriver's appointment to and separation from the BMC Medical Staff* and the suspension of her privileges based on any federal, state or local laws, statutes, ordinances, public policy or executive orders, such as Title VII of the Civil Rights Act

of 1964, as amended; the Americans with Disabilities Act of 1990, as amended; the Fair Labor Standards Act of 1938, as amended; the Age Discrimination in Employment Act of 1967, as amended (the "ADEA"); the Family and Medical Leave Act of 1993; the Employee Retirement Income Security Act of 1974, as amended; the Comprehensive Omnibus Budget Reconciliation Act of 1985, as amended; the Occupational Safety and Health Act of 1970, as amended; the National Labor Relations Act of 1935, as amended (including the Labor Management Relations Act of 1947, as amended); Executive Order Nos. 11246 or 11478; the Florida Civil Rights Act of 1992; the retaliatory discharge provision of s. 448.102, Fla. Stat.; the provisions of sections 112.3187, 395.3025, 440.105, 440.205, and 442.018, Fla. Stat.; and any other state or federal constitutional claim, right, public policy, estoppel or cause of action founded in tort (including negligence), contract, or any other claim of negligence or common law or equitable basis of action.

- C. Shall not file a dispute or otherwise contest the reports of her suspension of privileges made to the NPDB and MQA, in the form contained in Exhibit A. Moreover, the coding required in such reports of the reasons for the suspension of her privileges shall read "repeated non-availability to her patients, significant concerns regarding her patient management, significant concerns regarding her clinical judgment, and violations of policies and procedures."
- D. Waives all her due process rights as provided in BMC's Professional Staff Bylaws and otherwise by law, including but not limited to her right to have the Medical Executive Committee's recommendation reviewed by a Hearing Panel as provided in such Bylaws; and
- E. Shall, when requested to do so, participate in dialogue with the administrator of Baptist Beaches and appointees to its Medical Staff concerning the actions taken with respect to Dr. Van Scriver's privileges at BMC and the reasons therefor.

As further consideration for the release provided above, BMC acknowledges that the Medical Executive Committee's recommendation, when approved by the BMC Board of Directors, constitutes BMC's final findings and actions with regard to any and all issues regarding Dr. Van Scriver's clinical care through the date of this Release.

All parties declare and represent that no promise, inducement, or agreements other than those expressed in this Release have been made, and that this Release contains the entire agreement between Dr. Van Scriver, on the one hand, and BMC on the other hand, there being no further consideration but that described herein; and the terms of this Release are contractual, and not mere recitals, and shall be binding upon, and inure to the benefit of all parties, successors, heirs, assigns, personal representatives, guardians, executors, and administrators.

It is expressly understood and agreed by the parties that the settlement which forms the basis of this Release is based on the compromise of disputed claims; settlement has been derived through bargaining and negotiations, solely to achieve the resolution of the dispute between the parties;



but neither the fact of the negotiations, the consideration recited in this Release, nor the Release itself, shall be considered an admission, or constitute evidence, of any liability for, or any validity or invalidity, of any claim or demand, by or against any party; and all parties expressly deny any liability for any such claims, and by this Release merely intend to avoid litigation and to buy peace.

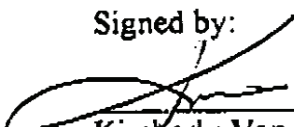
All parties further agree that, except as otherwise set forth herein, the terms of this Release are to be kept confidential, and shall not be discussed with any third parties including, but not limited to, health care providers, or other persons other than the parties' respective attorneys, under any conditions whatsoever.

It is also agreed by the parties hereto that, even if the facts with respect to this Release should hereafter prove to be different from the facts now known, or believed to be true, all parties expressly accept that risk, and agree to the terms of this Release; this Release shall remain in full force and effect and shall not be subject to termination or rescission on account of any change or difference of such facts.

The parties further agree that this Release may be executed in counterparts which, when combined either by original or facsimile thereof, shall have the same force and effect as an original.

In entering into this Release, all parties represent that they relied upon their own judgment and the advice of attorneys, who are the attorneys of their respective choice, and the terms of this Release have been explained to them by their respective attorneys, and such terms are fully understood and voluntarily accepted by the parties.

Signed by:

  
Kimberly Van Scriber, M.D.

Date: 8/16/02

Witnessed by 

Name: Kellie Abrahamson

SOUTHERN BAPTIST HOSPITAL OF  
FLORIDA, INC., dba BAPTIST MEDICAL  
CENTER

By: \_\_\_\_\_

John F. Wilbanks

Sr. Vice President and Administrator

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Name: \_\_\_\_\_

Colorado Division of Registrations  
Office of Licensing—Medical  
1560 Broadway, Suite 1350  
Denver, CO 80202  
Phone: (303) 894-7800 / FAX: (303) 894-7693  
[www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations)

**REQUEST FOR  
FEDERATION OF STATE MEDICAL BOARDS (FSMB)—DISCIPLINARY ACTION REPORT**

**PHYSICIAN:** To complete your application we must have a report from the Federation's National Databank of disciplinary actions taken by state licensing boards and/or other credentialing agencies. Note: an unfavorable report does not automatically disqualify you from licensure in Colorado.

**Do not send this request form to the Colorado Office of Licensing.**  
When the FSMB receives the request form from you, they will provide the Disciplinary Action Report directly to the Colorado Board.

Complete this form and mail directly to:

Federation of State Medical Boards of the United States, Inc.  
400 Fuller Wiser Road, Suite 300  
Eutaw, TX 76039-3856

Phone: 817-868-4000  
Fax: 817-868-4099

No fee is required.

Physician Name: Last: <u>Van Scriver</u>	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	First: <u>Kimberly</u>	Middle: <u>Pauline</u>	Suffix:
Social Security Number: <u>554-67-2411</u>		Date of Birth (mm/dd/yyyy): <u>07/18/1965</u>		
Address: PO Box, Street: <u>7520 Hollyridge Rd</u> City, State, Zip: <u>Jacksonville, FL 32256</u>				
Medical School: <u>University of New Mexico</u>		Date of Graduation: <u>5/1994</u>		

I hereby authorize and request that the Federation of State Medical Boards of the United States, Inc. provide a disciplinary history to the following:

Colorado Division of Registrations  
Office of Licensing—Medical  
1560 Broadway, Suite 1350  
Denver, CO 80202

Kimberly P. Van Scriver  
Signature

Date

WE HAVE NO UNFAVORABLE INFORMATION  
REGARDING THE ABOVE NAMED PHYSICIAN

APR 30 2012

Humayun J. Chaudhry, D.O., FACP  
President and CEO

4/23/12

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*



PASSPORT  
PASSERORT  
PASAPORTE



Given Names / Prénoms / Nombres

KIMBERLY PAULINE

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento  
12-1-1917

18 Jul 1965

Place of birth / Lieu de naissance / Lugar de nacimiento

CALIFORNIA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición  
05.1.2000

05 Jun 2009

Date of expiration / Date d'expiration / Fecha de caducidad

04 Jun 2019

Endorsements / Mentions

Sex / Sexe / Sexo / ...

15

United States  
Department of State

USA

P<USAVAN<SCRIVER<<KIMBERLY<PAULINE<<<<<<<<<<  
4555287730USA6507187F1906040233836387<729478

Original

5500000074528116

Process Date: 04/26/2012

Page: 1 of 1

**To:** VAN SCRIVER, KIMBERLY PAULINE

6817 SOUTHPOINT PARKWAY STE 2204

JACKSONVILLE, FL 32216

**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.



## 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):	5500000055769230 5500000069997548
State Licensure Action(s):	None
Exclusion or Debarment Action(s):	None
Government Administrative Action(s):	None
Clinical Privileges Action(s):	5500000026730662
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: VAN SCRIVER, KIMBERLY PAULINE  
 Gender: FEMALE  
 Date of Birth: 07/18/1965  
 Other Name(s) Used:  
 Organization Name: KIMBERLY P. VAN SCRIVER, M.D. P.A.  
 Organization Type: MEDICAL GROUP/PRACTICE (365)  
 Home or Work Address: 6817 SOUTHPOINT PARKWAY STE 2204  
 City, State, ZIP: JACKSONVILLE, FL 32216  
 Telephone: (904) 674-0022  
 Social Security Numbers (SSN): \*\*\*--\*\*--2411  
 Individual Taxpayer Identification Numbers (ITIN):  
 Professional School(s) & Year of Graduation: UNIVERSITY OF NEW MEXICO (1994)  
 Occupation/Field of Licensure (Code): PHYSICIAN (MD)  
 State License Number, State of Licensure: ME73993, FL  
 Specialty: OBSTETRICS & GYNECOLOGY  
 Drug Enforcement Administration (DEA) Numbers: BV5582285  
 National Provider Identifiers (NPI):  
 Federal Employer Identification Numbers (FEIN):  
 Unique Physician Identification Numbers (UPIN):

### C. PAYMENT INFORMATION

Credit Card Number:	XXXXXXXXXXXX1000	Expiration Date:	12/2013
Additional Paper Copies Requested:	1		
NPDB Charge:	\$16.00*	NPDB Bill Reference Number:	N28231697
HIPDB Charge:	\$16.00*	HIPDB Bill Reference Number:	H28231697
* Each charge will appear separately on your credit card statement.		Transaction Date:	04/26/2012

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 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.

## MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 5500000055769230

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: FIRST PROFESSIONALS INSURANCE COMPANY  
Address: 1000 RIVERSIDE AVE. SUITE 800  
City, State, Zip: JACKSONVILLE, FL 32204  
Country:  
Name of Office: ERIN BERNARDO  
Title or Department: CLAIM EXAMINER  
Telephone: (904) 360-3047  
Entity Internal Report Reference: 25005-01  
Type of Report: INITIAL

### B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: VAN SCRIVER, KIMBERLY  
Other Name(s) Used:  
Gender: FEMALE  
Date of Birth: 07/18/1965  
Organization Name:  
Work Address: 4311 SALISBURY RD NORTH  
City, State, ZIP: JACKSONVILLE, FL 32216  
Home Address:  
City, State, ZIP:  
Deceased: NO  
Social Security Numbers (SSN):  
Professional School(s) & Year(s) of Graduation: UNIV OF NEW MEXICO SCHOOL OF MED (1994)  
Occupation/Field of Licensure (Code): PHYSICIAN (MD)  
State License Number, State of Licensure: 73993, FL  
Drug Enforcement Administration (DEA) Numbers:  
Hospital Affiliation(s):

### C. INFORMATION REPORTED

Date of Report: 03/24/2009  
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER  
**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**  
Amount of This Payment for This Practitioner: \$ 495,000.00  
Date of This Payment: 02/27/2009  
This Payment Represents: A SINGLE FINAL PAYMENT  
Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 495,000.00  
Payment Result of: SETTLEMENT  
Date of Judgment or Settlement, if Any: 02/09/2009  
Adjudicative Body Case Number:  
Adjudicative Body Name:  
Court File Number:  
Description of Judgment or Settlement and Any



Conditions, Including Terms of Payment: SETTLEMENT OF \$495K WITH NO ADMISSION OF LIABILITY; PT RESPONSIBLE FOR LIENS; CONFIDENTIALITY.

**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: \$ 495,000.00  
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: UNKNOWN  
Patient's Gender: FEMALE  
Patient Type: INPATIENT  
Description of the Medical Condition With Which the Patient Presented for Treatment: SEVERE ABDOMINAL PAIN  
Description of the Procedure Performed: PT VISITED ER, INSURED IN TELEPHONIC COMMUNICATION WITH ER NURSES  
Nature of Allegation: DIAGNOSIS RELATED (001)  
Specific Allegation: DELAY IN DIAGNOSIS (200)  
Date of Event Associated With Allegation or Incident: 08/09/1999  
Outcome: MAJOR PERMANENT INJURY (07)  
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGED FAILURE TO TIMELY DISGNOSE AND TREAT APPENDICITIS IN ONSET OF LABOR AND PREMATURE DELIVERY OF INFANT.

**D. SUBJECT STATEMENT**

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

**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ 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: 03/24/2009  
Date of Most Recent Change: 03/24/2009

**END OF REPORT**

## DISCLOSURE HISTORY

Report Number: 5500000055769230

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
10/29/2009	CIGNA HEALTHCARE OF NEW HAMPSHIRE AREA 454, 2 COLLEGE PK DR HOOKSETT, NH 03106 (603) 268-7329

Date Released	Entity Name
11/25/2009	SELF-QUERIER

Date Released	Entity Name
01/18/2010	AVMED HEALTH PLANS 4300 NW 89TH BLVD GAINESVILLE, FL 32606 (352) 372-8400

Date Released	Entity Name
02/09/2010	PARKSIDE SURGERY CENTER 2731 PARK STREET JACKSONVILLE, FL 32205 (904) 249-6261

Date Released	Entity Name
02/23/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5757

Date Released	Entity Name
03/08/2010	ST. LUKE'S HOSPITAL 4201 BELFORT ROAD MEDICAL STAFF OFFICE JACKSONVILLE, FL 32216 (904) 308-7313

Date Released	Entity Name
04/29/2010	PARKSIDE SURGERY CENTER 2731 PARK STREET JACKSONVILLE, FL 32205 (904) 249-6261
04/30/2010	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5152
05/11/2010	COVENTRY HEALTH CARE/SOUTHCARE, PPO 1340 CONCORD TERRACE SUNRISE, FL 33323 (954) 858-3597
07/26/2010	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
08/30/2010	SELF-QUERIER
10/12/2010	MEMORIAL HOSPITAL OF JACKSONVILLE 3625 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 (904) 391-1276
10/27/2010	ST. LUKE'S HOSPITAL 4201 BELFORT ROAD MEDICAL STAFF OFFICE JACKSONVILLE, FL 32216 (904) 308-7313

# the DataBank

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

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

DCN: 5500000055769230  
Process Date: 03/24/2009  
Page: 3 of 4  
VAN SCRIVER, KIMBERLY

Date Released	Entity Name
04/14/2011	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY, BIN C-90 TALLAHASSEE, FL 32399 (850) 245-4444

Date Released	Entity Name
06/07/2011	HUMANA INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-0669

Date Released	Entity Name
08/02/2011	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY. BUILDING 900 JACKSONVILLE, FL 32246 (904) 905-8592

Date Released	Entity Name
08/12/2011	BEECH STREET CORPORATION 6116 SHALLOWFORD ROAD STE109B CHATTANOOGA, TN 37421 (423) 553-6517

Date Released	Entity Name
12/09/2011	HUMANA MILITARY HEALTHCARE SERVICES 500 W. MAIN STREET, # 515-4 P.O. BOX 740062 LOUISVILLE, KY 40201 (502) 301-6592

Date Released	Entity Name
03/14/2012	JACKSONVILLE SURGERY CENTER 7021 AC SKINNER PARKWAY JACKSONVILLE, FL 32256 (904) 249-6261



# *the* DataBank

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

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

DCN: 5500000055769230

Process Date: 03/24/2009

Page: 4 of 4

VAN SCRIVER, KIMBERLY

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Date Released

04/26/2012

Entity Name

SELF-QUERIER

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## MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 5500000069997548

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: FLORIDA DOCTORS INSURANCE COMPANY

Address: 4655 SALISBURY ROAD  
SUITE 110

City, State, Zip: JACKSONVILLE, FL 32256

Country:

Name of Office: LINDA COLLINS

Title or Department: DIRECTOR OF CLAIMS COMPLIANCE & REPORTIN

Telephone: (904) 296-2887 Ext. 214

Entity Internal Report Reference: 10-0154-B-09

Type of Report: INITIAL

### B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: VAN SCRIVER, KIMBERLY

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 07/18/1965

Organization Name:

Work Address: 6817 SOUTHPOINT PARKWAY  
SUITE 2204

City, State, ZIP: JACKSONVILLE, FL 32216

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE (1994)

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

State License Number, State of Licensure: ME73993, FL

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

### C. INFORMATION REPORTED

Date of Report: 08/10/2011

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

#### PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 49,500.00

Date of This Payment: 07/22/2011

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 49,500.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 07/20/2011

Adjudicative Body Case Number: 2011CA003070

Adjudicative Body Name: IN THE CIRCUIT COURT 4TH JUDICIAL CIRCUIT IN AND FOR

DUVAL C

Court File Number:  
Description of Judgment or Settlement and Any  
Conditions, Including Terms of Payment:

NEGOTIATED SETTLEMENT BETWEEN COUNSEL FOR THE PLAINTIFF  
AND COUNSEL FOR THE INSURED.

**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: \$ 99,000.00  
Number of Practitioners for Whom This Payer Has Paid  
or Will Pay in This Case: 2

**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: 1 DAYS  
Patient's Gender: FEMALE  
Patient Type: INPATIENT  
Description of the Medical Condition With Which the Patient  
Presented for Treatment: PRENATAL CARE AND DELIVERY OF INFANT.  
Description of the Procedure Performed: EMERGENCY C-SECTION.  
Nature of Allegation: OBSTETRICS RELATED (050)  
Specific Allegation: DELAY IN PERFORMANCE (201)  
Date of Event Associated With Allegation or Incident: 01/19/2009  
Outcome: DEATH (09)  
Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based: ALLEGED FAILURE TO TIMELY DELIVER INFANT VIA C-SECTION,  
RESULTED IN INFANT'S DEMISE.

**D. SUBJECT  
STATEMENT**

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

**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ 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:

# *the* DataBank

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

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

DCN: 5500000069997548

Process Date: 08/10/2011

Page: 3 of 3

VAN SCRIVER, KIMBERLY

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Date of Original Submission: 08/10/2011

Date of Most Recent Change: 08/10/2011

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**END OF REPORT**

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## DISCLOSURE HISTORY

Report Number: 5500000069997548

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

<u>Date Released</u>	<u>Entity Name</u>
08/12/2011	BEECH STREET CORPORATION 6116 SHALLOWFORD ROAD STE109B CHATTANOOGA, TN 37421 (423) 553-6517
<u>Date Released</u>	<u>Entity Name</u>
12/09/2011	HUMANA MILITARY HEALTHCARE SERVICES 500 W. MAIN STREET, # 515-4 P.O. BOX 740062 LOUISVILLE, KY 40201 (502) 301-6592
<u>Date Released</u>	<u>Entity Name</u>
03/14/2012	JACKSONVILLE SURGERY CENTER 7021 AC SKINNER PARKWAY JACKSONVILLE, FL 32256 (904) 249-6261
<u>Date Released</u>	<u>Entity Name</u>
04/26/2012	SELF-QUERIER



## ADVERSE ACTION REPORT

### TITLE IV CLINICAL PRIVILEGES ACTION

Report Number: 5500000026730662

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. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

#### A. REPORTING ENTITY

Entity Name: BAPTIST MEDICAL CENTER

Address: 800 PRUDENTIAL DRIVE

City, State, Zip: JACKSONVILLE, FL 32207

Country:

Name of Office: DANIELLE PALMER

Title or Department: DIRECTOR, MEDICAL STAFF OFFICE

Telephone: (904) 202-2070

Entity Internal Report Reference:

Type of Report: INITIAL

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

Subject Name: VAN SCRIVER, KIMBERLY PAULINE

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 07/18/1965

Organization Name:

Work Address: 9951 ATLANTIC BOULEVARD, SUITE 319

City, State, ZIP: JACKSONVILLE, FL 32225

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-2411

Professional School(s) & Year(s) of Graduation: UNIVERSITY OF NEW MEXICO (1994)

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

State License Number, State of Licensure: ME0073993, FL

Drug Enforcement Administration (DEA) Numbers: BV5582285

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

#### C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: REPEATED NON-AVAILABILITY TO PATIENTS

OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: SIGNIF. CONCERNS RE: CLINICAL MANAGEMENT

OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: SIGNIF. CONCERNS RE: CLINICAL JUDGMENT

OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: VIOLATIONS OF POLICIES AND PROCEDURES

Adverse Action  
Classification Code(s): SUSPENSION OF CLINICAL PRIVILEGES (1630)  
Date Action Was Taken: 08/05/2002  
Date Action Became Effective: 07/17/2002  
Length of Action: SPECIFIC PERIOD  
Years:  
Months: 12  
Days:

Description of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:

AFTER APPROPRIATE INVESTIGATION, THE MEDICAL EXECUTIVE COMMITTEE RECOMMENDED TO THE BOARD OF DIRECTORS THAT THE MEDICAL STAFF APPOINTMENT AND PRIVILEGES OF DR. VAN SCRIVER BE SUSPENDED FOR 12 MONTHS. THIS RECOMMENDATION RESULTED FROM SIGNIFICANT CONCERNS OF THE COMMITTEE RELATING TO (I) SERIOUS PATIENT CARE QUALITY PROBLEMS (INCLUDING REPEATED UNAVAILABILITY, PATIENT MANAGEMENT AND CLINICAL JUDGMENT), (II) FAILURE TO FOLLOW HOSPITAL POLICIES, RULES AND REGULATIONS AND (III) AN APPARENT FAILURE TO IMPROVE HER STANDARD OF CARE AFTER WRITTEN REPRIMAND BY THE MEC AND COUNSELING BY HOSPITAL OFFICIALS. THE COMMITTEE CONCLUDED THAT DR. VAN SCRIVER: (1) FAILED TO APPROPRIATELY RESPOND WHILE ON EMERGENCY CALL, WHICH RESULTED IN A GENERAL SURGEON HAVING TO PERFORM AN EMERGENCY C-SECTION (FOR WHICH DR. VAN SCRIVER WAS ISSUED A WRITTEN REPRIMAND), (2) CONTINUED HER PATTERN OF UNAVAILABILITY BY FAILING TO FOLLOW HOSPITAL POLICY AND MEDICAL STAFF STANDARDS REGARDING MANAGEMENT OF A PATIENT ON PITOCIN IV AND FAILING TO HAVE LEFT A H&P AND ADEQUATE INSTRUCTIONS FOR THE MANAGEMENT OF ANOTHER PATIENT BY A PHYSICIAN COVERING FOR HER DURING A FOUR DAY PERIOD, (3) EXHIBITED QUESTIONABLE CLINICAL JUDGMENT DURING MANAGEMENT OF AN OBSTETRIC PATIENT BY HER DECISION TO CONTINUE LABOR AFTER FAILED ATTEMPTS AT VACUUM-ASSISTED DELIVERY, AND (4) REPEATEDLY FAILED TO FOLLOW HOSPITAL POLICIES RELATED TO DOCUMENTATION OF THE REASONS FOR TERMINATION OF PREGNANCIES. THE COMMITTEE DETERMINED THAT DR. VAN SCRIVER'S CONDUCT IN EACH OF THESE INSTANCES FELL BELOW THE HOSPITAL'S ACCEPTED PROFESSIONAL STANDARDS. AFTER DR. VAN SCRIVER WAIVED HER DUE PROCESS RIGHTS, THE BOARD OF DIRECTORS APPROVED ON AUGUST 5, 2002, THE RECOMMENDATION TO BE EFFECTIVE AS OF JULY 17, 2002.

**D. SUBJECT STATEMENT**

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

**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ 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: 08/06/2002

Date of Most Recent Change: 08/06/2002

**END OF REPORT**

## DISCLOSURE HISTORY

Report Number: 5500000026730662

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
08/22/2002	AVMED HEALTH PLANS 4300 NW 89TH BLVD GAINESVILLE, FL 32606 (352) 372-8400

Date Released	Entity Name
08/22/2002	BAPTIST MEDICAL CENTER 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207 (904) 202-2340

Date Released	Entity Name
08/29/2002	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY. BUILDING 900 JACKSONVILLE, FL 32246 (904) 905-8592

Date Released	Entity Name
09/12/2002	CIGNA HEALTHCARE OF FLORIDA 3101 W DR MARTIN LUTHER KING JR BLVD CREDENTIALLING DEPARTMENT TAMPA, FL 33607 (813) 353-4487

Date Released	Entity Name
09/12/2002	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY. BUILDING 900 JACKSONVILLE, FL 32246 (904) 905-8592

<u>Date Released</u>	<u>Entity Name</u>
09/23/2002	BAPTIST MEDICAL CENTER BEACHES 1350 13TH AVE. SOUTH JACKSONVILLE BEACH, FL 32250 (904) 202-1784
10/01/2002	MEMORIAL HOSPITAL OF JACKSONVILLE 3625 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 (904) 391-1276
10/02/2002	ST. LUKE'S HOSPITAL 4201 BELFORT ROAD MEDICAL STAFF OFFICE JACKSONVILLE, FL 32216 (904) 296-5869
12/18/2002	AVMED HEALTH PLANS 4300 NW 89TH BLVD GAINESVILLE, FL 32606 (352) 372-8400
05/20/2003	HUMANA MILITARY HEALTHCARE SERVICES 500 W. MAIN STREET, # 515-4 P.O. BOX 740062 LOUISVILLE, KY 40201 (502) 301-6592
08/21/2003	HUMANA INC 5401 W. KENNEDY BLVD, SUITE 161 TAMPA, FL 33609 (813) 287-6275
10/09/2003	CIGNA HEALTHCARE OF FLORIDA 3101 W DR MARTIN LUTHER KING JR BLVD CREDENTIALLING DEPARTMENT TAMPA, FL 33607 (813) 353-4487



<u>Date Released</u>	<u>Entity Name</u>
12/08/2003	AVMED HEALTH PLANS 4300 NW 89TH BLVD GAINESVILLE, FL 32606 (352) 372-8400
01/28/2004	PARKSIDE SURGERY CENTER 2731 PARK STREET JACKSONVILLE, FL 32205 (904) 249-6261
02/05/2004	GREAT WEST HEALTHCARE CREDENTIALING 8525 E. ORCHARD ROAD, 3RD FLOOR ENGLEWOOD, CO 80111 (303) 737-2924
02/19/2004	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5152
04/06/2004	MEMORIAL HOSPITAL OF JACKSONVILLE 3625 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 (904) 391-1276
04/28/2004	COVENTRY HEALTH CARE OF GEORGIA, INC. 1100 CIRCLE 75 PARKWAY SUITE 1400 ATLANTA, GA 30339 (800) 470-2004
06/14/2004	GREAT WEST HEALTHCARE CREDENTIALING 8525 E. ORCHARD ROAD, 3RD FLOOR ENGLEWOOD, CO 80111 (303) 737-2924

<u>Date Released</u>	<u>Entity Name</u>
06/30/2004	UNITEDHEALTHCARE OF FLORIDA 800 NORTH MAGNOLIA ORLANDO, FL 32806 40731 788-21
07/12/2004	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5152
08/02/2004	MEMORIAL HOSPITAL OF JACKSONVILLE 3625 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 (904) 391-1276
08/04/2004	GREAT WEST HEALTHCARE CREDENTIALING 8525 E. ORCHARD ROAD, 3RD FLOOR ENGLEWOOD, CO 80111 (303) 737-2924
09/13/2004	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5757
10/25/2004	ST. LUKE'S HOSPITAL 4201 BELFORT ROAD MEDICAL STAFF OFFICE JACKSONVILLE, FL 32216 (904) 296-5869
01/04/2005	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY. BUILDING 900 JACKSONVILLE, FL 32246 (904) 905-8592

Date Released	Entity Name
03/22/2005	HUMANA HEALTH PLAN 76 SOUTH LAURA STREET, 16TH FLOOR JACKSONVILLE, FL 32202 90437 626-47

Date Released	Entity Name
06/22/2005	BAPTIST MEDICAL CENTER 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207 (904) 202-2340

Date Released	Entity Name
10/12/2005	MULTIPLAN, INC 115 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003 (212) 780-2477

Date Released	Entity Name
11/01/2005	BAPTIST MEDICAL CENTER 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207 (904) 202-2340

Date Released	Entity Name
12/19/2005	HUMANA MILITARY HEALTHCARE SERVICES 500 W. MAIN STREET, # 515-4 P.O. BOX 740062 LOUISVILLE, KY 40201 (502) 301-6592

Date Released	Entity Name
03/13/2006	PARKSIDE SURGERY CENTER 2731 PARK STREET JACKSONVILLE, FL 32205 (904) 249-6261

Date Released	Entity Name
03/23/2006	PARKSIDE SURGERY CENTER 2731 PARK STREET JACKSONVILLE, FL 32205 (904) 249-6261

Date Released	Entity Name
08/09/2006	CIGNA HEALTHCARE OF FLORIDA 3101 W DR MARTIN LUTHER KING JR BLVD CREDENTIALLING DEPARTMENT TAMPA, FL 33607 (813) 353-4487
09/23/2006	MEMORIAL HOSPITAL OF JACKSONVILLE 3625 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 (904) 391-1276
11/02/2006	ST. LUKE'S HOSPITAL 4201 BELFORT ROAD MEDICAL STAFF OFFICE JACKSONVILLE, FL 32216 (904) 296-5869
01/11/2007	AVMED HEALTH PLANS 4300 NW 89TH BLVD GAINESVILLE, FL 32606 (352) 372-8400
01/15/2007	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5757
02/26/2007	COVENTRY HEALTH CARE/SOUTHCARE, PPO 1340 CONCORD TERRACE SUNRISE, FL 33323 (954) 858-3597
06/13/2007	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY, BIN C-90 TALLAHASSEE, FL 32399 (850) 245-4444

<u>Date Released</u>	<u>Entity Name</u>
09/06/2007	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5152

<u>Date Released</u>	<u>Entity Name</u>
12/05/2007	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008

<u>Date Released</u>	<u>Entity Name</u>
03/28/2008	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY. BUILDING 900 JACKSONVILLE, FL 32246 (904) 905-8592

<u>Date Released</u>	<u>Entity Name</u>
04/01/2008	ST. LUKE'S HOSPITAL 4201 BELFORT ROAD MEDICAL STAFF OFFICE JACKSONVILLE, FL 32216 (904) 308-7313

<u>Date Released</u>	<u>Entity Name</u>
04/23/2008	BEECH STREET CORPORATION 6116 SHALLOWFORD ROAD STE109B CHATTANOOGA, TN 37421 (423) 553-6517

<u>Date Released</u>	<u>Entity Name</u>
05/06/2008	PARKSIDE SURGERY CENTER 2731 PARK STREET JACKSONVILLE, FL 32205 (904) 249-6261

<u>Date Released</u>	<u>Entity Name</u>
05/08/2008	HUMANA INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-0669

<u>Date Released</u>	<u>Entity Name</u>
08/21/2008	NATIONAL ABORTION FEDERATION 1660 L STREET NW SUITE 450 WASHINGTON, DC 20036 (202) 667-5881
<u>Date Released</u>	<u>Entity Name</u>
10/07/2008	MEMORIAL HOSPITAL OF JACKSONVILLE 3625 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 (904) 391-1276
<u>Date Released</u>	<u>Entity Name</u>
12/11/2008	HUMANA MILITARY HEALTHCARE SERVICES 500 W. MAIN STREET, # 515-4 P.O. BOX 740062 LOUISVILLE, KY 40201 (502) 301-6592
<u>Date Released</u>	<u>Entity Name</u>
03/12/2009	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY, BIN C-90 TALLAHASSEE, FL 32399 (850) 245-4444
<u>Date Released</u>	<u>Entity Name</u>
10/29/2009	CIGNA HEALTHCARE OF NEW HAMPSHIRE AREA 454, 2 COLLEGE PK DR HOOKSETT, NH 03106 (603) 268-7329
<u>Date Released</u>	<u>Entity Name</u>
11/25/2009	SELF-QUERIER
<u>Date Released</u>	<u>Entity Name</u>
01/18/2010	AVMED HEALTH PLANS 4300 NW 89TH BLVD GAINESVILLE, FL 32606 (352) 372-8400



Date Released	Entity Name
02/09/2010	PARKSIDE SURGERY CENTER 2731 PARK STREET JACKSONVILLE, FL 32205 (904) 249-6261

Date Released	Entity Name
02/23/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5757

Date Released	Entity Name
03/08/2010	ST. LUKE'S HOSPITAL 4201 BELFORT ROAD MEDICAL STAFF OFFICE JACKSONVILLE, FL 32216 (904) 308-7313

Date Released	Entity Name
04/29/2010	PARKSIDE SURGERY CENTER 2731 PARK STREET JACKSONVILLE, FL 32205 (904) 249-6261

Date Released	Entity Name
04/30/2010	AETNA LIFE INS. CO. AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5152

Date Released	Entity Name
05/11/2010	COVENTRY HEALTH CARE/SOUTHCARE, PPO 1340 CONCORD TERRACE SUNRISE, FL 33323 (954) 858-3597

Date Released	Entity Name
07/26/2010	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008

<u>Date Released</u>	<u>Entity Name</u>
08/30/2010	SELF-QUERIER
<u>Date Released</u>	<u>Entity Name</u>
10/12/2010	MEMORIAL HOSPITAL OF JACKSONVILLE 3625 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 (904) 391-1276
<u>Date Released</u>	<u>Entity Name</u>
10/27/2010	ST. LUKE'S HOSPITAL 4201 BELFORT ROAD MEDICAL STAFF OFFICE JACKSONVILLE, FL 32216 (904) 308-7313
<u>Date Released</u>	<u>Entity Name</u>
04/14/2011	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY, BIN C-90 TALLAHASSEE, FL 32399 (850) 245-4444
<u>Date Released</u>	<u>Entity Name</u>
06/07/2011	HUMANA INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-0669
<u>Date Released</u>	<u>Entity Name</u>
08/02/2011	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY. BUILDING 900 JACKSONVILLE, FL 32246 (904) 905-8592
<u>Date Released</u>	<u>Entity Name</u>
08/12/2011	BEECH STREET CORPORATION 6116 SHALLOWFORD ROAD STE109B CHATTANOOGA, TN 37421 (423) 553-6517

<u>Date Released</u>	<u>Entity Name</u>
12/09/2011	HUMANA MILITARY HEALTHCARE SERVICES 500 W. MAIN STREET, # 515-4 P.O. BOX 740062 LOUISVILLE, KY 40201 (502) 301-6592
03/14/2012	JACKSONVILLE SURGERY CENTER 7021 AC SKINNER PARKWAY JACKSONVILLE, FL 32256 (904) 249-6261
04/26/2012	SELF-QUERIER

**Colorado Department of Regulatory Agencies**  
 Division of Registrations  
 1560 Broadway, Suite 1350  
 Denver, CO 80202

**Licensee/Applicant Full Legal Name**

Last	First	Middle	Suffix
Van Scliver	Kimberly	Pauline	

**Colorado Professional or Occupational License/Certification/Registration Number:** \_\_\_\_\_  
 (if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** Medical license

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure\* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

*\*The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

**Section A: LAWFUL PRESENCE in the United States**

1. ☒ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
  - a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
  - b. ☐ I am a Foreign National, not physically present or employed in the United States.

**Section B: SECURE AND VERIFIABLE DOCUMENTS**

Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input checked="" type="checkbox"/> Driver's license or permit	Florida Dept Motor Veh.	Kimberly Pauline Van Scliver	V526515-65-7580	07/18/2017
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

**Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)**

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card		Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card		Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

**Section C: ATTESTATION**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Kimberly Pauline van Scriiv  
Print Full Legal Name

Kimberly Pauline van Scriiv  
Signature (Full Name)

4/23/12  
Date

**Renewal - DR.0051657**

Name	Kimberly Pauline Van Scriver
Credential	DR.0051657

**Fee Details**

Renewal Fee	\$2.00
Renewal Fee	\$334.00
Renewal Fee	\$3.00
Renewal Fee	\$18.00
Renewal Fee	\$144.00
	<b>\$501.00</b>

**DR Renewal Questionnaire****PART I: MANDATORY RENEWAL QUESTIONNAIRE**

You must answer "YES" or "NO" to each question below. If you answer "YES" to a question, you must mail a copy of this questionnaire and a detailed explanation to include dates, amounts and contact information, to the Board for each "YES" answer within **thirty (30) days** of submitting your renewal. If the matter has already been disclosed to the Board, you must send a letter to the Board providing the case number and identifying information. If no documentation is received, a case may be opened and a complaint issued for an explanation of each "YES" answer.

Mail all documentation to:

Colorado Medical Board, ATTN: Renewal, 1560 Broadway, Suite 1350, Denver, CO 80202

**SECTION A: SINCE YOU LAST RENEWED YOUR COLORADO MEDICAL LICENSE:**

1. Have you been admonished, reprimanded, censured and/or disciplined in any way by any licensing agency in another state or country, by any peer review committee or body, by any health care facility or committee thereof, by any professional or medical society or association or committee thereof, or by any governmental agency, law enforcement agency or court of law, whether involuntary or in lieu of investigation?

2. Have you surrendered a license or other authorization to practice medicine in another state or jurisdiction, or surrendered membership on any medical staff, medical or professional association or society while under investigation by any of these authorities or bodies?

**If you answer YES to question number 2**, you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

3. Have you, in any state, been denied medical liability insurance, or has your medical liability insurance coverage been limited, restricted or terminated by action of the insurance carrier?

**If you answer YES to question number 3**, you must provide a copy of the notification from the insurance carrier and a summary of the events which led to the action by the carrier. If you do not have a copy of the notification, contact the insurance carrier to obtain one.

4. Have you had any felony or misdemeanor charges of any kind brought against you? Have you had any traffic citations involving drugs or alcohol brought against you? Regardless of the case disposition, you must answer YES if you have been charged.

**If you answer YES to question number 4**, you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

**5. For question 5, you must answer YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your medical staff membership or clinical privileges at any hospital or healthcare facility been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?



If you answer **YES** to questions 5, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken.

6. For question 6, you must answer **YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your DEA registration been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 6, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken. And you must include the notification from the DEA. If you do not have a copy of the notification, contact the DEA to obtain a copy.

### **SECTION B IN THE LAST TWO YEARS:**

7. Do you now abuse or excessively use, or have you in the last two years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a physician safely and competently?

**You may answer NO** if the behavior or condition or use of such substances is already known to the Colorado Physician Health Program (CPHP) or you have entered into a Confidential Agreement with the Board. "Known to CPHP" means that you have informed CPHP of your behavior, condition or use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

If you answer **YES** to question 7, you must provide a detailed summary of the behavior, condition or substance use. Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers.

8. In the last two years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?

**You may answer NO** if the behavior or condition or use of such substances is already known to the Colorado Physician Health Program (CPHP) or you have entered into a Confidential Agreement with the Board. "Known to CPHP" means that you have informed CPHP of your behavior, condition or use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

If you answer **YES** to question 8, you must provide a detailed summary of the behavior, condition or substance use. Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers.

### **PART 2: MANDATORY ATTESTATION**

9. By submitting this application for renewal of my license, I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

I wish to to renew my license in ACTIVE status, therefore I attest that I meet (or claim exemption from) the financial responsibility standards as indicated below. (select the correct option A-I) If you are currently in Active status an wish to change to Inactive status you cannot renew online and must contact the Division at 303-894-2984.

I am currently in INACTIVE status and am exempt from the provisions above. (If so, you must select option "J"). \*If you wish to change to ACTIVE status, you must first renew your license in inactive status, and then submit the reactivation application and fee. The reactivation application is available on the Medical Board website.

**Please select only 1 item below.**

F. I am a physician who is not engaged in the practice of medicine in the State of Colorado.

**DR Renewal HPPP**

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**Healthcare Professions Profiling Program ACTIVE status only:**

REMINDER:

Healthcare Professions Profile Program (HPPP): All Active status licensees must maintain their Healthcare Professions Profile with current information. This profile must be updated within 30 days of any change or reportable event.

After you have completed and paid for your renewal please visit [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp) if you need to review and/or update your Profile. Please note: The Profile database is a separate system from our renewal system and uses a different login and password than the ones you used to renew your license.

If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profile Program (HPPP) at: [dora\\_dpo\\_hppp@state.co.us](mailto:dora_dpo_hppp@state.co.us) or (303) 894-5942.

After you have read the above, please click the "Next" button below.

**Review**

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Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.