

TARGET SHEET

TL - 000222 - L

LICENSE NUMBER

NAME W O R T M A P P L

CODE

910143 0030



Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649  
717-783-1400

March 27, 1991

Morris Wortman, M.D.

[REDACTED]  
Rochester, NY 14623

Re: TL-000222-L

Dear Doctor Wortman:

The State Board of Medicine has approved your request for a Temporary License to practice medicine and surgery at Saint Vincent Surgery Center in Erie on March 28, 1991. We have indicated in our records that Peter G. Levinson, M.D. will be the attending physician and responsible for the ultimate care of the patients.

It is the understanding of the Board that you will be covered for malpractice insurance through Medical Malpractice Insurance Association.

Sincerely,

(Mrs.) Loretta M. Frank  
Administrative Assistant

LNF:sm

cc: Peter G. Levinson, M.D.

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APPLICATION FOR TEMPORARY LICENSE

Morris Wortman, M.D.

Dr. Wortman is requesting a temporary license to serve as a visiting professor in demonstrating new surgical techniques in gynecology at Saint Vincent Surgery Center in Erie on March 28, 1991.

Peter G. Levinson, M.D., states that he will be the attending physician with Dr. Wortman and will be responsible for the ultimate care of the patients involved in the surgical procedures.

Pertinent documents follow for review.

*Approved by Board*

*3/26/91*

910145 0-3202

APPLICATION FOR TEMPORARY LICENSE

435  
3-7-91

(Print or Type)

1 NAME Wortman Morris

LAST FIRST MIDDLE

2 ADDRESS [REDACTED] Rochester, N. Y. 14623

STREET

CITY STATE ZIP CODE

3 NAME OF PENNSYLVANIA HEALTH CARE FACILITY, CAMP OR ORGANIZATION OF EMPLOYMENT

St. Vincent Surgery Center 312 West 25 Street Erie, Pa 16502

4 ADDRESS OF (3) ABOVE

STREET

CITY STATE ZIP CODE

5 NAME OF ATTENDING PHYSICIAN, SUPERVISOR OR AGENCY HEAD

Peter G. Levinson, M. D.

6 ADDRESS OF (5) ABOVE 312 W. 25 Street Erie, Pa 16502

STREET

CITY STATE ZIP CODE

7 List all states, territories, and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive).

New York State

8 Are you or have you ever been addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs? [REDACTED]

9 Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or any other country?  YES  NO

10 Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or any other country?  YES  NO

11 Have you ever possessed a license to practice medicine and surgery or other professional license, or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions?  YES  NO

12 Have you ever had provider privileges denied or restricted by the Drug Enforcement Administration, a medical assistance agency, or other authority?  YES  NO

13 Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility?  YES  NO

If you have answered YES to 8, 9, 10, 11, 12 or 13, please provide details on an additional sheet. The failure to provide sufficient information for these items may result in a delay in processing the application or require the return of the application.

NOTARY

State of NEW YORK

County of MONROE

\_\_\_\_\_ (applicant) being duly sworn according to law, deposes and says that he/she is the person making the foregoing application and that the statements made therein are true and complete to the best of his/her knowledge and belief.

Subscribed and sworn to before me this 26th

day of February, 1991

Debra A. Daggett  
SIGNATURE OF NOTARY

[Signature]  
SIGNATURE OF APPLICANT

My Commission Expires: \_\_\_\_\_

**DEBRA ANN DAGGETT**  
(NOTARY SEAL)  
NOTARY PUBLIC, STATE OF NEW YORK  
LIVINGSTON COUNTY  
MY COMMISSION EXPIRES 11/91

**ADDITIONAL REQUIREMENTS:**

- Submit a letter of good standing from the state, territory or country where you are currently practicing. NY
- Submit a letter from the hospital, health care facility, employer or camp outlining in detail the anticipated practice of the applicant. This letter should indicate the type of practice, frequency of practice, length of practice and assurance of malpractice insurance compliance.
- Submit a letter from collaborating or back-up physician indicating in detail the acceptance of specific responsibilities.   
*done*
- Curriculum Vitae of all professional and other activities.
- Submit a \$35.00 fee, check or money order, made payable to the "Commonwealth of Pennsylvania."

910143030  
THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
CUSTOMER SERVICE UNIT  
CULTURAL EDUCATION CENTER  
ALBANY, NEW YORK 12230

DATE 08/08/71

RE WHOM I MAY CONCERN:

YOU HAVE INQUIRED AS TO WHETHER OR NOT A LICENSE TO PRACTICE  
MEDICINE  
EVER BEEN ISSUED TO: MORTYMAN MORRIS

THIS PERSON IS LICENSED AND IS CURRENTLY REGISTERED, OUR RECORDS  
INDICATE THE ADDRESS BELOW:

200 WHITE SPRUCE BLVD ROCHESTER NY 14623-1608

LICENSE NUMBER: 138180 LICENSURE DATE: 05/25/79.  
CURRENT REGISTRATION EXPIRES: 12/31/92.

THIS LICENSE IS IN GOOD STANDING

*INT'l*  
CERTIFICATION CENTER  


910145 0030

MORRIS WORTMAN, M.D., F.A.C.O.G.

Gynecology  
Infertility & Microsurgery

200 White Spruce Boulevard  
Rochester, New York 14623

716-272-7990

February 25, 1991

To: State Board of Medicine  
Pennsylvania  
Harrisburg, Pa

From: Morris Wortman, M. D.

Please accept my application for temporary licensure in the State of Pennsylvania in order that I may serve as a visiting professor to the St. Vincent's Hospital on March 28, 1991 to demonstrate new surgical techniques in gynecology.

In accordance with your application procedure and as sole proprietor of my practice I wish to clarify the points listed under "Additional Requirement" paragraph "2".

Anticipated practicate of applicant--I have been invited by Peter G. Levinson to demonstrate two types of surgical procedures at the St. Vincent Surgicenter on March 28, 1991. These include: hysteroscopic ablation of the endometrium and hysteroscopic myomectomy.

Type of practice -- I have been practicing in the Rochester area since 1980. Since 1987 I have limited my practice to gynecology only. My area of expertise includes infertility, advanced gynecologic laparoscopic surgery as well as hysteroscopic surgery. I am a member of the Hysteroscopy Study Group of the American Association of Gynecologic Laparoscopists--a group actively engaged in assessing the benefits and risks of hysteroscopic procedures. To date I have performed 78 such procedures over a period of 28 months.

Enclosed please find copy of medical malpractice insurance.

Feel free to call my office for any further details.

Most Sincerely yours,

  
Morris Wortman, M. D.

*Called office  
for LOCIS from  
NY. Med. Bd.  
JMW  
3/1/91*

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February 26, 1991

State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105

Dear Sir:

This letter will confirm that Morris Wortman, M.D., has applied for and been granted temporary privileges in the Obstetrics and Gynecology Section of the Saint Vincent Surgery Center's medical staff. These privileges are granted in conformance with the bylaws of the medical staff (Article 3, section 4) and will be effective for March 28, 1991. His activities will be under the direct supervision of Peter G. Levinson, M.D., who is an active member of good standing at the Surgery Center. Dr. Morrison's privileges will include hysteroscopic rollerball ablation of the endometrium and hysteroscopic rollerball ablation of the endometrium with submucous hysteroscopic myomectomy.

If you are in need of further information, please feel free to contact my office at

Sincerely,

SAINT VINCENT SURGERY CENTER

*James R. Smith*  
James R. Smith  
Executive Director

JRS/mlm

cc: Ellen Dailey, M.D., Section Chief - Obstetrics/Gynecology  
Gunasiri Samarasinghe, M.D., Medical Director  
Geri Kidder, R.N., Director of Nursing  
Peter G. Levinson, M.D.

*Spoke with Mr. Smith  
my re letter needed  
from Mr. Levinson.  
JRS  
3/1/91*



THIS IS AN OCCURRENCE POLICY 910150403 0009103

EXCESS LIABILITY RENEWAL CERTIFICATE

MEDICAL MALPRACTICE INSURANCE ASSOCIATION

110 William Street  
New York, New York 10038

Renewal Certificate For  
Policy No. X12535

HOSPITAL CODE
138-90

Declarations

Item 1. Named Insured and Address:

MORRIS NORTMAN, M.D.  
[REDACTED]  
ROCHESTER NY 14623

Item 2. Renewal Certificate Period:

From: 01 JUL 1990 To: 01 JUL 1991  
12:01 a.m. Eastern Time at the address of the named insured as stated herein.

Item 3. Retroactive Date: Not Applicable

Item 4. Underlying Insurance:

Company - MEDICAL LIABILITY MUTUAL  
Limits of Liability \$ 1,000,000 Each Claim and  
\$ 3,000,000 Aggregate  
Policy Period From 01 JUL 1990 to 01 JUL 1991

Item 5. Limit(s) of Liability Hereunder:

1,000,000 Each Claim and  
3,000,000 Aggregate  
Excess of Underlying Insurance

Item 6. Renewal Certificate Premium: 11,435.00

Extended Period Premium: Not Applicable

Total Premium: 11,435.00

BY: \_\_\_\_\_  
Authorized Representative

MEDICAL LIABILITY MUTUAL INSURANCE COMPANY

TWO PARK AVENUE, NEW YORK, NEW YORK 10022

0030

PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY INSURANCE POLICY

FACTS PAGE (CLAIMS MADE FORM)

FACTS YOU MUST KNOW IN ORDER TO UNDERSTAND YOUR COVERAGE:

YOUR PRESENT POLICY PERIOD	FROM	TO
	07/01/90	07/01/91

YOUR RETROACTIVE DATE
07/01/86

YOUR POLICY NUMBER
CHP-032536 7

OUR  
NAME  
AND  
ADDRESS

MORRIS A WORTMAN, MD  
[REDACTED]  
ROCHESTER, NY 14623

LIMITS OF LIABILITY	
\$ 1,000,000	\$ 3,000,000
EACH PERSON	Aggregate

ENDORSEMENTS
UND-189

SPECIALTY OR TYPE OF PRACTICE

Obstetrics and Gynecology  
Premium class 2..... 39,473.00

YOUR PREMIUM	\$ 39,473.00
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NOTICE REQUIRED BY THE NEW YORK INSURANCE LAW

THIS POLICY PROVIDES INSURANCE ON A CLAIMS MADE BASIS. THIS POLICY DOES NOT PROVIDE COVERAGE FOR CLAIMS ARISING OUT OF EVENTS, OCCURRENCES, OR ALLEGED WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE STATED ON THE FACTS PAGE. THE POLICY COVERS ONLY CLAIMS FIRST REPORTED TO THE COMPANY WHILE THE POLICY REMAINS IN EFFECT, AND ALL COVERAGE UNDER THE POLICY WITHIN THE 60-DAY EXTENDED REPORTING PERIOD COVERAGE, CEASES UPON THE TERMINATION OF THE POLICY UNLESS THE INSURED PURCHASES OPTIONAL EXTENDED REPORTING ENDORSEMENT COVERAGE. THE LENGTH OF SUCH OPTIONAL EXTENDED REPORTING ENDORSEMENT COVERAGE UNDER THIS POLICY SHALL BE FOR AN UNLIMITED TIME PERIOD.

DURING THE FIRST SEVERAL YEARS OF CLAIMS MADE INSURANCE, CLAIMS MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES. HOWEVER, THE ANNUAL PREMIUM FOR CLAIMS MADE INSURANCE IS SUBJECT TO INCREASES INDEPENDENT OF OVERALL RATE LEVEL CHANGES UNTIL THE CLAIMS MADE EXPOSURE REACHES MATURITY. THE RATES FOR THE OPTIONAL EXTENDED REPORTING ENDORSEMENT COVERAGE SHALL BE BASED ON THE RATES IN EFFECT AT THE TERMINATION OF COVERAGE. THE COMPANY SHALL PROVIDE THE INSURED, UPON WRITTEN REQUEST, WITH INFORMATION CONCERNING THE AVERAGE STATEWIDE PERCENTAGE CHANGES AND THE EFFECTIVE DATES OF EACH RATE REVISION IN THIS INSURANCE WHICH THE COMPANY HAS IMPLEMENTED WITHIN THE FIVE-YEAR PERIOD IMMEDIATELY PRECEDING THE EFFECTIVE DATE OF THIS POLICY. SUCH CHANGES, HOWEVER, MAY OR MAY NOT BE INDICATIVE OF FUTURE RATE CHANGES.

SIGNED

*Donald J. Fager*  
AUTHORIZED REPRESENTATIVE

LTS.	CLS	SPEC	TR	RSK	SOC	PR	RATE	AC	PS	SP	SEQ	ANN. DATE	REF. NO.
09	02	32	00	28	00	N	1.00		10	00	04323		

PETER G. LEVINSON, M.D.  
MARK E. TOWNSEND, M.D.

PeachStreetMedical • 5580 Peach Street • Harrisburg, PA 17105 • 717/653-1100

February 26, 1991

State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105

RE: MORRIS WORTMAN, M.D.


Dear Sirs:

This letter is to recommend your granting a temporary state medical license to Dr. Morris Wortman. Dr. Wortman is a reproductive endocrinologist and infertility specialist from the University of Rochester. I recently met Dr. Wortman during a conference that he had given on hysteroscopic surgery. Dr. Wortman is a respected gynecologist and excellent surgeon. He will enhance the knowledge base of the gynecologists of Northwestern Pennsylvania.

This letter is to confirm that I will be the attending physician with Dr. Wortman at St. Vincent Surgery Center in Erie, Pennsylvania on March 28, 1991 to perform hysteroscopic rollerball ablation of the endometrium and will be responsible for the ultimate care of the patients involved in the procedures.

Your prompt attention to this matter is appreciated.

Sincerely,

  
Peter G. Levinson, M.D.

PGL/emc

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Morris Wortman, M.D.

Rochester, New York 14623

3/7/91

Dear Mrs. Frank:

Please find enclosed a letter from Dr. Levinson regarding Dr. Wortman's proposed licensing in PA.

Dr. Levinson has indicated that you need such a letter.

I have contacted the state of New York and they will forward a letter of good standing to you asap.

My apologies for not having it initially.

Sincerely,



D. Daggert  
Office Manager

**PETER G. LEVINSON, M.D.**  
**MARK E. TOWNSEND, M.D.**

*Obstetrics & Gynecology*

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Peach Street Medical • 3580 Peach Street • Erie, PA 16508 • 814-856-1333

March 7, 1991

Loretta Frank

RE: DR. MORRIS WORTMAN

Enclosed is a copy of a letter sent to the  
State Board dated February 26, 1991.

I understand that you have not received the  
original and hope that this copy will satisfy  
obligations for Dr. Wortman.

Thank you in advance for your prompt  
attention concerning this matter.

Sincerely,

  
Sharon Christopher

910145 0030

PETER G. LEVINSON, M.D.  
MARK E. TOWNSEND, M.D.

Obstetrics & Gynecology

PeachStreetMedical • 3580PeachStreet • Erie,PA 16508 • 814-866-1333 • FAX 814-866-0061

February 26, 1991

State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105

RE: MORRIS WORTMAN, M.D.

Dear Sirs:

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This letter is to confirm that I will be the attending physician with Dr. Wortman at St. Vincent Surgery Center in Erie, Pennsylvania on March 28, 1991 to perform hysteroscopic rollerball ablation of the endometrium and will be responsible for the ultimate care of the patients involved in these procedures.

Your prompt attention to this matter is appreciated.

Sincerely,



Peter G. Levinson, M.D.

PGI/smc

9 1 0 1 4 5 0 0 3 0

MORRIS WORTMAN, M. D., F.A.C.O.G.  
CURRICULUM VITAE

Morris Wortman, M. D.

[REDACTED]  
Rochester, New York 14623

Born: [REDACTED]

Children: [REDACTED]

Marital status: [REDACTED]

**EDUCATION:** Brooklyn College of the City University of New York 1968 -  
York 1968 - 72. B. S. Chemistry. Graduated Suma cum  
laude. Phi Beta Kappa. Nominated for Cecil Rhoades  
Scholarship.

University of Rochester School of Medicine 1972 to 1976

**POST-GRADUATE TRAINING:**

Internship 1976 - 77 University of Rochester  
Affiliated Hospital Program in Ob-Gyn

Residency 1977 - 79 University of Rochester  
Affiliated Hospital Program in Ob-Gyn

Chief Resident 1979 - 80 University of Rochester Affiliated  
Hospital Program in Ob-Gyn

**ACADEMIC AWARDS:**

Nominated for Cecil Rhoades Scholarship 1972  
Elected Phi Beta Kappa 1971

**NON ACADEMIC AWARDS:**

Elected to represent 1973 U. S. Maccabiah  
Team to Israel

**SPECIALTY BOARDS:**

Fellow American College of Obstetrics & Gynecology  
November 1982

**RECERTIFICATION:**

Recertified American College Ob & Gyn 6/89

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**EMPLOYMENT:** Consultant in Obstetrics and Gynecology 1979 -80 Genesee Valley Group Health Association

1980 - 81 Associate Chief of Ob-Gyn GVGHA  
1981 - 85 Chief of Service Department of Obstetrics and Gynecology GVGHA  
1984 - 1986 Director of the Infertility Program GHVHA  
1986 - present private practice (gynecology only)  
1982 - 88 Consultant gynecologist Planned Parenthood Yates County, New York

#### **FACULTY ASSIGNMENTS**

Clinical Assistant Professor Department of Obstetrics and Gynecology University of Rochester School of Medicine

#### **MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS**

Fellow American College of Ob-Gyn  
Member American Fertility Society  
American Association of Gynecologic Laparoscopists (AAGL)  
Member International Federation of Gynecologic Laparoscopists  
Member Hysteroscopy Study Group of the AAGL  
Gynecologic Laser Society  
American Association of Lasers in Medicine & Surgery  
Monroe County Medical Society

#### **COMMITTEE MEMBERSHIPS**

Affiliated Hospital Advisory Committee 1984-86  
Chairman Gynecologic Morbidity Committee at Highland Hospital 1989  
Member of Highland Hospital Long Range Planning Committee 1984  
Laser Safety Committee 1988 - present  
Credentials Committee Latimore Surgicenter

#### **ACCOMPLISHMENTS IN GYNECOLOGY AND OBSTETRICS**

Description of a new technique for Cesarean section in 1984 (report on 124 cases)

First to accomplish over 300 in-office transcervical sterilizations 1983 in Western New York

First to describe a new technique for Intraabdominal transcervical uterine cerclage 1981

First to describe the use of Intravenous Midazolam in an office setting for minor gynecologic surgical procedures 1986