

KANSAS STATE BOARD OF HEALING ARTS
235 S TOPEKA BLVD
TOPEKA KS 66603
(785) 296-7413

REC'D JUL 29 2000

APPLICATION FOR REINSTATEMENT

Medicine & Surgery Osteopathic Medicine & Surgery _____ Chiropractic _____ Podiatry _____

I. GENERAL INFORMATION:

KS License No: 19844

1. NAME ORRIN ARLINGTON MOORE
First Middle Maiden Last

2. Mailing Address CONFIDENTIAL
BALDWIN NEW YORK 11500
Street City State Zip Code

3. Telephone: (Res) CONFIDENTIAL
 (Work) 718-786-5000 (FAX) 516-868-2091
516-8

4. Practice Location: CONFIDENTIAL
29-28 41st AVE LLC N.Y. 11101
Street City State Zip Code

II. PROFESSIONAL ACTIVITIES - List in chronological order all activities since the time of cancellation of your Kansas license. List all periods of non-professional activity or employment for more than three months.

FROM Month/Year	TO Month/Year	LOCATION	ACTIVITY
10/87	7/89	Feminist Women's Health CTR 580 14th St Atlanta Ga 30318	Gynecologist
8/89	7/00	EWC 38E 30th St NY NY 10029	"
2/00	Present	CHOICES 29-28 41 st AVE LLC N.Y. 11101	"

III. LICENSURE

List all states in which you have been licensed or are currently licensed. Make no omissions concerning previous licensure or Disciplinary Actions.

State	License Number	Date Issued	Disciplinary Actions	Current Status
NEW YORK	132971	6/28/77	NONE	ACTIVE
MISSOURI	R3018	5/26/81	NONE	INACTIVE
Kansas	19844	02/10/82	NONE	"
GEORGIA	30150	10/08/87	NONE	INACTIVE
California	G41129	3/22/82	NONE	INACTIVE

IV. PROFESSIONAL LIABILITY INSURANCE (Malpractice)

Kansas law (K.S.A. 40-3401-3419) requires all licensees practicing in the State of Kansas to maintain professional liability insurance of not less than \$200,000 per claim subject to not less than \$600,000 annual aggregate for all claims made during the policy period and to participate in the Kansas Health Care Stabilization Fund (KHCSF). YOU MUST SUBMIT WITH YOUR REINSTATEMENT APPLICATION, A COPY OF NOTICE OF BASIC COVERAGE, CERTIFICATE OF INSURANCE OR NOTIFICATION OF INSURANCE BINDER FROM YOUR INSURANCE AGENT AND/OR COMPANY VERIFYING COMPLIANCE.

V. DISCIPLINE

WE ROUTINELY RECEIVE INFORMATION FROM VARIOUS STATES, FEDERAL AND PRIVATE AGENCIES AND ASSOCIATIONS ABOUT ACTION TAKEN AGAINST LICENSEES OR PRACTITIONERS. ALL INFORMATION RECEIVED WILL BE CHECKED ACCORDINGLY TO VERIFY THE TRUTH AND VERACITY OF YOUR ANSWERS. DOCUMENTATION MUST BE PROVIDED FOR ALL YES ANSWERS.

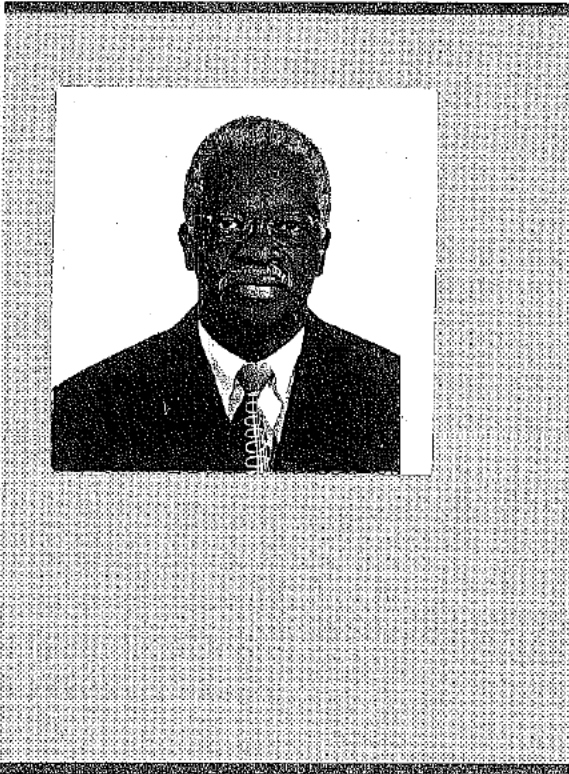
1. Have you ever been rejected for membership or notified by or requested to appear before any professional society?
YES NO (Circle one)
2. Have you ever been denied the privilege of taking an examination administered by a licensing agency?
YES NO (Circle one)
3. Have you ever been denied a license to practice the healing arts or other health care profession?
YES NO (Circle one)
4. Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other hospital care facility?
YES NO (Circle one)
5. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended, been put on probation, or ever been requested to withdraw from any licensed hospital, nursing home, clinic or other hospital care facility in which you have worked, been a staff member, been a partner or held hospital privileges?
Confidential
6. Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation, or other practice organization, either public or private?
YES NO (Circle one)
7. Have you ever, for any reason, lost American Board certification?
YES NO (Circle one)
8. Has any licensing or disciplinary agency limited, restricted, suspended or revoked a license you have held?
YES NO (Circle one)
9. Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary agency?
YES NO (Circle one)
10. Have you ever been notified or requested to appear before any licensing or disciplinary agency?
K43
11-12-83 YES NO (Circle one) *see attachment*
11. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?
YES NO (Circle one)
12. Within the last 2 years have you used any alcohol, narcotic, barbiturate, other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent?
Confidential
13. Within the last 2 years have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependence, which limited your ability to practice the healing arts with reasonable skill and safety?
Confidential
14. Within the last 2 years have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order, which were not taken following the direction of licensed health care provider?
Confidential
15. Have you ever engaged in the practice of the healing arts while any physical or mental disability, loss of motor skill or use of drugs or alcohol impaired your ability to practice with reasonable skill and safety?
Confidential
16. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics controlled substances registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?
YES NO (Circle one)
17. Have you ever surrendered your state or federal controlled substances registration or had it restricted in any way?
YES NO (Circle one)
18. Have you ever been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation?
YES NO (Circle one)
19. Have you ever been a defendant in a legal action involving professional liability (Malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?
K43
11-12-83 YES NO (Circle one)
20. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs?
YES NO (Circle one)
21. Have you ever terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicare Program?
YES NO (Circle one)

VI. STATEMENT OF HEALTH

Do you presently have any physical or mental problems or disabilities which could effect your ability to competently practice your particular branch of the healing arts or your particular specialty?
Confidential

If yes, applicant shall file with this application, a detailed statement of his/her health, diagnosis and prognosis, supported by report of his/her attending physician including any medication and treatment currently being prescribed.

VII. ATTACH 3" X 4" PHOTOGRAPH IN BOX BELOW



1. Individual portrait must be taken within 90 days prior to date of application.
2. Photograph must be signed on back by applicant. (Head, shoulders & upper chest - not full length)
3. Date photo taken written on back of photograph.

Attach photo with paper clips - do not paste.

VII. I, DREW A. MOORE, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry in the state of Kansas and may subject me to a fine not exceeding \$10,000 and term of imprisonment not exceeding 5 years for each violation. (K.S.A.) 21-3805

Signature of Applicant

7/26/03
DATE

REC'D JUL 29 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: October, 20, 1986 DATE CLAIMS WERE FILED: Unknown

PROFESSIONAL LIABILITY CARRIER INVOLVED: Kansas Insurance Department

PATIENT NAME: **Confidential**

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT): Same

DEFENDANT(S): Orrin A. Moore, M.D.

Describe allegations against you and alleged injury to the patient:

Patient suffered an incision in the dome of the bladder causing plaintiff's injury.
Pain and suffering.

The patient incurred a laceration of the dome of the bladder during the performance of a Total Abdominal Hysterectomy and Bilateral Salpingo-Oophorectomy for chronic pelvic pain. The laceration was immediately recognized and adequately repaired at the time of surgery. Patient's recovery was uneventful. She later alleged to have suffered symptoms of urinary incontinence, spastic bladder, and urgency.

Has claimant/plaintiff filed suit in court? Yes No

CASE NUMBER: CV88-5574 State Court: Circuit Court of Jackson County State: Mo

County/Parish: Jackson County

CASE NUMBER: Federal Court (US District Court): District:

Present status of the claim or case
The case or claim is still pending

Verdict or judgment for the plaintiff was entered in the amount of:
The portion of the verdict or judgment attributed to me was:

Case or claim settled for: Approximately **Confidential**
The portion of the settlement which was paid on my behalf was: Same

The case was dismissed by the court.

The claimant/plaintiff voluntarily withdrew the claim/lawsuit.

The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Identify your attorney for this claim/lawsuit:

NAME: Jimmie D. James FIRM: Jimmie D. James

STREET: 204 West Kansas, Suite 103 CITY: Independence STATE: MO ZIP: 64050

REC'D JUL 29 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: May 21, 1988

DATE CLAIMS WERE FILED: Unknown

PROFESSIONAL LIABILITY CARRIER INVOLVED: MAG Mutual Insurance Company, Atlanta, Georgia.

PATIENT NAME: **Confidential**

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT): Same

DEFENDANT(S): 1) Feminist Women's Health Center.
2) Orrin A. Moore, M. D.

Describe allegations against you and alleged injury to the patient:

Failure to recognize cervical laceration. Failure to transfer patient to hospital promptly.

The patient, 32 year old female, underwent a termination of pregnancy by Dilatation and Evacuation (D & E), at 19 weeks gestation. She experienced post-operative bleeding. When conservative measures failed to resolve the problem, the patient was transferred to the hospital. A cervical laceration was found and repaired transvaginally. The patient later developed DIC and was transfused several units of blood products. She was discharged home in satisfactory condition after a two day stay in the hospital.

Has claimant/plaintiff filed suit in court? Yes No

CASE NUMBER: State Court: State: County/Parish:

CASE NUMBER: Federal Court (US District Court): District:

Present status of the claim or case
The case or claim is still pending

Verdict or judgment for the plaintiff was entered in the amount of:
The portion of the verdict or judgment attributed to me was:

Case or claim settled for: Approximately **Confidential**
The portion of the settlement which was paid on my behalf was: **Confidential**

The case was dismissed by the court.

The claimant/plaintiff voluntarily withdrew the claim/lawsuit.

The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Identify your attorney for this claim/lawsuit:

NAME: W. Allen Separk

FIRM: W. Allen Separk

STREET: 271 Roswell Street, P.O Box 1149

CITY: Marietta

STATE: Georgia

ZIP: 30061

REC'D JUL 29 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: August 10, 1990 DATE CLAIMS WERE FILED:

PROFESSIONAL LIABILITY CARRIER: Medical Liability Mutual Insurance Company

PATIENT NAME: **Confidential**

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT):

DEFENDANT(S): Eastern Women's Center, and Orrin Moore, M.D.

Describe allegations against you and alleged injury to the patient:

A 35-year old female at the time of procedure, had a second trimester Dilatation & Evacuation (D& E) performed by me at Eastern Women's Center on August 10, 1990. She was twenty-three (23) weeks pregnant. Her history was significant for a previous Caesarean section (C-section). A pre-operative sonogram showed a single 23-week pregnancy with an anterior placenta which was above the edge of the cervical outline. The D & E was completed easily, however, there was excessive bleeding post-operatively. Conservative measures failed to stop the bleeding. The patient was then transferred to the hospital where an exploratory laparotomy was performed. There was no evidence of perforation or laceration. The previous C-section scar was found to be attenuated. The scar was opened. Exploration of the uterine cavity revealed large amounts of blood clots and some placental tissue densely adherent to the myometrium. These were removed and bleeding points were cauterised. A bilateral uterine artery ligation was performed. Good hemostasis was achieved. The patient received several units of blood products. The post-operative diagnosis was Placenta previa, Placenta accreta, DIC, Uterine atony.

Has Claimant/plaintiff filed suit in court? Yes No

CASE # 25436-92 State Court: Supreme State: NY County/Parish: New York

The Case or Claim was settled for **Confidential**
The portion of the settlement paid on my behalf was **Confidential**

Attorney for this claim/lawsuit:

NAME: Marian Polovy FIRM: Marian Polovy
STREET: 51 Madison Avenue CITY: New York City STATE: NY ZIP: 10010

APR 29 2000

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE 8/03/91 DATE CLAIMS WERE FILED: _____
PROFESSIONAL LIABILITY CARRIER INVOLVED: MEDICAL LIABILITY MUTUAL INSURANCE
COMPANY

PATIENT NAME: Confidential _____ Confidential
Claimant/Plaintiff Name (If Other Than Patient):

Defendant(S): Eastern Women's Center, Adel Abadir, Md. Orrin Moore, Md

Describe Allegations Against You And Alleged Injury To The Patient:
A 21 Year Old Female Underwent an uneventful D&E, performed at Eastern Women's Center, of a 16 week pregnancy. She was transferred to the Recovery Room in stable condition. She suffered a respiratory arrest in the Recovery Room followed by a full cardiac arrest. Resuscitative efforts were partially successful. The patient was transferred to the hospital where she later expired.

Has claimant/plaintiff suit in court? Yes No
Case number 104592/93 State Court: Supreme State New York County/Parish: New York
Case Number: _____ Federal Court (US District Court): _____ District: _____

- Present status of the claim or case
- The case or claim is still pending
 - Verdict or judgment for the plaintiff was entered in the amount of \$ _____
The portion of the verdict or judgment attributed to me was \$ _____
 - Case or claim settled for \$ Confidential
The portion of the settlement which was paid on my behalf was \$ 52,500.00
 - The case was dismissed by the court
 - The claimant/ plaintiff voluntarily withdrew the claim/lawsuit
 - The claimant/plaintiff voluntarily dismissed me from the lawsuit

Identify your attorney for this claim/lawsuit:

NAME: MR. MURPHY FIRM: HEIDEL, PITTONI, MURPHY & BACH, PC
STREET: 99 PARK AVENUE CITY: NEW YORK STATE: NEW YORK ZIP: 10016

REC'D JUL 29 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: March 3, 1993 DATE CLAIMS WERE FILED: Unknown

PROFESSIONAL LIABILITY CARRIER INVOLVED: Medical Liability Mutual Insurance Company

PATIENT NAME: **Confidential**

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT): Same

DEFENDANT(S): NYC Health & Hospitals Corporation, Eastern Women's Center, Orrin Moore, M.D.

Describe allegations against you and alleged injury to the patient: Ms Perry, a 28 year old female, had a Dilatation & Evacuation performed by me on March 3, 1993. She was fifteen (15) weeks pregnant. The procedure was unevenifull and she was discharged in stable condition and without complaints. Patient filed suit claiming that she sustained complications. I received no further correspondence in this matter and the case was closed without payment on June 30, 1997.

Has claimant/plaintiff filed suit in court? Yes No

CASE NUMBER: State Court: State: County/Parish:

CASE NUMBER: Federal Court (US District Court): District:

Present status of the claim or case
The case or claim is still pending

Verdict or judgment for the plaintiff was entered in the amount of:
The portion of the verdict or judgment attributed to me was:

Case or claim settled for:
The portion of the settlement which was paid on my behalf was:

The case was dismissed by the court.

The claimant/plaintiff voluntarily withdrew the claim/lawsuit.

The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Identify your attorney for this claim/lawsuit:

NAME: Marian Polovy

FIRM: Marian Polovy

STREET: 51 Madison Avenue

CITY: New York City

STATE: NY

ZIP: 10010

Orrin A. Moore, M.D.
Professional Liability History

REC'D JUL 29 2003

DATE OF OCCURRENCE: May 25, 1993

DATE CLAIMS WERE FILED: Unknown

PROFESSIONAL LIABILITY CARRIER INVOLVED: Medical Liability Mutual Insurance Company

PATIENT NAME: **Confidential**

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT): Same

DEFENDANT(S): Eastern Women's Center, Jeffrey Moskowitz, M.D., Orrin Moore, M.D.

Describe allegations against you and alleged injury to the patient:
The patient had a second trimester abortion performed by me at Eastern Women's Center on May 25, 1993. Her Dilatation & Evacuation was complicated by hemorrhage, which necessitated hospitalization and subsequent hysterectomy. The pathological diagnosis was Placenta accreta.

Has claimant/plaintiff filed suit in court? Yes No

CASE NUMBER: 4919-94 State Court: Supreme Court State: New York County/Parish: Kings County

CASE NUMBER: Federal Court (US District Court): District:

Present status of the claim or case
The case or claim is still pending

Verdict or judgment for the plaintiff was entered in the amount of:
The portion of the verdict or judgment attributed to me was:

Case or claim settled for:
The portion of the settlement which was paid on my behalf was:

The case was dismissed by the court.

The claimant/plaintiff voluntarily withdrew the claim/lawsuit.

The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Identify your attorney for this claim/lawsuit:

NAME: Daniel G. Fedrico

FIRM: Schiavetti, Geisler, et al

STREET: 1633 Broadway CITY: New York City STATE: NY ZIP: 10019

CD JUL 9 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: February 18, 1994 DATE CLAIMS WERE FILED: Unknown

PROFESSIONAL LIABILITY CARRIER INVOLVED: Medical Liability Mutual Insurance Company

PATIENT NAME: **Confidential**

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT): Same

DEFENDANT(S): Eastern Women's Center, Orrin Moore, M.D., NYC Health & Hospitals Corp.

Describe allegations against you and alleged injury to the patient:
Plaintiff alleged that abortion was improperly performed resulting in a perforated uterus.

The patient, a 25 year old female, had an uneventful Dilatation & Evacuation performed by me at Eastern Women's Center. She was discharged in satisfactory condition. Her suit alleges that she was admitted to co-defendant's hospital three days later in pain with fever and bleeding. Patient hemorrhaged during an attempted D & C at the hospital. She underwent a sub-total hysterectomy. The pathological specimen showed a uterine perforation. Patient was discharged in satisfactory condition.

Has claimant/plaintiff filed suit in court? Yes No

CASE NUMBER: 120951-94 State Court: Supreme Court State: NY County/Parish: New York

CASE NUMBER: Federal Court (US District Court): District:

Present status of the claim or case
The case or claim is still pending

Verdict or judgment for the plaintiff was entered in the amount of:
The portion of the verdict or judgment attributed to me was:

Case or claim settled for: **Confidential**
The portion of the settlement which was paid on my behalf was: **Confidential**

The case was dismissed by the court.

The claimant/plaintiff voluntarily withdrew the claim/lawsuit.

The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Identify your attorney for this claim/lawsuit:

NAME: Marian Polovy FIRM: Marian Polovy
STREET: 51 Madison Avenue CITY: New York City STATE: NY ZIP: 10010

REC'D JUL 29 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: November 9, 1994 DATE CLAIMS WERE FILED: November 4, 1995

PROFESSIONAL LIABILITY CARRIER INVOLVED: Medical Liability Mutual Insurance Company

PATIENT NAME: **Confidential**

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT): Eastern Women's Center, Defendants and third party plaintiffs

DEFENDANT(S): Orrin Moore, M.D.

I performed a first trimester abortion on this patient on November 9, 1994 at Eastern Women's Center without incident. Patient had a normal follow-up visit at Eastern Women's Center. However, she later bled and had a D & C performed in a hospital. Patient sued Eastern Women's Center. Eastern Women's Center is suing me.

Has claimant/plaintiff filed suit in court? Yes No

CASE NUMBER: 41999-98 State Court: Civil court State: NY County/Parish: Bronx

CASE NUMBER: Federal Court (US District Court): District:

Present status of the claim or case
 The case or claim is still pending

Verdict or judgment for the plaintiff was entered in the amount of:
The portion of the verdict or judgment attributed to me was:

Case or claim settled for:
The portion of the settlement which was paid on my behalf was:

The case was dismissed by the court.

The claimant/plaintiff voluntarily withdrew the claim/lawsuit.

The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Identify your attorney for this claim/lawsuit:

NAME: Jan Marcantonio FIRM: Curtis, Mallet-Prevost, et al

STREET: 101 Park Avenue CITY: New York City STATE: NY ZIP: 10178

REC'D JUL 29 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: September 20, 1997 DATE CLAIMS WERE FILED: November 13, 1998

PROFESSIONAL LIABILITY CARRIER: Medical Liability Mutual Insurance Company

PATIENT NAME: Confidential

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT):

DEFENDANT(S): Eastern Women's Center, Jeffrey Moskowitz, M.D., Orrin Moore, M.D.

Describe allegations against you and alleged injury to the patient:

Plaintiff alleges the following: 1) Failure to treat her pregnancy, & 2) Insertion of abortion-related equipment improperly.

Patient came to Eastern Women's Center for a termination of a 19-week pregnancy. Her cervix was not adequately dilated. Since the membranes were intact and the internal os for the cervix was closed, the patient was sent home with instructions to return on Tuesday of the following week for completion of her procedure since the clinic is closed on week-ends. Her membranes ruptured over the week-end. She was admitted to the hospital where the procedure was completed. She became septic and developed DIC. She was successfully treated and discharged in satisfactory condition. The patient's prognosis is good.

Has Claimant/plaintiff filed suit in court? Yes No

CASE # 24948-98 State Court: Supreme State: NY County/Parish: Bronx

The Case or Claim was settled for Confidential
The portion of the settlement paid on my behalf was Confidential

Attorney for this claim/lawsuit:

NAME: Daniel G. Federico FIRM: Schiavetti, Corgan, et al
STREET: 1633 Broadway CITY: New York City STATE: NY ZIP: 10019

REC'D JUL 29 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: March 2, 2000 DATE CLAIMS WERE FILED: September 25, 2000

PROFESSIONAL LIABILITY CARRIER INVOLVED: Medical Liability Mutual Insurance Company

PATIENT NAME: Confidential

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT): Confidential
Confidential

DEFENDANT(S): Choices Women's Center, Orrin Moore, M.D. & Gerald Zupnick, M.D.

Describe allegations against you and alleged injury to the patient: Plaintiff alleges the following:

1. Lack of informed consent
2. Treatment not in accord with accepted medical standards
3. Sustained severe personal injury

During the performance of a twenty four (24) week dilatation & evacuation, the surgeon suspected that he might have perforated the patient's uterus. As Medical Director, I was consulted. I confirmed a posterior perforation. The patient was transferred to the hospital where an exploratory laparotomy was done. The perforation and bowel injury was repaired. The patient was discharged in satisfactory condition. Her prognosis is excellent.

Has claimant/plaintiff filed suit in court? Yes No

CASE NUMBER: 22398-00 State Court: Supreme State: NY County/Parish: Queens

CASE NUMBER: Federal Court (US District Court): District:

Present status of the claim or case.

The case or claim is still pending

Verdict or judgment for the plaintiff was entered in the amount of:
The portion of the verdict or judgment attributed to me was:

Case or claim settled for:
The portion of the settlement which was paid on my behalf was:

The case was dismissed by the court.

The claimant/plaintiff voluntarily withdrew the claim/lawsuit.

The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Identify your attorney for this claim/lawsuit:

NAME: Gerald J. Morulli

FIRM: Morulli & Associates, P.C.

STREET: 115 Broadway, 19th Floor CITY: New York City STATE: NY ZIP: 10006



MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
1426 HOWE AVE, SUITE 56
SACRAMENTO CA 95825-3236
TELEPHONE: (916) 263-2382
FAX: (916) 263-2944



www.medbd.ca.gov

September 5, 2003

REC'D SEP 10 2003

KANSAS BOARD OF HEALING ARTS
235 SW TOPEKA BLVD
TOPEKA KS 66603-3068

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician: ORRIN A MOORE
License No.: G 47149
Issued: March 22, 1982
Exam Type: A written examination
Expiration Date: December 31, 1983
Status: Canceled

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.

Lucinda James
Chief, Division of Licensing

SEAL

584-406878

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

INTERIM
EXECUTIVE DIRECTOR
LaSharn Hughes



MEDICAL DIRECTOR
Jim H. McNatt, MD

2 Peachtree St., N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404. 656.3913 • Fax (404) 656-9723
<http://www.medicalboard.state.ga.us> E-Mail: Medboard@dch.state.ga.us

RECEIVED

SEP 02 2003

Wednesday, August 27, 2003

TO WHOM IT MAY CONCERN:

This is to certify that **Orrin Moore, MD** was issued Physician license number 30150, on October 8, 1987. It is further certified that the status of this License is: Inactive.

The license expiration date is December 31, 1993.

A review of public records indicates that no public board orders have been docketed.

This day Wednesday, August 27, 2003.

Composite State Board of Medical Examiners

LaSharn Hughes
Interim Executive Director

Our mailing address of record for this licensee:

Confidential

Baldwin, NY 11510



REC'D JUL 30 2003

Bob Holden
Governor

Division of Professional Registration
Marilyn Taylor Williams, Director

Joseph L. Driskill
Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard

P.O. Box 4

Jefferson City, MO 65102-0004

573-751-0098

866-289-5753 TOLL FREE

573-751-3166 FAX

800-735-2966 TDD

Website: <http://www.ecodev.state.mo.us/pr/healarts>

Tina Steinman
Executive Director

To:

Kansas Board of Healing Arts
235 South Topeka Blvd
Topeka, KS 66603

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Orrin A Moore, M.D.

LICENSE TYPE:	Medical Physician & Surgeon
DATE OF BIRTH:	Confidential 1942
LICENSE NUMBER:	R3C18
DATE ISSUED:	5/26/1982
STATUS:	Expired
EXPIRATION DATE:	1/31/1990
LICENSE METHOD:	Natl Bd of Medical Examiners
MEDICAL SCHOOL:	
DISCIPLINARY ACTION:	None



Rose Evers
Verifications Clerk

07/28/2003

Date



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

4-19844
REC'D AUG 11 2003

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, MOORE ORRIN A WAS ISSUED LICENSE/CERTIFICATE NUMBER 132971 FOR THE PRACTICE OF MEDICINE ON 10/28/77.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: **Confidenti** 42
SCHOOL ATTENDED: CORNELL UNIV MEDICAL COLL
DATE OF GRADUATION: 05/26/76
DEGREE EARNED: MD

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

BASIS OF LICENSURE:

B NATIONAL BOARD CERTIFICATE#166481 DATED 07/01/77

NP(33)#000253 NP(33)#000454
NP(42)#000131 [X] MORE

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

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 11/30/05
ADDRESS: 2928 41ST AVENUE LONG ISLAND CITY NY 11101-3303

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

COMMENTS:

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

SEAL

Frank Gebosky
PRINCIPAL CLERK

08/05/03

REC'D JUL 29 2003

PHYSICIANS & SURGEONS PROFESSIONAL LIABILITY INSURANCE POLICY

Medical Liability Mutual Insurance Company
2 Park Avenue, New York, NY 10016

Declarations Page

Policy Number: **CMP-038927-2**

Policy Period: **07/01/2003 07/01/2004**

*Effective 12:01 A.M., Standard Time
at the Policy Administrator's Address*

Account Number: **MP0389272PR**

Policy Type: **Claims Made**

Policy Administrator:
Name: **Orrin A. Moore, MD**
And Address: **c/o Choices Women's Medical Center, Inc.
29-28 41st Avenue
Long Island City, NY 11101**

Policy Producer: **Not Applicable**
Name:
Address:
Phone Number:

In return for the payment of the Premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

WHO IS INSURED UNDER THIS POLICY

Named Individual/Organization Coverage Code/Specialty Description	Limits of Liability Each Person/Total	Retroactive Date (if applicable)	Premium
02-32-02-41-95-0000000 Orrin A. Moore, MD-MP0389272- Obstetrics/Gynecology	\$1,000,000/\$3,000,000	08/01/1989	\$95,859.00
		Surcharge(s):	\$0.00
		Total Premium:	\$95,859.00

Limits of Defense Coverage For Each Natural Person Listed in "Who Is Insured"

Part B. 1. Legal Defense For One Or More Administrative Hearings	<u>\$25,000</u>
Part B. 2. Legal Defense Of One Or More Medicare/Medicaid Fraud And/Or Abuse	<u>\$25,000</u>
Total amount for B. 1., B.2., combined, regardless of the number of hearings and/or proceedings during the Policy Period:	<u>\$25,000</u>

FORMS AND ENDORSEMENTS

PSE0002 0102, PSE0003 0102, PSE0005 0102

Issuing Office: 2 Park Avenue, New York, NY 10016

Phone:

Initials/Date: CDESTEFANO/July 01, 2003

Signed by:

Donald J. Fager
Authorized Company Representative