

Commonwealth of Massachusetts
Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617) 727-3088
Fax (617) 451-9568

An Agency within the Office of Consumer Affairs and Business Regulation

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PENELOPE WELLS
GENERAL COUNSEL

August 29, 1997

REDACTED COPY

Anil Madan, Esq
Madan & Madan, P.C.
175 Federal Street
Boston, Massachusetts 02110

Re: Arnold L. Sperling, M.D.
Complaint Nos. (88-122)

Dear Mr. Madan:

The Complaint Committee of the Board has considered the above referenced complaints and the complaints have been dismissed. Said dismissals are not a determination on the merits of the complaints and are without prejudice.

Thank you for your cooperation in the investigation of these matters. If you have any questions, please call me at (617) 727-1788, or write to me at the above address

Very truly yours,

Richard E. Waring
Complaint Counsel

RECEIVED
JAN 23 1988
BBB INC.
BOSTON, MA

January 26, 1988
FEB 2 1988

Complaints Division
Better Business Bureau
8 Winter Street
Boston, MA 02108

Dear Sirs:

I am enclosing a copy of a letter I am sending Dr. Arnold L. Sperling of 58 Day Street, Somerville, protesting his approach in treating a problem I went to him with on December 22, 1987. The letter spells out the details of my complaint, and I am sending you the copy now for the record. I am asking him to take responsibility for the bulk of the charges for medical laboratory tests he ordered without my knowledge or permission, and which were unnecessary. If he does not respond positively, I will pursue the matter further.

As I mentioned in my letter to him, my initial contact with Dr. Sperling's clinic was a telephone call to Cambridge Women's Health at 278 Elm Street, Somerville, Telephone 776-6660. I found this information, with nothing else added, under Clinics in the telephone directory's Yellow Pages. It gave the impression that it is a community type facility dedicated to women's health, an impression confirmed by the response from the clinic that the initial visit would cost \$45 and the charge for a urine test I asked about would be "about \$10". It turns out that the facility is in a corner building fronting on both Elm and Day Streets. On his letterhead paper and professional envelopes Dr. Sperling uses the other address, 58 Day Street, Somerville, with no mention of Cambridge Women's Health or its telephone number. He lists a different telephone number.

On December 22, I entered the building from Elm Street, where there was no directory of offices. The clinic, on the second floor, did not have Cambridge Women's Health on the front door. but only the names of Dr. Sperling and another physician. I had to check inside to find out it was indeed Cambridge Women's Health. None of the printed materials I received from Dr. Sperling had the words "Cambridge Women's Health" on it. I found this misleading. Without the listing of Cambridge Women's Health in the Yellow Pages and the initial response from the clinic, I would have never made an appointment with Dr. Sperling. Only a directory of the building in the lobby of the Day Street exit, which I saw when I left, showed these separate listings among listings of occupants: "Cambridge Women's Health, Suite 229" and "Dr. Arnold L. Sperling, Suite 229". For the uninitiated, this could mean they are sharing the same space but she will not realize that Cambridge Women's Health is not a constituted entity.

Sincerely yours,

enc.: copy of letter to
Dr. Sperling



Commonwealth of Massachusetts
Board of Registration in Medicine

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BOARD MEMBER

WALTER B PRINCE
BOARD MEMBER

REDACTED COPY

July 29, 1997

Arnold L Sperling, MD
58 Day Street
Suite 229
Somerville, Massachusetts 02144-2800

Re
Docket Number 97-129

Dear Dr Sperling

The Complaint Committee of the Board has considered the above referenced complaint and has determined that no further action is warranted. The complaint has been dismissed.

Thank you for your cooperation in the investigation of this matter. The Committee appreciates the time and effort which you expended in preparing your response. If you have any questions, please feel free to call me at (617) 727-1788 or write to me at the above address.

Very truly yours

Charlene Morelli
Administrative Assistant

82
13 07/07/10

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14 07/07/10



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BOARD MEMBER

PETER N. MADRAS, M.D.
BOARD MEMBER

WALTER B. PRINCE
BOARD MEMBER

July 29, 1997

Re Arnold L. Sperling, MD
Docket Number 97-129

Dear :

The Complaint Committee of the Board of Registration in Medicine has carefully considered the information you furnished it regarding your complaint against the physician referenced above. A copy of your complaint was sent to the physician, who was required to respond in writing to the Board regarding the issues you raised.

After a thorough review of this evidence, the Committee determined that your complaint and the physician's response should be placed in the permanent record of the physician. While the Committee declined to recommend the initiation of formal disciplinary action in this case, it is appreciative of your actions in bringing this matter to its attention.

Should you have any questions or additional material which you wish the Board to consider, please write to Mary Lee, Consumer Protection Coordinator, at the above address.

Thank you again for your concern.

Very truly yours

Charlene Morelli
Administrative Assistant

62
15 07/07/10



Board of Registration in Medicine

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BOARD MEMBER
WALTER B PRINCE
BOARD MEMBER

April 23, 1997

Arnold L Sperling, MD
58 Day Street
Suite 229
Somerville, Massachusetts 02144-2800

Re
Docket Number 97-129

Dear Dr Sperling

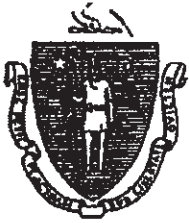
The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. The Board is obligated by law to investigate such matters relating to the proper practice of medicine. In compliance with this mandate, the Board's Complaint Committee has directed the staff of the Board to gather information on all such complaints.

Please provide a written response to the issues raised in the enclosed material. Your response may be as brief or as lengthy as you choose. Under the law, the person filing the enclosed complaint may have access to your response.

Your response should be sent to the Consumer Protection Coordinator, at the address above, within 30 days of your receipt of this letter. After your response is received, the case may be assigned to an investigator employed by the Board, who may contact you if further information is needed. You will in any event be informed in writing as to the disposition of this complaint. Thank you for your attention to this matter.

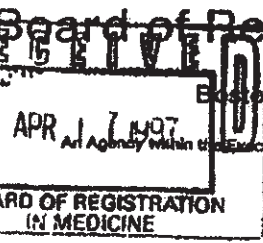
Very truly yours,

Charlene Morelli
Administrative Assistant



Commonwealth of Massachusetts Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111



ALEXANDER F. FLEMING, J.D.
EXECUTIVE DIRECTOR
PENELOPE WELLS, J.D.
GENERAL COUNSEL

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested

<input type="checkbox"/> Mrs.	Your First Name	Last Name	Patient Name (if different)
<input checked="" type="checkbox"/>	Ms		
<input type="checkbox"/>	Mr.		
Street Address		Mailing Address (if different)	
City	State	Zip Code	
Business/Daytime Phone		Home Phone	

Complaint against M.D. K, D.O. _____, Acupuncturist _____. (For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-3076, or 100 Cambridge St., Boston, MA 02202.) This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable		
<u>Dr. Arnold Sporling</u>		
Address		
<u>58 Day St</u>		
City	State	Zip Code
<u>Somerville, MA</u>		
Business Phone		
<u>617-628-3710</u>		
Name and Location of Health Care Facility (if known)		
<u>Somerville, MA (Also Wayland, MA)</u>		

Nature of Complaint

- | | |
|--|---|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input checked="" type="checkbox"/> Patient Neglect/Abandonment |
| <input type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input checked="" type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> Other _____ | |

Please do not write below this line

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

Upon A Medical EXAM by Dr. Sperling on 2/18/97 he informed me that I had 'adhesions of the appendix' after a brief exam. He did not do any diagnostic tests or analysis of any medical data prior to making this diagnosis.

Because of his insistence that a tenderness in my lower right side was something that needed to be checked into soon, he informed me that I needed a laparoscopy.

On Feb. 28, 1997 I met with A nurse + Anaesthesiologist + Neurologist. After an examination by the nurse in the pre-surgical facility - she told me that my stomach was 'too distended' for a laparoscopy to be performed (I had a bowel problem, where I could not empty my bowel). The nurse informed me to contact my doctor immediately about this situation because distention such as this would not be amenable to laparoscopy & could lead to increased chance of perforation. (A risk which was not verbally told to me by Dr. Sperling)

Prior to this conversation with the nurse in the pre-surgical facility - I had contacted Dr. Sperling's office several times to inform them of this 'bowel situation'. I was not given any help. But due to the urgency which the examining nurse brought to my present situation - she

Attach copies of related documents to this form

The information in this complaint is true, correct and complete to the best of my knowledge

Your signature

Date 4/18/97

Mail this form to:

Consumer Protection Coordinator
Board of Registration in Medicine
Ten West Street, Third Floor
Boston MA 02111

'highly stressed' that I speak directly with the doctor.
At that time I called Dr. Sperling's office from my
cell phone while at Newton Wellesley. When I called &
asked to speak to Dr. Sperling, his office worker
'said wait a minute & before putting
me on hold said to ^{Dr. Sperling's} nurse - that
"It's that wacko again on the phone!"

When I called back regarding her statement
she lied & said she wasn't taking about me. Clearly
this is inappropriate behavior by office staff &
shows lack of supervision by Dr. Sperling. I then
spoke to nurse told her of my severe
abdominal distention problem & that the hospital
staff clearly advised against having a laparoscopy
in my present condition. I demanded to speak
with Dr. Sperling. She informed me that she
did not know who he was. I find this statement &
others to be quite unbelievable. She told me she'd
try to find him. She later called me back &
told me ^{that} he told her to tell me to take 'Dilcofax',
& that he would call me as soon as he landed
his plane. He never called. I cancelled the
surgery ~~as a result of this behavior~~ ^{with Newton Wellesley Hospital directly & I will never seek treatment from Dr. Sperling again} I entrusted

^{to} Dr. Sperling never contacted me to inquire into
how I was or why I cancelled the laparoscopy. It
turned out that I had an 'impaction problem'
& no adhesions as was strongly suggested by Dr. Sperling.

In addition, upon my further inquiry at the Cambridge
Superior Court, Dr. Sperling has a malpractice claim ^{pending} against
him for a similar situation AND AN IDENTICAL diagnosis - Adhesions.
However that in front of the court...



TUFTS UNIVERSITY
SCHOOL OF MEDICINE

260 BOSTON POST ROAD
WAYLAND, MA 01778
(508) 358-5707

Arnold L. Sperling, M.D., F.A.C.O.G.
Ellen M. Penso, M.D., F.A.C.O.G.
GYNECOLOGY, INFERTILITY AND GYNECOLOGIC SURGERY



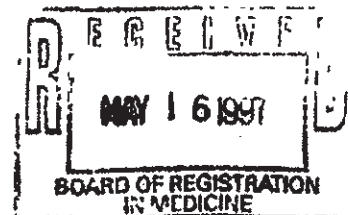
NEWTON-WELLESLEY
HOSPITAL

58 DAY STREET
SOMERVILLE, MA 02144
(617) 628-3710

82
19.07/07/10

May 15, 1997

Ms. Charlene Morelli
Administrative Assistant
Board of Registration in Medicine
10 West Street
Boston, MA 02111



Dear Ms. Morelli,

I am in receipt of your docket number 97-129.

I have read complaint form, and have discussed this in great detail with my office staff.

is a in Massachusetts with a Master's Degree in

I have known her for almost 30 years. She has prepared written notes for me regarding

was referred to our office by another patient of mine. called on February 18, 1997 with a complaint of abnormal pelvic pain and requested an emergency visit.

With some difficulty, was able to schedule to come immediately to our office for an office visit.

The patient arrived with her husband, and was seen without delay. I spent at least one hour with her in consultation and examination.

She had right lower quadrant tenderness on examination and a long history of abnormal pelvic pain. She reported a previously abnormal mammogram in November, 1996 and a history of low DHEA sulfate. She also reported numerous food and chemical allergies along with a two year history of vaginitis secondary to candida.

Her family history included a mother who is deceased of lung cancer and a brother who was unknown.

Ms. Morelli
Page 3
May 15, 1997

On February 20, 1997 she was scheduled for surgery on February 27, 1997. Later that day her surgery was changed from February 27 to February 24, 1997.

The following day, on February 21, 1997, the patient cancelled her surgery for February 24, 1997.

On February 26, 1997 the patient was rescheduled for March 12, 1997. On February 27, 1997 the patient requested that her surgery be moved to March 3, 1997.

then confirmed a 10:30 a.m. surgical appointment for March 3, 1997.

At 8:05 a.m. in the morning of March 3, 1997, the computer record shows that the patient cancelled her surgery for that morning.

Neither I nor my staff know why _____ was dissatisfied with the excellent care and attention which we rendered to her.

We are happy to answer any questions that you may have, and we will help to resolve this matter in any way possible.

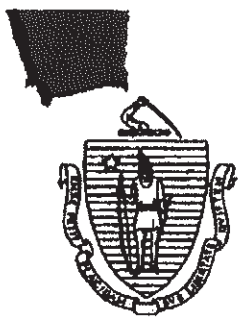
Please don't hesitate to call on me or my staff.

Very truly yours,



Arnold L. Sperling, M.D.

rmb



Commonwealth of Massachusetts Board of Registration in Medicine

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Boston, Massachusetts 02111

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LIEUTENANT GOVERNOR

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BOARD MEMBER

PETER E GELHAAR
BOARD MEMBER

REDACTED COPY

November 9, 1999

Arnold Sperling, M D
58 Day Street, Suite 229
Somerville, MA 02144-2800

Re
Docket No 98-167

Dear Dr Sperling

The Complaint Committee of the Board met on November 3, 1999 and discussed the above-mentioned complaint

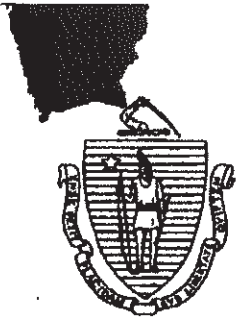
The Committee also determined that no further action was warranted and the complaint was dismissed. If you have any questions, please call the Joanne M Hill, Paralegal, at (617) 727-1788, extension 368, or write to her at the above address

Very truly yours,

Peter N Madras, M D
Member, Complaint Committee

PNM/kjl





Commonwealth of Massachusetts
Board of Registration in Medicine

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BOARD MEMBER

RAFIK ATTIA, M D
BOARD MEMBER

PETER E GELHAAR
BOARD MEMBER

November 10, 1999

Re Arnold L Sperling, M D
Docket No 98-167

Dear

The Complaint Committee of the Board of Registration in Medicine met on November 3, 1999 and carefully considered the information you furnished regarding your complaint. Your complaint, the physician's response, and the medical records were thoroughly reviewed.

The Committee has decided to dismiss this case.

Additionally, the Committee wants you to know that these documents have been placed in Dr Sperling's permanent record.

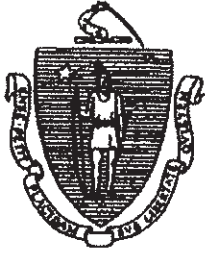
The Committee members appreciate your efforts in bringing this matter to their attention. If you have any questions please feel free to contact me at (617) 727-1788 Ext 368.

Very truly yours,

Joanne M Hill
Paralegal, Clinical Care Unit

CCU/share/Complltr/LOW
Enclosure

07/07/10



Commonwealth of Massachusetts
Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617) 727-3088
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BOARD MEMBER
WALTER B. PRINCE
BOARD MEMBER

May 18, 1998

Arnold Sperling, M.D.
50 Day Street
Suite 229
Somerville, Massachusetts 02144-2800

Re
Docket No 98-167

Dear Dr. Sperling

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. The Board is obligated by law to investigate such matters relating to the proper practice of medicine. In compliance with this mandate, the Board's Complaint Committee has directed the staff of the Board to gather information on all such complaints.

Please provide a written response to the issues raised in the enclosed material as well as send a full copy of the patient's medical records. Your response may be as brief or as lengthy as you choose. Under the law, the person filing the enclosed complaint may have access to your response.

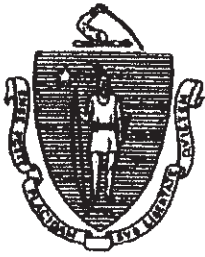
Your response should be sent to the Consumer Protection Coordinator, at the address above, within 30 days of your receipt of this letter. After your response is received, the case may be assigned to an investigator employed by the Board, who may contact you if further information is needed. You will in any event be informed in writing as to the disposition of this complaint. Thank you for your attention to this matter.

Very truly yours,

Charlene M. Morelli

Charlene M. Morelli
Compliance Officer





Commonwealth of Massachusetts
Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617) 727-3086
Fax (617) 451-8568

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ALEXANDER F FLEMING
EXECUTIVE DIRECTOR
PENELOPE WELLS
GENERAL COUNSEL

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25 07/07/10

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BOARD MEMBER
WALTER B PRINCE
BOARD MEMBER

May 18, 1998

RE Arnold L Sperling, M D
Complaint No 98-167

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the complaint number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to the Consumer Protection Unit at the address above.

Very truly yours,

Charlene M. Morelli

Charlene M Morelli
Compliance Officer





TUFTS UNIVERSITY
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(508) 358-5707

Arnold L. Sperling, M.D., F.A.C.O.G.
Ellen M. Penso, M.D., F.A.C.O.G.
GYNECOLOGY, INFERTILITY AND GYNECOLOGIC SURGERY



NEWTON-WELLESLEY
HOSPITAL

58 DAY STREET
SOMERVILLE, MA 02144
(617) 628-3710

May 27, 1998

Ms. Charlene M. Morelli
Compliance Officer
Board of Registration in Medicine
Commonwealth of Massachusetts
10 West Street
Boston, MA 02111

Dear Ms. Morelli:

Re Docket #98-167

This letter is in response to your letter of May 18, 1998

This patient was referred to our office for a second trimester elective termination of pregnancy. When I saw her on August 27, 1997 she had an 18-19 week pregnancy, was 66 inches tall and weighed 223 pounds. Her examination revealed a second trimester pregnancy, obesity and vaginal stenosis. A lengthy discussion followed and I explained all of the risks and benefits of the D&E procedure including the difficulty of performing the procedure to [redacted] and to her parents. I explained the saline & prostaglandin procedures as well as hysterotomy. I agreed to attempt to place the laminaria in her cervix and I explained the possibility of not being able to complete the procedure. The following morning the patient returned to my office. After appropriate preparation she received excellent relaxation from anesthesia and I examined her.

It was obvious that the laminaria had hour glassed, the cervix had not dilated, and the vaginal stenosis had not relaxed. I placed a gauze against her cervix and did not attempt the D&E procedure. The patient was awakened and we explained all of the details to her and to her family.

I suggested to [redacted] that she go to Newton-Wellesley Hospital and I would try to arrange for another doctor to do a prostaglandin procedure. At Newton-Wellesley Hospital, [redacted] was observed by the nursing staff while I called [redacted]. I spoke to Dr. [redacted] but he was unable to see her that day because he was going out of town. He suggested Dr. [redacted].

I called [redacted] and explained [redacted] circumstances. He said he could see her that afternoon. She was doing fine and I left a heparin lock in place for [redacted] to use. She went to see him that afternoon.

I gave [redacted] my home phone number and we spoke to her on multiple occasions

32
26 07/07/10

Ms. Morelli
Page 2
May 27, 1998

over the next few days. The following week she had a successful prostaglandin procedure with Dr.

Approximately six months later I received a threatening letter from demanding money or she would register a complaint with the Board of Medicine and take me to court. I wrote back to her on April 8, 1998. A copy of the letter is enclosed.

On the complaint form that you sent to me there are four boxes checked under "Nature of Complaint."

Substandard Medical Care

I clearly complied with all of the standards for performance of a termination of pregnancy. The patient was properly counselled, the comprehensive consent forms were signed and the risks and benefits were discussed in great detail.

- Professional Misconduct

My staff and I managed this patient and her family in a most professional manner. At no time was there any misconduct on anyone's behalf.

- Patient Neglect/Abandonment

This patient had complete continuity of care from the time she arrived in my office until Dr. completed her procedure. She had all of the telephone numbers for our office answering service, my home, Dr's office and the hospital. We communicated with her by telephone and in writing as often as was needed.

- Billing for Services Not Rendered

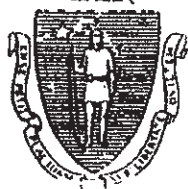
was only billed for her office visit and her anesthesia. She received and cashed a check dated August 29, 1997 for her refund for the D&E procedure that I did not perform. Enclosed is a copy of refund check.

In summary, the quality of care rendered to by me, my staff and my colleagues was excellent. She sustained no adverse medical outcomes and achieved her original objective which was to have an elective second trimester abortion.

Please let me know if there are any other questions.

Cordially

Arnold L. Sperling, M.D.



Commonwealth of Massachusetts
Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

An Agency within the Executive Office of Consumer Affairs and Business Regulation

ALEXANDER F. FLEMING, J.D.
EXECUTIVE DIRECTOR
PENELOPE WELLS, J.D.
GENERAL COUNSEL

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested

<input type="checkbox"/> Miss	Your First Name	Last Name	Patient Name (if different)
<input checked="" type="checkbox"/> Mrs			
<input type="checkbox"/> Mr			
Street Address		Mailing Address (if different)	
City	State	Zip Code	
Business/Daytime Phone		Home Phone	

Complaint against M.D. , D.O. , Acupuncturist (For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-7406, or 100 Cambridge St., Boston, MA 02202.) This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable		
Arnold L. Spurling M.D. F.A.C.O.G.		
Address		
58 DAY St		
City	State	Zip Code
Somerville	MA	02144
Business Phone		
(617) 628-3710		
Name and Location of Health Care Facility (if known)		
Arnold Spurling, 58 DAY St, Somerville, MA 02144		

Nature of Complaint

- | | |
|--|---|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input checked="" type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input checked="" type="checkbox"/> Patient Neglect/Abandonment |
| <input type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input checked="" type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |

Other: Charged me for services after "he" "blotched" a procedure.

Please do not write below this line

After waiting at Newton-wellesley for 8 hours. Dr Spurling came into the hospital and sent me then to Brigham + Women Hospital. I was now awake, but bleeding heavily. Dr Spurling told me a Dr. Ostahanna was going to take care of me from there. He said this Dr. was waiting for me. Another lie. Dr. was in Surgery and couldn't see me until 2 hours after I had arrived at B+W hospital. Dr. checked me out against "his better" judgement. He denied that Dr Spurling had asked for his help, and he was shocked at the condition that Dr Spurling sent me from his office. He told me if I had headed back to Maine in the condition that I arrived at his office, I would of "bled to death". Dr. couldn't finish my procedure for 8 days after Dr Spurling started it, due to Dr Spurling's errors.

Dr Spurling kept a portion of my money, for a procedure that he botched. I had to pay Dr. Pappin \$1900.00, due to Dr Spurling's errors. I have a hospital bill at Newton-wellesley Hospital for \$207.90 due to Dr Spurling's error. The pain + suffering and loss time of work was unbearable thanks to Dr. Spurling's errors. I think Dr Spurling should be held respons.ble for all medical expens.

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

ON 8-27-97 I went to Dr Spurling's office for a pregnancy termination, at which time Dr Spurling inserted laminarian into my cervix. He told me to return the following day to finish the procedure. When I returned the next day for the completion of the procedure, Dr. Spurling "attempted" to complete the procedure "BUT Did NOT". He told me all he had done was dragged me, found he couldn't perform the procedure, and had my parents take me to Newton Wellesley Hospital so that he could get some help from another doctor, and "better lightening". I was taken from his office "under heavy Sedation", throwing up and "unbeknown" to be at the time, Packed with gauze. My parents, also were misled by Dr Spurling, as he told them both, that he didn't do "anything" to me only sedated me, but couldn't perform the termination. He lied. He had actually started the procedure and couldn't finish it. Instead of sending me by ambulance to Newton Wellesley, he had my parents take me. We were all extremely scared.

Attach copies of related documents to this form

The information in this complaint is true, correct and complete to the best of my knowledge

Your signature _____

_____ Date 4/25/18

Mail this form to

Consumer Protection Coordinator
 Board of Registration in Medicine
 Ten West Street, Third Floor
 Boston MA 02111

Massachusetts Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

01/25/07 51 57

PART A

1) Current Status: Active Renewal Due Date: 02/05/2007 Birth Date:

If you want to change your current status, please check one of the following boxes to indicate your new status:
 Check only one: (See Renewal Instructions, page 3.)

Active Retiring Inactive Do not wish to renew

2) Addresses & Contact Information. Please confirm your addresses and make changes, if necessary. You are required to notify the Board of Registration in Medicine within 30 days of any change of address. Home and Business addresses **CANNOT** be a Post Office Box.

2a) MAILING ADDRESS

241 Boston Post Road
Wayland, MA 01778

Check here to change this address

2b) HOME ADDRESS

Phone:

Check here to change this address

2c) BUSINESS ADDRESS

241 Boston Post Road
Wayland, MA 01778

Phone: (508)358-5707

Check here to change this address

3) E-mail Address: _____

4) Fax Number: 508-358-5709

Please make corrections (print)

Mailing Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____

Home Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____
 Home Telephone: () _____

Home address cannot be a Post Office Box

Business Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____
 Business Telephone: () _____

Business address cannot be a Post Office Box

Correct your E-mail and Fax Number below:

5) Specialties (See Renewal Instructions, page 4.)	Delete?	List Additional Specialties:
Obstetrics and Gynecology	<input type="checkbox"/>	
Aerospace Medicine	<input type="checkbox"/>	
Gynecology	<input type="checkbox"/>	

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information. (See enclosed instructions and Renewal Instructions, page 4.)

List Certifying Board(s) below:		Update General Certificates and Subspecialty Certificates below. Please add additional Certifications as required.	
Board Name	ABMS or AOA	Certificate/Subspecialty	Delete?
Obstetrics & Gynecology	ABMS	Obstetrics and Gynecology	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Massachusetts Physician Renewal Application

Physician Name: **Arnold L Sperling, M.D.**

License No.: **41186**

01/25/07 91 109

<p><i>(See Renewal Instructions, page 4.)</i></p> <p>7) Drug License Numbers Corrections:</p> <p>a) Massachusetts: _____</p> <p>b) Federal (DEA): _____</p> <p>c) Federal (DEA) XS: _____</p>	<p style="text-align: center;"><i>Please make corrections as necessary</i></p> <p>8) Other states where you are <u>now</u> licensed to practice</p> <p style="text-align: center;">SD _____</p> <p>9) States where you were <u>previously</u> licensed</p> <p style="text-align: center;">NH KY ME SD _____</p>
--	--

10) List all work sites in Massachusetts, including health care facilities (where you are credentialed), private offices, clinics, nursing homes, etc. For the names of the health care facilities, refer to Reference Table 4 on page 18 of the Renewal Instruction booklet. Include any affiliations with Internet-based prescribing services or companies. Please provide all information on all work sites, attaching a separate sheet, if necessary.

List the names of all work sites in Massachusetts <i>(See above and description on page 4.)</i>	Location (City or Town)	State	Delete?
Newton-Wellesley Hospital	Newton	MA	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

11) Care of patients in Massachusetts *(See Renewal Instructions, page 4.)*

Average weekly hours involved in: a) inpatient care 0 hrs/wk Change to: _____ hrs/wk

b) outpatient care 18 hrs/wk Change to: _____ hrs/wk

12) Medical Liability Insurance Information *(See Renewal Instructions, page 5.)*

Check one. Locum tenens must list policy dates. My medical liability insurance is provided through:

Insurance Carrier *(complete below)*

Current Insurance Carrier: ProMutual Group Change to: _____

Policy dates: From 11/15/06 To 11/15/07

Type of Policy: Claims made with tail coverage Occurrence Policy

Letter of Credit subject to Board approval *(Attach a copy.)*

I am registering with Active status but I am not required to have medical liability insurance because I am:

Check one: Not involved with direct or indirect patient care in Massachusetts

A Government Employee under Federal Tort Claims Act (FTCA)

Otherwise exempt *(Please explain):* _____

13) Do you perform any surgery in your Massachusetts office? *(See Renewal Instructions, page 5.)* Yes No

If Yes, please complete Form PCA-O "Office Based Surgery" Form on page 8.

Massachusetts Physician Renewal Application

Physician Name: **Arnold L Spertling, M.D.**

License No.: **41186**

01/25/07 51 59

In questions 14-21, the phrase "time period" refers to the following -- all time from the day you signed your last license Renewal Application to the day you sign this Renewal Application. (See Renewal Instructions, page 5.)

You must check either YES or NO to each question. Provide details on Form R if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions.

YES NO

<p>14) CLAIMS MADE</p> <p>a) NEW: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period? (see above).</p> <p>b) PENDING: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been finally settled or finally adjudicated?</p>	
<p>15) CLAIMS CLOSED</p> <p>Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?</p>	
<p>16) OTHER CIVIL LAWSUITS</p> <p>Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.</p> <p>a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?</p> <p>b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this time period?</p>	
<p>17) CRIMINAL CHARGES</p> <p>a) Have you been charged with any criminal offense during this time period?</p> <p>b) Have any criminal offenses/charges against you been resolved during this time period?</p> <p>c) Are there any criminal charges pending against you today?</p> <p>d) Are any Applications for Issuance of Process pending against you?</p>	
<p>18) INVESTIGATIONS AND DISCIPLINARY ACTIONS</p> <p>a) Have you withdrawn an application to any governmental authority, health care facility, group practice, employer or professional association?</p> <p>b) Have you ever taken a leave of absence from any health care facility, group practice or employer?</p> <p>c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?</p> <p>d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?</p>	
<p>19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?</p>	
<p>20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?</p>	
<p>21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?</p>	

<p>22) CME CERTIFICATION:</p> <p>a) Have you completed your CME requirements preceding your renewal date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) If no, are you requesting a CME waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A CME waiver request form must be submitted at least 30 days prior to your license expiration date.</p> <p>c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page 8.)</p> <p style="text-align: center;">CME EXEMPTION: (check one) <input type="checkbox"/> Inactive Status <input type="checkbox"/> Residency/Fellowship training</p>

Massachusetts Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

PART C

Check One:

PHYSICIAN PROFILE

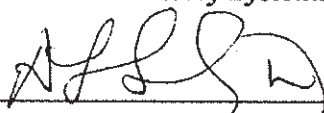
- I have reviewed my Physician Profile at <http://profiles.massmedboard.org> and confirm that the information is accurate. (Please note that if you changed or corrected your business address, business phone number, practice specialty, board certification and/or hospital affiliations on your renewal application, your Physician Profile will also be updated.)
- I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
- My status is Inactive and I do not have a Physician Profile. (*See Renewal Instructions, page 11.*)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L. c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c. 112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. 62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c.119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and the Patient Care Assessment Regulations. 243 C.M.R. 3.00 *et seq.* I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I certify that I have complied with my obligations to disclose my ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services pursuant to G.L. c. 112, sec. 12AA.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. As an applicant for renewal of a license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Signature: _____



Date: 1/15/07

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING. YOU MUST RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS, FOR CREDENTIALING AND FOR OTHER PURPOSES.

01/25/07 91 61

Massachusetts Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

NATIONAL PROVIDER IDENTIFIER (NPI)

The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers, such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions.

Under the final HIPAA NPI Rule, all individual and organization covered providers will be required to obtain an NPI by May 23, 2007.

In order for your license to be renewed you must take one of the following actions:

Option 1: Supply the Board of Registration in Medicine with your valid NPI. You can apply for an NPI directly by using the NPPES web site at www.NPPES.cms.hhs.gov.

Option 2: Certify you have personally applied for your NPI and you have not received it yet. Once you have received your NPI Number, you must notify the Board. Please complete the NPI form at the Board's web site at www.massmedboard.org.

Option 3: Certify another authorized institution has applied for an NPI on your behalf and you have not received it yet (supply institution's name). Once you have received your NPI Number, you must notify the Board by completing the NPI form at the Board's website (see Option 2).

Option 4: Authorize the Board of Registration in Medicine to apply for an NPI on your behalf.

Option 5: If your license status is INACTIVE, you may elect not to obtain an NPI number.

Check the appropriate box below, supply appropriate information, and sign the bottom of the page.

My current NPI is:

I have personally applied for an NPI. (You must provide your NPI number to the Board when received.)

I have applied for an NPI using a third party (enter name): _____ (follow instructions for Option 3)

By checking this option and signing the bottom of this page, I hereby authorize the Board to apply for an NPI on my behalf.

As an *inactive* physician, I do not wish to obtain an NPI.

HIPAA TAXONOMY CODES

Please provide the HIPAA taxonomy (specialty) codes (refer to Renewal Instructions, page 21 for more information). In addition to providing the taxonomy code, please indicate your specialty in the space provided (Taxonomy Description). The primary provider taxonomy code is required if you authorize BORIM to apply for an NPI on your behalf.

	<u>Taxonomy (Specialty) Code</u>	<u>Taxonomy Description (Print)</u>
Primary Provider Taxonomy:	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="V"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="X"/>	<u>OB / GYN</u>
Provider Taxonomy:	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="A"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="X"/>	<u>Aerospace Medicine</u>
Provider Taxonomy:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

NPI REQUIRED INFORMATION

In an ongoing effort to improve the quality of the information we collect, please review the following information and make corrections as necessary. **Please note:** This information is required if you authorize BORIM to apply for an NPI on your behalf.

Social Security Number: - -

State of Birth (if US): _____ Country of Birth (if outside the US): _____

Gender: Male Female

Penalties for Falsifying Information on the National Provider Identifier Application

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Authorization for NPI Dissemination

I authorize the Board of Registration in Medicine to provide my NPI to any authorized hospital, health plan, or health organization.

Signature:  Date: 1/15/07

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING. YOU MUST RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

Massachusetts Physician Renewal Application

Physician Name: **Arnold L. Sperling, M.D.**

License No.: **41186**

01/13/09 S1
119

PART A

1) **Current Status:** Active

Renewal Due Date: 02/05/2009

Birth Date:

If you want to change your current status, please check one of the following boxes to indicate your new status:

Check only one: (See Renewal Instructions, page 3.)

Active

Retiring

Inactive

Do not wish to renew

2) **Addresses & Contact Information.** Please confirm your addresses and make changes, if necessary. You are required to notify the Board of Registration in Medicine within 30 days of any change of address. Home and Business addresses **CANNOT** be a Post Office Box.

Please make corrections (print)

2a) MAILING ADDRESS

241 Boston Post Road
Wayland, MA 01778

Check here to change this address

Mailing Address: _____	
City/Town: _____	State: _____
Zip: _____	Country: _____

2b) HOME ADDRESS

Home Address: _____	
City/Town: _____	State: _____
Zip: _____	Country: _____
Home Telephone: (____) _____	

Home address cannot be a Post Office Box

Phone: _____

Check here to change this address

2c) BUSINESS ADDRESS

241 Boston Post Road
Wayland, MA 01778

Phone: (508)358-5707

Check here to change this address

Business Address: _____	
City/Town: _____	State: _____
Zip: _____	Country: _____
Business Telephone: (____) _____	

Business address cannot be a Post Office Box

RECEIVED

JAN 12 2009

Board of Registration
in Medicine

3) **E-mail Address:** _____

4) **Fax Number:** 508-358-5709

Correct your E-mail and Fax Number below:

5) Specialties (See Renewal Instructions, page 4.)	Delete?	List Additional Specialties:
Obstetrics and Gynecology	<input type="checkbox"/>	
Aerospace Medicine	<input type="checkbox"/>	
	<input type="checkbox"/>	

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information.** (See enclosed instructions and Renewal Instructions, page 4.)

List Certifying Board(s) below:		Update General Certificates and Subspecialty Certificates below. Please add additional Certifications as required.	
Board Name	ABMS or AOA	Certificate/Subspecialty	Delete?
Obstetrics & Gynecology	ABMS	Obstetrics and Gynecology	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Massachusetts Physician Renewal Application

Physician Name: **Arnold L. Sperling, M.D.**

License No.: **41186**

01/13/09 S1 120

<p><i>(See Renewal Instructions, page 4.)</i></p> <p>7) Drug License Numbers Corrections:</p> <p>a) Massachusetts: _____</p> <p>b) Federal (DEA): _____</p> <p>c) Federal (DEA) XS: _____</p>	<p style="text-align: center;"><i>Please make corrections as necessary</i></p> <p>8) Other states where you are <u>now</u> licensed to practice</p> <p style="text-align: center;">_____</p> <p>9) States where you were <u>previously</u> licensed</p> <p style="text-align: center;">NH KY ME SD _____</p>
--	--

10) List all work sites in Massachusetts, including health care facilities (where you are credentialed), private offices, clinics, nursing homes, etc. For the names of the health care facilities, refer to Reference Table 4 on page 18 of the Renewal Instruction booklet. Include any affiliations with Internet-based prescribing services or companies. Please provide all information on all work sites, attaching a separate sheet, if necessary.

List the names of all work sites in Massachusetts <i>(See above and description on page 4.)</i>	Location (City or Town)	State	Delete?
Newton-Wellesley Hospital			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

11) Care of patients in Massachusetts *(See Renewal Instructions, page 4.)*

Average weekly hours involved in: a) inpatient care 0 hrs/wk Change to: _____ hrs/wk

b) outpatient care 18 hrs/wk Change to: _____ hrs/wk

12) Medical Liability Insurance Information *(See Renewal Instructions, page 5.)*

Check one. Locum tenens must list policy dates. My medical liability insurance is provided through:

Insurance Carrier *(complete below)*

Current Insurance Carrier: ProMutual Group Change to: _____

Policy dates: From 11/15/2008 To 11/15/2009

Type of Policy: Claims made with tail coverage Occurrence Policy

(Enclose a copy of the certificate of insurance or the face sheet)

Letter of Credit subject to Board approval *(Attach a copy.)*

I am registering with Active status but I am not required to have medical liability insurance because I am:

Check one: Not involved with direct or indirect patient care in Massachusetts

A Government Employee under Federal Tort Claims Act (FTCA)

Otherwise exempt *(Please explain):* _____

13) Do you perform any surgery in your Massachusetts office? *(See Renewal Instructions, page 5.)* Yes No

If Yes, please complete Form PCA-O "Office Based Surgery" Form on page 8.

Massachusetts Physician Renewal Application

Physician Name: **Arnold L Sperling, M.D.**

License No.: **41186**

01/13/09 31
122

In questions 14-21, the phrase "time period" refers to the following – all time from the day you signed your last license Renewal Application to the day you sign this Renewal Application. (See Renewal Instructions, page 5.)

You must check either YES or NO to each question. Provide details on Form R if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions.

YES NO

<p>14) CLAIMS MADE</p> <p>a) NEW: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period? (see above).</p> <p>b) PENDING: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been finally settled or finally adjudicated?</p>	
<p>15) CLAIMS CLOSED</p> <p>Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?</p>	
<p>16) OTHER CIVIL LAWSUITS</p> <p>Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.</p> <p>a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?</p> <p>b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this time period?</p>	
<p>17) CRIMINAL CHARGES</p> <p>a) Have you been charged with any criminal offense during this time period?</p> <p>b) Have any criminal offenses/charges against you been resolved during this time period?</p> <p>c) Are there any criminal charges pending against you today?</p> <p>d) Are any Applications for Issuance of Process pending against you?</p>	
<p>18) INVESTIGATIONS AND DISCIPLINARY ACTIONS</p> <p>a) Have you withdrawn an application to any governmental authority, health care facility, group practice, employer or professional association?</p> <p>b) Have you ever taken a leave of absence from any health care facility, group practice or employer?</p> <p>c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?</p> <p>d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?</p>	
<p>19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?</p>	
<p>20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?</p>	
<p>21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?</p>	

<p>22) CME CERTIFICATION:</p> <p>a) Have you completed your CME requirements preceding your renewal date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) If no, are you requesting a CME waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A CME waiver request form must be submitted at least 30 days prior to your license expiration date.</p> <p>c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page 8.)</p> <p style="text-align: center;">CME EXEMPTION: (check one) <input type="checkbox"/> Inactive Status <input type="checkbox"/> Residency/Fellowship training</p>

Massachusetts Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

01/13/09 81
124

PART C

Check One:

PHYSICIAN PROFILE

- I have reviewed my Physician Profile at <http://profiles.massmedboard.org> and confirm that the information is accurate. (Please note that if you changed or corrected your business address, business phone number, practice specialty, board certification and/or hospital affiliations on your renewal application, your Physician Profile will also be updated.)
- I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
- My status is Inactive and I do not have a Physician Profile. (*See Renewal Instructions, page 11.*)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L. c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c. 112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. 62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c.119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and the Patient Care Assessment Regulations, 243 C.M.R. 3.00 *et seq.* I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I certify that I have complied with my obligations to disclose my ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services pursuant to G.L. c. 112, sec. 12AA.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. As an applicant for renewal of a license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Signature: _____



Date: 1/8/09

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING. YOU MUST RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS, FOR CREDENTIALING AND FOR OTHER PURPOSES.



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

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

Current Status: Active

License Expiration Date: 3/5/2015

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: 241 Boston Post Road
Wayland
Massachusetts - 01778
United States of America

Home Address:

Business Address: 241 Boston Post Road
Wayland
Massachusetts - 01778
United States of America
(508) 358-5707

3) Email Address:

4) Fax Number: (508) 358-5709

5) Specialties
Aerospace Medicine
Obstetrics and Gynecology

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

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

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS
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8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
Kentucky
Maine
New Hampshire
South Dakota



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

10) Work Sites

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

WorkSite	Location
Newton-Wellesley Hospital	

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 0 hrs/wk
b) outpatient care 18 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Promutual Insurance	11/01/2014	10/31/2015	Occurrence Policy

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

14) Claims Made

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

15) Claims Closed

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

16) Other Civil Lawsuits

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

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
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17) Criminal Charges

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

18) Other Issues

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

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



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

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

- 20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?
- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?
- 22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



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

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



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

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

Compliance with Legal Responsibilities

Online profile:

I have reviewed my Physician Profile and confirm that the information is accurate.

- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
- 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.

Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.



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

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

Current Status: Active

License Expiration Date: 3/5/2013

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address: 241 Boston Post Road
Wayland
Massachusetts - 01778
United States of America

Home Address:

Business Address: 241 Boston Post Road
Wayland
Massachusetts - 01778
United States of America
(508) 358-5707

3) **Email Address:**

4) **Fax Number:** (508) 358-5709

5) **Specialties**
Aerospace Medicine
Obstetrics and Gynecology

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

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

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
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8) **Other states where you are now licensed to practice**
None Reported

9) **States where you were previously licensed**
Kentucky
Maine
New Hampshire
South Dakota



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

10) Work Sites

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

WorkSite	Location
Newton-Wellesley Hospital	

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 0 hrs/wk
b) outpatient care 18 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Cooverys	11/15/2012	11/15/2013	Occurrence Policy

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

14) Claims Made

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

15) Claims Closed

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

16) Other Civil Lawsuits

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

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

17) Criminal Charges

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

18) Other Issues

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

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

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



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

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?
- 22) Have you completed all CPD requirements (100 hours of CPD of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes) Yes



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

Physician Name: Arnold L. Sperling, M.D.

License No.: 41186

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

Compliance with Legal Responsibilities

Online profile:

- I have reviewed my Physician Profile and confirm that the information is accurate.
- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
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 - 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when i have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
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 - 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
 - 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.
- I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.
- Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.



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

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

Current Status: Active

License Expiration Date: 3/5/2011

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: 241 Boston Post Road
Wayland
Massachusetts - 01778
United States of America

Home Address:

Business Address: 241 Boston Post Road
Wayland
Massachusetts - 01778
United States of America
(508) 358-5707

3) Email Address:

4) Fax Number: (508) 358-5709

5) Specialties
Aerospace Medicine
Obstetrics and Gynecology

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

ABMS/AOA	Board Name	Certification	Subspecialty
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7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS
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8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
Kentucky
Maine
New Hampshire
South Dakota



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

10) Work Sites

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

WorkSite	Location
Newton-Wellesley Hospital	

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 0 hrs/wk
b) outpatient care 18 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Promutual Insurance	11/01/2010	11/01/2011	Claims made with tail coverage

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

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
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15) Claims Closed

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Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?
- 22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if you are renewing your license for the first time, please answer Yes) Yes
- 23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?
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Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Arnold L Sperling, M.D.

License No.: 41186

Compliance with Legal Responsibilities

Online profile:

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- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
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- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physical to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
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