

Person Info**Name:**Katherine Wippermann McHugh**Address Info****Street
Address:**142 W. 43rd
Street**Email:****Phone:****Fax:****City:**Indianapolis**State:**IN**Zipcode:**46208**Country:**United States**County:**Marion**Survey Response Summary
Question Response Summary**

Question	Answer
1) Has any health profession license, certificate, registration or permit you hold or have held been denied, surrendered, disciplined or are formal charges pending in any state (including Indiana)?	N
2) Have you been disciplined or terminated by your residency program or been suspended, or subject to any restriction, probation, or have you resigned in lieu of discipline or termination?	N
3) Have you had a malpractice judgment against you or settled a malpractice action?	N
4) Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	N
5) Have you been excluded from being a Medicare or Medicaid provider?	N