

CK. # 784
02/03/09
W S

Hegenberger, Carla (MED)

From: Hegenberger, Carla (MED)
Sent: Wednesday, March 04, 2009 9:23 AM
To: [REDACTED]
Subject: License Application - MA

Dear Dr. Roncari,

On page two of application we need your medical school 'start' date to be written in as 8/10/01. I believe we asked you to change to 8/2/01 previously and apologize for this. Your file was turned in but given back to me for this. Once done, please fax over to 781-876-8383, attn: Carla.

Thank you.

*Carla Hegenberger
Licensing Analyst
Board of Registration in Medicine - MA
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Phone 781-876-8210
Fax 781-876-8383*

PRINT NAME: Danielle Roncari

PAGE 2 OF 5

Pre-medical School

Facility: Columbia College Columbia University Degree: BA From 08/193 To 05/197
 Street: 2960 Broadway City: New York State: NY

Facility: Goucher College Degree: 05/199 To 05/100
 Street: 1021 Dulaney Valley Rd City: Towson State: MD

Medical School

Facility: Leonard Miller SUR Degree: MD From 08/10/04 To 05/14/05
 Street: 1600 NW 10th Avenue City: Miami State: FL

Facility: _____ Degree: _____ From _____ To _____
 Street: _____ City: _____ State: _____

Date of medical school graduation: 05/14/05
 Month Day Year

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

Facility: TJHS Medical Center Position: Resident 06/23/05 From _____ To _____
 Street: 500 Washington St City: Boston State: MA current

Facility: _____ Position: _____ From _____ To _____
 Street: _____ City: _____ State: _____

Facility: _____ Position: _____ From _____ To _____
 Street: _____ City: _____ State: _____


Facility: _____ Position: _____ From _____ To _____
 Street: _____ City: _____ State: _____

Facility: _____ Position: _____ From _____ To _____
 Street: _____ City: _____ State: _____

Examination History

Please contact the appropriate examination entity and have certified transcript of your scores sent directly to this Board. If you are using FCVS, your examination scores will be sent to the Board with your credentials packet.

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below. If you answer "yes" to question #5 on the Full Supplement, you must also complete the required information.

Examination	Most Recent Date taken (Month/Year)	Passed (P) or Failed (F)	Number of attempts
USMLE Step I	6/18/03	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	
USMLE Step II	11/5/04	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	
USMLE Step III	5/2/06	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	
NBME Part I		<input type="checkbox"/> P <input type="checkbox"/> F	
NBME Part II		<input type="checkbox"/> P <input type="checkbox"/> F	
NBME Part III		<input type="checkbox"/> P <input type="checkbox"/> F	
FLEX Component 1		<input type="checkbox"/> P <input type="checkbox"/> F	
FLEX Component 2		<input type="checkbox"/> P <input type="checkbox"/> F	
FLEX Pre-1985		<input type="checkbox"/> P <input type="checkbox"/> F	
NBOME Part I		<input type="checkbox"/> P <input type="checkbox"/> F	
NBOME Part II		<input type="checkbox"/> P <input type="checkbox"/> F	
NBOME Part III		<input type="checkbox"/> P <input type="checkbox"/> F	
COMLEX Level 1		<input type="checkbox"/> P <input type="checkbox"/> F	
COMLEX Level 2		<input type="checkbox"/> P <input type="checkbox"/> F	
COMLEX Level 3		<input type="checkbox"/> P <input type="checkbox"/> F	
COMVEX		<input type="checkbox"/> P <input type="checkbox"/> F	
LMCC - Single		<input type="checkbox"/> P <input type="checkbox"/> F	
LMCC - Part I		<input type="checkbox"/> P <input type="checkbox"/> F	
LMCC - Part II		<input type="checkbox"/> P <input type="checkbox"/> F	
State Board Exam		<input type="checkbox"/> P <input type="checkbox"/> F	

(State of examination)

Hospital Affiliations and Employment

List hospital appointments, in chronological order, where you had active staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

		<u>From</u>	<u>To</u>
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	

1. List other states (abbreviations) where you are currently or have ever had a full license: PA

2. a) Are you certified by the American Board of Medical Specialties? ☐ Yes ☒ No
 b) Are you certified by the American Board of Osteopathic Medicine? ☐ Yes ☒ No

3. List Board Certification(s): _____ Certification date: ____/____/____
 _____ Certification date: ____/____/____

4. List your practice specialt(ies) OB/GYN

5. Have you attached an up-to-date copy of your curriculum vitae? ☒ Yes ☐ No

6. Reason for requesting a Massachusetts medical license: Family Planning Fellow
to start 7/2009 at _____

7. Name of Facility: _____
 Address: _____ City: _____

8. Anticipated starting date in Massachusetts: 07/01/2009

Under the penalties of perjury, I declare that I have examined this full 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 a full 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 of Applicant

Month Day Year

01/24/2008

(Continued on page 5)

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 full license application to be complete, 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 NPES web site at www.NPES.cms.hhs.gov.
- Option 2:** Certify you have personally applied for your NPI and you have not received it yet. You must notify the Board once you have received your NPI Number. 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). You must notify the Board once you have received your NPI Number.
- Option 4:** Authorize the Board of Registration in Medicine to apply for an NPI on your behalf.

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.
- ☐ 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.

HIPAA TAXONOMY CODES

Please provide the HIPAA taxonomy (specialty) codes. (Taxonomy codes are on following page of this license application and page 12 of Full License Application Instructions). 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="N"/> <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"/>	Obstetrics & Gynecology
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"/> <input type="text"/>	_____
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"/> <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):

MA

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

Check one box: ☒ I authorize ☐ I do not authorize the Board of Registration in Medicine to provide my NPI to any authorized hospital, health plan or health organization.

Signature of Applicant

Date

11/21/08



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

Current Status: Active

License Expiration Date: 4/10/2010

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

[Redacted]

Home Address:

[Redacted]

Business Address:

[Redacted]

3) Email Address:

[Redacted]

4) Fax Number:

5) Specialties

Obstetrics and Gynecology

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

ABMS/AOA	Board Name	Certification	Subspecialty
		None Reported	

7) Drug License Numbers

Massachusetts

[Redacted]

Federal (DEA)

[Redacted]

Federal (DEA) XS

8) Other states where you are now licensed to practice

None Reported

9) States where you were previously licensed

None Reported

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

Boston Medical Center

Location



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 30 hrs/wk
b) outpatient care 5 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Boston Medical Ctr Ins.	06/30/2009	06/30/2010	Claims made with tail coverage

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

14) Claims Made

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

15) Claims Closed

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

16) Other Civil Lawsuits

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

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

17) Criminal Charges

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

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you 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, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

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

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

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



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

- 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 your 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?

- 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: Danielle M Roncari, M.D.

License No.: 239110

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: Danielle M Roncari, M.D.

License No.: 239110

Current Status: Active

License Expiration Date: 4/10/2012

1) Activity Status: Active

2) Address & Contact Information

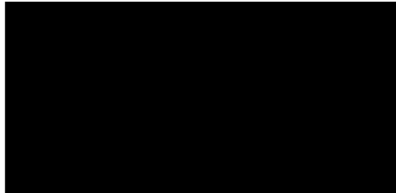
Mailing Address:



Home Address:



Business Address:



3) Email Address:



4) Fax Number:

5) Specialties

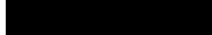
Obstetrics and Gynecology

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

8) Other states where you are now licensed to practice

None Reported

9) States where you were previously licensed

None Reported

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

Tufts Medical Center

Location

Boston, MA



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 30 hrs/wk
b) outpatient care 5 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Tufts Medical Center Indemnity Company, L110/01/2011		09/30/2012	Claims made with tail coverage

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

14) Claims Made

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

15) Claims Closed

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

16) Other Civil Lawsuits

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

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

17) Criminal Charges

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

18) Other Issues

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

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

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

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



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

- 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 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: Danielle M Roncari, M.D.

License No.: 239110

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: Danielle M Roncari, M.D.

License No.: 239110

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: Danielle M Roncari, M.D.

License No.: 239110

Current Status: Active

License Expiration Date: 4/10/2014

1) Activity Status: Active

2) Address & Contact Information

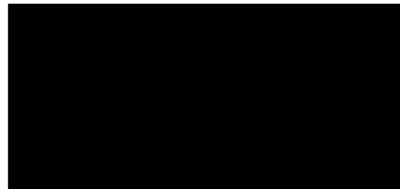
Mailing Address:



Home Address:



Business Address:



3) Email Address:



4) Fax Number: (617) 636-1490

5) Specialties

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

8) Other states where you are now licensed to practice

None Reported

9) States where you were previously licensed

None Reported

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

Planned Parenthood League of Mass.
Tufts Medical Center

Location

Boston, MA



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

11) Care of patients in Massachusetts

Average weekly hours involved in:
a) inpatient care 0 hrs/wk
b) outpatient care 40 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Tufts Medical Center Indemnity Company, L110/01/2013		09/30/2014	Claims made with tail coverage

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

14) Claims Made

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

15) Claims Closed

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

16) Other Civil Lawsuits

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

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

17) Criminal Charges

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

18) Other Issues

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

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

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

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



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

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: Danielle M Roncari, M.D.

License No.: 239110

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?

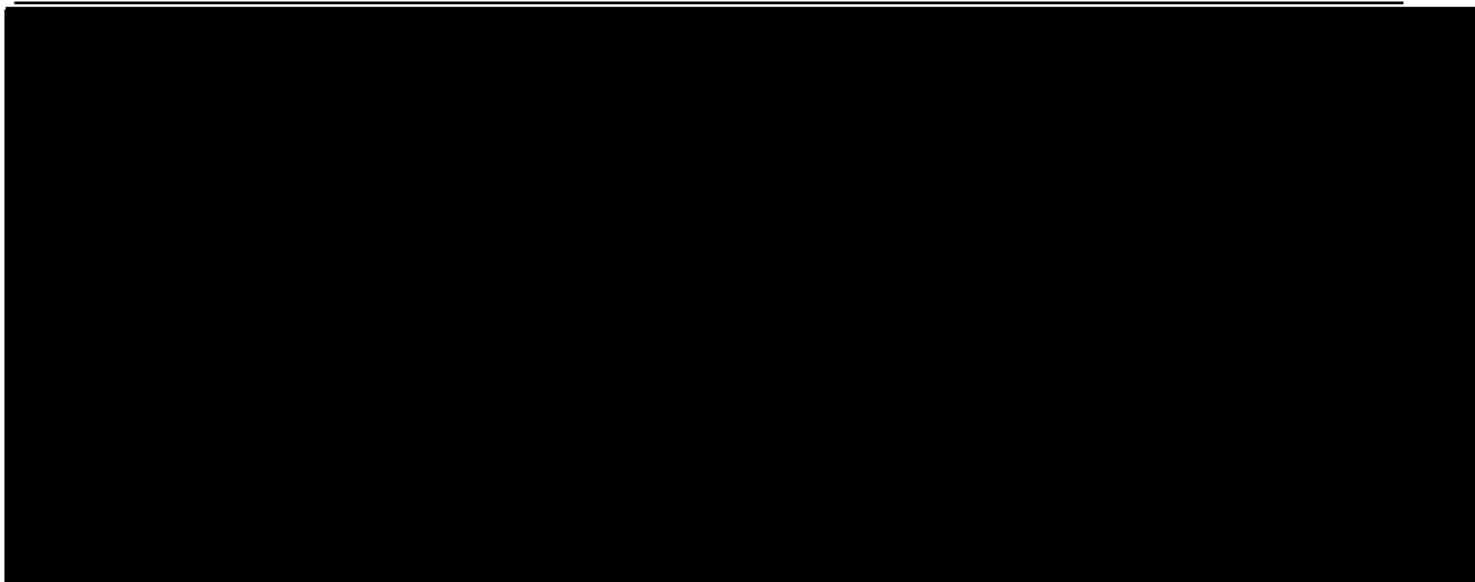




**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Danielle M Roncari, M.D.

License No.: 239110





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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

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: Danielle M Roncari, M.D.

License No.: 239110

Current Status: Active

License Expiration Date: 4/10/2016

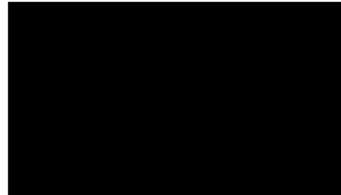
1) Activity Status: Active

2) Address & Contact Information

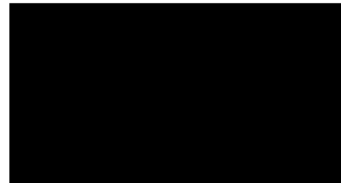
Mailing Address:



Home Address:



Business Address:



3) Email Address:



4) Fax Number: (617) 636-1490

5) Specialties

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

8) Other states where you are now licensed to practice

None Reported

9) States where you were previously licensed

None Reported

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

Planned Parenthood League of Mass.
Tufts Medical Center

Location

Boston, MA



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

11) Care of patients in Massachusetts

Average weekly hours involved in:
a) inpatient care 0 hrs/wk
b) outpatient care 40 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Tufts Medical Center Indemnity Company, L1	10/01/2015	09/30/2016	Claims made with tail coverage
National Union Fire Ins Co of Pittsburgh	01/01/2016	01/01/2017	Claims made with tail coverage

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

14) Claims Made

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

15) Claims Closed

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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?

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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

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



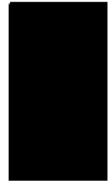
**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

25) Electronic Health Records Proficiency

I have demonstrated proficiency in the use of EHR by participation in a Meaningful Use program as an eligible professional.

26) Requirement to Complete Training in Recognizing and Reporting Child Abuse

Have you completed training to recognize and report suspected child abuse or neglect?

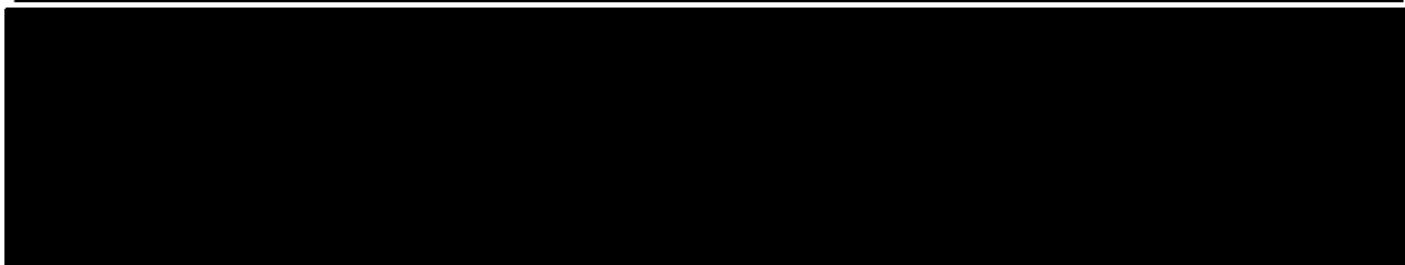
Yes



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

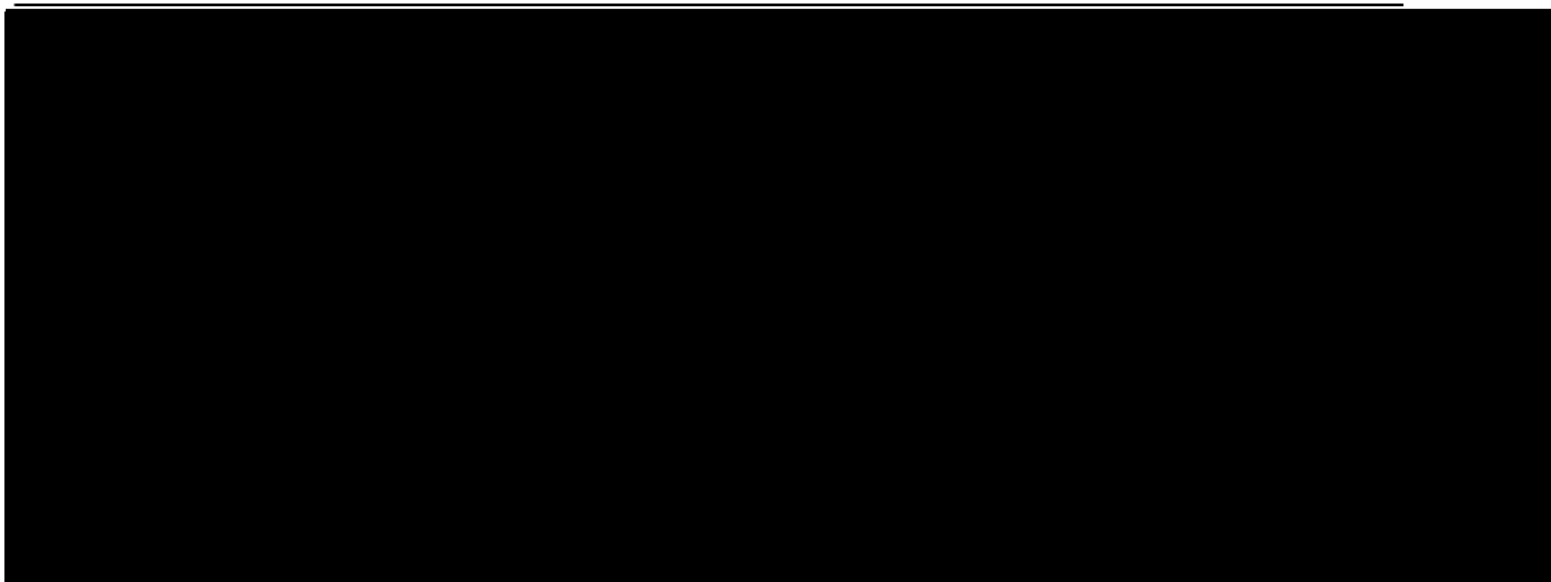




**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Danielle M Roncari, M.D.

License No.: 239110





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

Physician Name: Danielle M Roncari, M.D.

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Compliance with Legal Responsibilities

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☒ **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.**

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Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

Current Status: Active

License Expiration Date: 4/10/2018

1) Activity Status: Active

2) Address & Contact Information

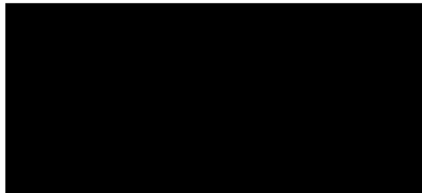
Mailing Address:



Home Address:



Business Address:



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4) Fax Number: (617) 636-1490

5) Specialties

Obstetrics and Gynecology

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

7) Drug License Numbers

Massachusetts

Federal (DEA)

Federal (DEA) XS

8) Other states where you are now licensed to practice

None Reported

9) States where you were previously licensed

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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

Planned Parenthood League of Mass.
Tufts Medical Center

Location

Boston, MA



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

Physician Name: Danielle M Roncari, M.D.

License No.: 239110

11) Care of patients in Massachusetts

Average weekly hours involved in:
a) inpatient care 0 hrs/wk
b) outpatient care 40 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Acord Corporation Allied Professionals Ins.	01/01/2018	12/31/2019	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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**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Danielle M Roncari, M.D.

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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: Danielle M Roncari, M.D.

License No.: 239110

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

Physician Name: Danielle M Roncari, M.D.

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Compliance with Legal Responsibilities

Online profile:

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- 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.
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☒ **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.**



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

STANLEY M. RILEY, JR., MD.
EXECUTIVE DIRECTOR

REDACTED COPY

November 14, 2012

Danielle M. Roncari, M.D.

RE: Docket Number: 12-429

Dear Dr. Roncari:

The Complaint Committee of the Board of Registration in Medicine met on November 7, 2012, and considered the above-referenced matter. We have decided not to recommend disciplinary action and closed the complaint.

However, information concerning this matter will be kept on file at the Board. We reserve the right to reopen the complaint should you commit any violation of Board statutes or regulations in the future.

Sincerely,

Gerald B. Healy, M.D.
Complaint Committee Chair

GBH/ph



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

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STANLEY M. RILEY, JR., MD.
EXECUTIVE DIRECTOR

November 14, 2012

RE: Danielle M. Roncari, M.D.
Docket Number: 12-429

Dear

Thank you for the information that you provided to the Board of Registration in Medicine. A copy of your complaint, referenced above, was sent to the physician, who was required to respond in writing. Enclosed please find a copy of the physician's response.

After considering this matter on November 7, 2012, the Board's Complaint Committee did not recommend disciplinary action and closed the complaint. However, your complaint and the physician's response will be placed in the physician's file at the Board.

Thank you again for bringing this matter to the Board's attention.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh



Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

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STANCEL M. RILEY, JR. MD.
EXECUTIVE DIRECTOR

September 18, 2012

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Danielle M. Roncari, M.D.

Re: Docket Number: 12-429

Dear Dr. Roncari:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. Please provide a written response to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response and any attachments.

The Health Insurance Portability and Accountability Act (HIPAA) provides that otherwise protected health information may be disclosed to a health oversight agency for activities that include disciplinary actions. See 45 CFR section 164.512 (d). The Board clearly meets the definition of a health oversight agency. See 45 CFR section 164.501.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me within thirty days of this letter. Upon receipt, your response will be reviewed to determine the course of action. You will be notified of this decision. Thank you for your attention to this request.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh
Enclosure





Commonwealth of Massachusetts
Board of Registration in Medicine

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(781) 876-8200

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GOVERNOR

TIMOTHY P. MURRAY
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EXECUTIVE DIRECTOR

September 18, 2012

RE: Danielle M. Roncari, M.D.
Docket Number: 12-429

Dear

The Board of Registration in Medicine has received your complaint regarding the above named physician. The physician has been asked to respond in writing to your complaint.

If you wish to bring additional information about your complaint to the attention of the Board, please provide it to me in writing at the address above. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

Once our review of your complaint has been completed, you will receive a letter informing you of the outcome.

Thank you for bringing this matter to the attention of the Board.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh



RECEIVED

OCT 18 2012

Board of Registration
in Medicine

October 15, 2012

Ms. Paula Hannon
Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Re: BORM v. Danielle M. Roncari, M.D.
Docket No. 12-429

Dear Ms. Hannon:

Thank you for your letter dated September 18, 2012, which forwarded to my attention a letter of Complaint received by the Board from a patient.

Please allow me to provide you with some information about myself. In 2005, I graduated from the University of Miami School of Medicine, with my Doctor of Medicine. Following graduation, from July 2005 and July 2008, I was a resident in Obstetrics and Gynecology at Tufts Medical Center; from July 2008 to June 2009 I was the Administrative Chief Resident at Tufts Medical Center. In 2011, I completed a two year Fellowship in Family Planning at Boston University where I was also a Clinical Research Training Program Fellow.

In 2011, I also graduated from Boston University School of Public Health where I received my Masters in Public Health, with a concentration in Maternal and Child Health.

I have worked at

(July 2009 to June 2011),

as the Associate Medical Director (September 2011 to the present),

as an Assistant Professor (September 2011 to the present) and

as the Director of Family Planning (September 2011 to the present). I

currently hold attending privileges at in Gynecology. (A complete copy of my curriculum vitae is attached hereto).

(DOB) presented to the Department of OBGYN at

on , 2012 for IUD removal. was initially seen by Nurse

Practitioner. Upon examination by NP it appeared that

IUD strings were missing. NP appropriately attempted to remove the IUD with forceps that are used for this purpose however, she was unable to remove the IUD.

I was in the office at this time. NP called me to assist with the IUD removal. Upon entering the room, I introduced myself to and offered local anesthesia (intra-cervical lidocaine) to help with the discomfort. She declined. I then explained what I was going to do. I attempted to remove the IUD with the same forceps used by NP under ultrasound (US) guidance. It appeared that a large uterine fibroid was present and obstructed our view of the cavity. When told me that the procedure hurt and asked if I would stop, I stopped. At this point, I suggested that we obtain a formal US to make sure the IUD was still in place. I also raised the possibility that the IUD may have been expelled previously with heavy bleeding. left the office.

On 2012, called NP to report she thought the IUD was falling out. scheduled an appointment and returned to the office on , 2012. According to the medical records, told NP that after her previous office visit, she experienced pain and bleeding, which had lightened as of her return visit. NP examined and noted that the IUD was almost completely expelled. NP was able to remove the IUD without incident. It is my belief that that the IUD had in fact been dislodged during visits to our office on , 2012.

Prior to , 2012, I had no physician patient relationship with . I met for the first time when I was called in to see the patient by NP . I have not seen or spoken with after her , 2012 visit.

I will note that at no time during my interaction with was she ever unstable or medically compromised. experienced some discomfort during the procedure, discomfort that I explained was likely to occur (which is why I offered her anesthesia to help alleviate). When asked that the procedure be stopped, it was stopped.

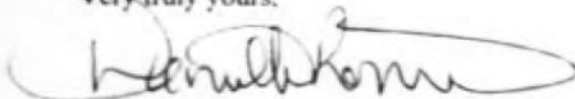
Contrary to comments, at no time during the 2012 procedure did I ignore or disregard her complaints of discomfort or expressed wishes to stop the procedure. I categorically deny "smirking" or behaving in an unprofessional manner as described by

I should also note that while [redacted] complained of experiencing heavy bleeding subsequent to the [redacted] 2012 procedure, the medical records (attached hereto) clearly note that she was experiencing bleeding beforehand.

While I am sorry that [redacted] felt that her visit on [redacted], 2012 was such a negative experience, I feel that the care and treatment provided to [redacted] on [redacted] 2012 by me was at all times professional and appropriate. I unequivocally deny any inappropriate conduct on behalf as alleged. I consider myself a professional and I treat all of my patients with the utmost respect, as I did with [redacted].

Thank you for allowing me the opportunity to respond to [redacted] letter of Complaint. Should you have any questions or require anything further, please do not hesitate to contact either me or my attorney, Judith Carroll.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Danielle M. Roncari', with a large, stylized flourish at the end.

Danielle M. Roncari, MD MPH FACOG

RECEIVED
JUL 30 2012
Board of Registration
in Medicine



Commonwealth of Massachusetts
Board of Registration in Medicine

COMPLAINT FORM

Return this form to: Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Fax: (781) 876-8381

Please type or print legibly in ink. You may use the attached lined page to explain your complaint or attach your own paper to this form. Any additional information you would like to submit with your complaint must be in paper or electronic form and will not be returned. Do not send objects, tapes, or X-rays. If you have any questions, please call our Consumer Protection Unit at (781) 876-8200.

PHYSICIAN INFORMATION (one physician for each Complaint Form)

Roncari Danielle
last name first name middle initial
street address city state zip code
physician's medical specialty: OBGYN telephone number: 617-636-2229

PATIENT INFORMATION

☐ male
☒ female
last name first name middle initial
street address city state zip code
date of birth: daytime telephone number:
location of treatment: ☐ Office ☒ Hospital ☐ Nursing Home ☐ Clinic ☐ Other Department of OBGYN
date(s) the incident(s) described in the complaint happened: 2012
length of time the patient has been under the physician's care: 2 - 3 hours

COMPLAINANT INFORMATION (Complete ONLY if different from the patient information)

NOTE: The Board will not communicate the patient's confidential medical information to you without legal proof that you are authorized to receive the information.

☐ male
☒ female Same as patient information
last name first name middle initial
street address city state zip code
your relationship to the patient: daytime telephone number:

ACKNOWLEDGEMENT

I acknowledge that, by submitting this complaint and signing this form, the Board of Registration in Medicine may (1) obtain medical records and other information relating to this complaint, and/or (2) refer my complaint to other appropriate regulatory or law enforcement authorities. I understand that the Board may provide a copy of my complaint and all attachments to the physician.

Physician's Name: Danielle Roncari _____

Complainant's Name: _____

Complainant's signature: _____

Date: _____

27 August 2012

revised 8/25/2011

Physician's Name: Danielle Roncari

Complainant's Name: _____

Briefly describe your complaint

Complaint: Clinical malpractice – caused intolerable pain during a prolonged attempt in removing of IUD and didn't stop the procedure at the patient's firm request. Unprofessional bedside manners and poor clinical judgment.

On _____th 2012, I went to see _____, a Nurse practitioner at Department of OBGYN of _____ for removal of my IUD (intrauterine device).

The IUD was inserted at the end of _____ 2011, and since that time I had some side effects (acne, headaches) that decided me to remove the device. And as advised I came for the procedure during my menses.

_____ explained the procedure should be quick and some pressure would be felt; no local anesthesia was discussed. She made two attempts to remove the IUD, but was unable to locate the device. I tolerated the mild pain and discomfort associated with the invasive procedure.

_____ stated that she would need to ask for help of one very experienced OBGYN doctor to remove the IUD added that they would need to use a pelvic ultrasound during IUD removal procedure.

I was relocated to another procedure room.

Dr. Danielle Roncari with _____ and an ultrasound technician in the procedure room following the introduction offered a local anesthesia for the operation. I asked for clarification to the anticipated level of pain and discomfort per complexity and duration of the procedure as I didn't want to go through additional pain if the procedure should be short and not painful as previously described by _____.

Both Dr. Roncari and _____ explained the IUD removal should not take longer than what _____ initially attempted, and would use the same size of forceps for insertion into my uterus through cervix to remove the IUD under ultrasound monitoring. I agreed to proceed without an intra-cervical Novocain injection.

Dr. Roncari caused a lot of physical pain to me while trying to find the IUD in my uterus and looking at the ultrasound monitor. It took her too long to tolerate any more of severe pain, and she didn't paid attention to my vocal signs of severe adverse experience. So, I had to stop her, by saying it is very painful and I need you to stop. Dr. Roncari didn't stop the procedure; she continued to work for what it seemed another few minutes. Dr. Roncari failed to remove the IUD stating that she could not find the IUD suggesting that the IUD might no longer is in my uterus, and after that she stopped.

I was in a great pain, very hurt and angry by Dr. Roncari's unacceptable clinical judgment and response to a patient's pain and requests.

When I said to Dr. Roncari that based on her expertise she should be better at clinical judgment and treating patients without causing so much pain; that was absolutely unnecessary. Dr. Roncari didn't say anything, only smirked while leaving the procedure room.

_____ gave me 400mg of Advil per my request, and ordered a pelvic ultrasound to ensure that IUD is still in my uterus. I spent a few days in pain and great discomfort from this adverse experience, and had heavy bleedings. I lost some work days due to the complications, pain and overall poor health state. On the following day, Friday, August 17th, I examined myself, and very easy located and felt the IUD string, a long string out of cervix in my vagina.

On the same day, _____ I contacted _____ and informed her about my heavy bleeding, presence of IUD and pain. She advised to come to see her for the IUD removal on Tuesday _____th 2012. _____ removed the IUD with no pain and complications.

Sincerely,



Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

www.mass.gov/massmedboard

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Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

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Chair, Physician Member

ROBIN S. RICHMAN, MD
Physician Member

GEORGE ABRAHAM, MD
Physician Member

WOODY GIESSMANN, LADC-I, CADC, CIP, CAI
Public Member

JULIAN N. ROBINSON, MD
Physician Member

MICHAEL D. MEDLOCK, MD
Physician Member

PAUL G. GITLIN, ESQ
Public Member

GEORGE ZACHOS
Executive Director

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Governor
KARYN E. POLITO
Lieutenant Governor
MARYLOU SUDDERS
Secretary
Health and Human Services
MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

November 21, 2018

Danielle M. Roncari, M.D.
C/o Eric P. Finamore, Esquire
Weston Patrick
84 State Street, 11th Floor
Boston, MA 02109

RE: Docket Number: 18-270

Dear Dr. Roncari:

The Complaint Committee of the Board of Registration in Medicine met on November 21, 2018, and considered the above-referenced matter. We have decided not to recommend disciplinary action and closed the complaint.

However, information concerning this matter will be kept on file at the Board. We reserve the right to reopen the complaint should you commit any violation of Board statutes or regulations in the future.

Sincerely,

George M. Abraham, M.D.
Complaint Committee Chair

GMA/jec



Commonwealth of Massachusetts
Board of Registration in Medicine

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MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

November 21, 2018

RE: Danielle M. Roncari, M.D.
Docket Number: 18-270

Dear

Thank you for the information that you provided to the Board of Registration in Medicine. A copy of your complaint, referenced above, was sent to the physician, who was required to respond in writing.

After considering this matter on November 21, 2018, the Board's Complaint Committee did not recommend disciplinary action and closed the complaint. However, your complaint and the physician's response will be placed in the physician's file at the Board.

Thank you again for bringing this matter to the Board's attention.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/jec



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Board of Registration in Medicine

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Lieutenant Governor

MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

July 12, 2018

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Danielle M. Roncari, M.D.

Re: Docket Number: 18-270

Dear Dr. Roncari:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. Please provide a written response to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response and any attachments.

The Health Insurance Portability and Accountability Act (HIPAA) provides that otherwise protected health information may be disclosed to a health oversight agency for activities that include disciplinary actions. See 45 CFR section 164.512 (d). The Board clearly meets the definition of a health oversight agency. See 45 CFR section 164.501.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee. Your response must be sent to me within thirty days of this letter.

Upon receipt, your response will be reviewed to determine the course of action. You will be notified of this decision. Thank you for your attention to this request.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh
Enclosure



Commonwealth of Massachusetts Board of Registration in Medicine

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Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

July 12, 2018

RE: Danielle M. Roncari, M.D.
Docket Number: 18-270

Dear

The Board of Registration in Medicine has received your complaint regarding the above named physician. The physician has been asked to respond in writing to your complaint.

If you wish to bring additional information about your complaint to the attention of the Board, please provide it to me in writing at the address above. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

Once our review of your complaint has been completed, you will receive a letter informing you of the outcome.

Thank you for bringing this matter to the attention of the Board.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh

August 2, 2018

Paula Hannon, Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Re: Complaint of
Docket No. 18-270

Dear Ms. Hannon:

The following is my response to the complaint advanced by , dated March 18, 2018 and mailed to me under cover letter from the Board on July 12, 2018, concerning treatment given to at on , 2015.

INTRODUCTION

I categorically deny that I did anything improper with respect to the care rendered to at the Planned Parenthood clinic in Worcester on , 2015. I also deny that any health care professional involved in care provided anything less than good, safe and competent care which in all respects conformed to good and acceptable standards of practice, or that any events occurring during the course of the treatment resulted from any breach of duty on the part of any practitioner. As explained in greater detail below, presented for a therapeutic abortion on , 2015 when she was at approximately 16 weeks of gestation and underwent the first stage of a two-stage process on that date. Prior to the procedure she reviewed and signed a detailed consent. It appears from the medical record that she went home after the procedure having received standard discharge instructions concerning contact with medical professionals in the event of pain, fever, bleeding or other sequelae. It also appears from the record that proper informed consent was obtained prior to her having any procedure that listed possible risks of the procedure. The following morning, it is believed that she experienced an extramural delivery while at home and was transported to UMass Medical Center for further care. This event did not result from any lack of care on the part of any practitioners at the clinic, or because of my failure to supervise those practitioners, despite the allegations of the complainant.

PROFESSIONAL QUALIFICATIONS

RECEIVED

AUG 13 2018

Board of Registration in Medicine

In light of the complainant's assertions as to my level of skill, I would like, at the outset, to review my professional credentials and qualifications insofar as they relate to the subject matter of this complaint. I am a board certified obstetrician/gynecologist employed as the Director of Family Planning at _____ and the Medical Director of _____

I completed my residency at Tufts Medical Center after which I did a two year fellowship in Family Planning at Boston University. This fellowship included specific training in abortion provision.

I had no direct contact with _____ during her care at _____. My role at that time, and at present, is that of Medical Director of _____. In that capacity, it is my responsibility to assure that all facilities operated by _____ provide care within current medical standards and guidelines as dictated by _____. All guidelines and standards are regularly reviewed and updated as is required by _____. Consent forms are updated and reviewed at the time that our guidelines are updated to assure conformity to current methods of practice. I oversee this process, as well as the process of staff training which is monitored through a series of audits. I directly supervise the physicians who provide care in the facilities through the development of and adherence to protocols, audits and incident reviews, and a comprehensive sign-off process to make sure that all physicians are adhering to the standards of practice. I also reviewed the credentials of the attending physician in this case and granted her privileges at the facility. All physicians including the physician providing care to the patient in this case have a yearly performance review that includes a review of any incidents that occurred in the health center under their care. Although I do not directly supervise the staff nurses, nursing supervision is provided by the manager of centralized services and abortion services. Nurse performance is also regularly reviewed and audited.

CARE PROVIDED TO

The available records indicate that _____ presented at _____ for a therapeutic abortion at approximately 16 weeks gestation. She reviewed and signed a detailed consent explaining the risks and benefits of the proposed procedure. This consent included a description of the use of dilators and misoprostol, and a specific warning that the procedure posed a possible risk of injury. She was given an ultrasound examination by which pregnancy was confirmed and gestational age was established. She wished to proceed with the abortion. She was given detailed information about the dilation and evacuation procedure, including the use of dilators, the sedation, the possible complications, and the symptoms requiring a follow-up call to the clinic. She was informed that cervical preparation was the first step, and she was informed of the risks, benefits and alternatives to cervical prep. Osmotic dilators were placed at 11:06 a.m., after which she was transported to the recovery room. Vital signs were monitored by nursing staff. She was discharged at 12:31 p.m. after having been given discharge instructions and medications which included Percocet, azithromycin and ibuprofen. She was scheduled to return the following day for a D & E suction procedure.

did not thereafter return to . Records indicate that she underwent an extramural delivery at home, summoned EMTs, and was transported to UMass Medical Center for further care. UMass Medical Center is our referring facility in Worcester and is also the institution at which the physician named in this case is on faculty and has admitting privileges.

RESPONSE TO SPECIFIC COMPLAINTS

I note that the complaint is filed by a person identified as , who has never been a patient at . There is no indication that has the assent of to pursue this complaint, and in fact does not even know her address. No complaint has been brought to the Board by the patient, although an attorney representing has filed a complaint for damages against the treating physician in Superior Court. Neither that lawsuit, nor the present complaint, have any merit. In particular, nothing that I did or failed to do fell below the standard of care, constituted any professional misconduct or caused any adverse outcome in treatment or condition.

I note that the first step of the D & E procedure appears to have been properly performed. The procedure was entirely appropriate, given the patient's gestational age. appears to have been fully informed of the nature of the procedure, and of its risks and benefits. The records indicate that she was properly prepared, medicated, treated and monitored. The treating physician followed all applicable protocols and rendered care which was entirely appropriate. Standard discharge instructions were given. These include contact with the clinic or a hospital in the event that the patient experiences pain or bleeding. There were no deviations from standard practice by the treating physician. The proposition that I failed to properly supervise the physician has no basis in fact.

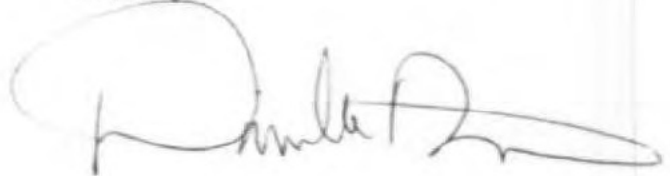
Next, asserts that was not advised of the risk of delivery following the insertion of the dilators. The thirteen-page consent form adequately describes the risks of the procedure, including potential injuries and complications, such as bleeding and leaking of fluid. The consent form is regularly reviewed and updated by the national organization. The proper Massachusetts state required midtrimester abortion consent was also signed by the patient prior to her procedure. Finally, the patient was provided with discharge instructions setting forth a toll-free telephone number for the patient to call immediately if she experienced bleeding, leakage of fluid, or severe cramping or pain not relieved by OTC medications. There is no lack of oversight, supervision or leadership in either organization, and all appropriate warnings and monitoring were provided to in light of the particular procedure she was having.

Finally, seems to imply that the complication that experienced should have been treated at , and that the failure to treat her at the facility somehow put her at risk. Of course, the opposite is true: any complication of an abortion procedure is required to be treated in a hospital setting, and follow-up care at UMass Medical Center was entirely appropriate.

In summary, all of the care and treatment which received was proper, and all appropriate warnings were given and consents obtained. I had no direct contact with and all of the practitioners under my supervision performed appropriately. All protocols were properly formulated and adhered to. In conclusion, I believe the records show that treatment was appropriate and in accordance with the standard of care. I regret that experienced a complication, but I do not believe I did anything that was unacceptable or inappropriate with respect to her treatment.

I hope this response answers your questions and will be sufficient for the Board to dismiss the letter of complaint without further investigation. Should you need any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Danielle Roncari', with a large, stylized initial 'D'.

Danielle Roncari, MD MPH
Medical Director



Commonwealth of Massachusetts
Board of Registration in Medicine

COMPLAINT FORM

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PHYSICIAN INFORMATION (one physician for each Complaint Form)

Rancari Danielle M
last name first name middle initial
street address city state zip code
physician's medical specialty: Obstetrics + Gynecology telephone number:

PATIENT INFORMATION

☐ male
☐ female
last name first name middle initial
street address city state zip code
date of birth daytime telephone number: unknown
location of treatment: ☐ Office ☐ Hospital ☐ Nursing Home ☒ Clinic ☐ Other
date(s) the incident(s) described in the complaint happened: 2015
length of time the patient has been under the physician's care: unknown

COMPLAINANT INFORMATION (Complete ONLY if different from the patient information)

NOTE: The Board will not communicate the patient's confidential medical information to you without legal proof that you are authorized to receive the information.

☐ male
☒ female
last name first name middle initial
street address city state zip code
your relationship to the patient: None daytime telephone number: None

ACKNOWLEDGEMENT

I acknowledge that, by submitting this complaint and signing this form, the Board of Registration in Medicine may (1) obtain medical records and other information relating to this complaint; and/or (2) refer my complaint to other appropriate regulatory or law enforcement authorities. I understand that the Board may provide a copy of my complaint and all attachments to the physician.

Complainant's signature

Date

3-18-18

Visit our website: <http://www.mass.gov/medboard>

revised 8/25/2011

Physician's Name: Danilo Roncari

Complainant's Name: _____

Briefly describe your complaint:

See enclosed.

My allegation is against the license of Danielle M. Roncari, M.D., License Number 239110. Roncari is the Medical Director at [redacted]. Also she has more complaints against her license, Docket Number 12-429.

[redacted] was a patient at the facility where Roncari worked on [redacted], 2015.

The first step in a two-step abortion at the facility where Roncari worked in [redacted] is softening the cervix. This first-step placed [redacted] at risk for vaginal delivery of the fetus.

Under Roncari's supervision nurse Rebecca Krieger under the Medical Directorship of Roncari discharged [redacted], never informing her that she was at risk for vaginal delivery of the fetus.

By failing to inform [redacted] of the risk of vaginal delivery of the fetus Roncari violated the applicable standard of care.

The following day, [redacted], 2015, [redacted] began experiencing severe labor type pains and called the clinic where under Roncari's supervision nurse Krieger worked looking for advice and instructions. [redacted] was told to take the pain medication that she had been prescribed; she was not advised that she was at risk for a vaginal delivery and she was not instructed to seek medical attention.

That night [redacted] delivered the fetus in the bathroom of her home, causing her physical pain and severe emotional and mental trauma. A person can die from extreme blood loss. This was a seemingly life-threatening abortion complication.

Medical Director Roncari was negligent and breached the applicable standard of care on [redacted], 2015 when she and the nurse she supervises failed to advise [redacted] that the first step of the two-step procedure placed her at risk for vaginal delivery of the fetus.

Roncari and via the employees she supervises failed to advise [redacted] that she was at risk for vaginal delivery of the fetus and failed to advise her to seek medical attention if/when she called complaining of pain on [redacted], 2015.

Breaches of the standard of care were violated. [redacted] was caused to sustain severe and permanent personal injuries; has incurred and will continue to incur great expense for her medical, surgical, and hospital care and treatment; has suffered and will continue to suffer great pain of body and anguish of mind; has been and will continue to be unable to pursue normal activities; and her ability to earn income and enjoy life has been permanently adversely affected. Roncari via those she supervises like nurse Krieger has even created health care-related problems and risk to physical well being. Evidently D. Roncari lack of medical directorship seems to pose a threat to some patients because she does not know how to treat patients with complications.

I'd like this documented as the public's health and safety could be at risk with these type of medical crisis incidents. I look forward to you taking action against this health care provider's license. She should not be passing responsibility and directing patients to local hospital's emergency rooms if complications do occur. This is a lack of quality care.

Regulations have been violated. She has been negligent and incompetent and this is unacceptable. Roncari has inflicted injury on [redacted]. This licensee is unskilled. Perhaps she needs retraining. Timely medical care consistent with widely identified medical principles relevant to health seems to have been aborted. Danielle Roncari demonstrates poor clinical judgment that puts her future patients at risk. It is incumbent on me to take steps necessary to protect other patients by filing this complaint. Medical Director Roncari is a direct threat to the public's health and safety.

[redacted] attorney is Kevin Donius at Sbrogna, Brunelle & Donius, LLP, 424 Adams Street, Suite 100, Milton, MA 02186 (617) 296-4900 kdonius@sbd.legal.net if you need to reach him pertaining to this complaint. [redacted] has filed a lawsuit in Worcester Superior court against Rebecca Krieger, C.A. No.:

Please let me know that you received this complaint and the final outcome of this complaint.

Thank you very much.