

Medicine- Medical Physician and Surgeon-
Accredited School Graduate



AA0001032315

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION									
Last Name	HORVATH			First Name	SARAH				
Middle Name	KATHERINE			Suffix					
Full Name	SARAH KATHERINE HORVATH								
SSN	[REDACTED]		Date Of Birth	[REDACTED]		Age	39	Gender	FEMALE
ADDRESS DETAILS									
Street Address	[REDACTED]								
City/State/Zip	PHILADELPHIA PA 19143								
County	Philadelphia				Country	United States			
CONTACT DETAILS									
Phone number	[REDACTED]			Mobile Phone number					
Primary Email Address	[REDACTED]			Secondary Email Address					
CHECKLIST ITEMS									
Checklist name	Status			Submitted Date	Expiration Date				
Application	Pending Review			12/14/2018					
Application Fee	Completed			12/14/2018					
Child Abuse CE	Not Received			12/14/2018					
LEGAL QUESTIONS									
Questions	Answer			Document Uploaded	File Name				
1	Are you submitting a name change with this renewal?			N	No				
2	First Name				No				
3	Middle Name				No				
4	Last Name				No				
5	<p>You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents:</p> <p>(1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.</p>				No				
6	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?			Y	No				

7	Please provide the profession and state or jurisdiction.	Medicine-District Of Columbia; Medicine-Texas	No	
8	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
9	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
11	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N	No	
12	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
14	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
15	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
16	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
17	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		No	
18	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
19	Have you previously reported the complaint to the Board?		No	
20	Provide the docket number:		No	
21	Upload a copy of the entire Civil Complaint, which must include the filing date and the date you were served.		No	
22	Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	N	No	
23	Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?	Y	No	
24	Have you registered with the Pennsylvania Prescription Drug Monitoring Program?	Y	No	

25	I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.	N	No	
26	Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	N	No	
27	Upload an explanation or reason for an exemption request.		Yes	PA no liability letter SHorvath.docx
28	Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/med . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2020.	Y	No	

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
Medicine	District Of Columbia
Medicine	Texas

CONFIRMATION

All fees are non-refundable. Please check to continue with your transaction. (12/14/2018 22:11:28)

EmailTo: [REDACTED]

EmailFrom: RA-STPALSNOTIFY@pa.gov

Subject: 2019 Anti-Terrorism Advisory Council (ATAC) Conference

Date Sent: 04/10/2019



Anti-Terrorism Advisory Council 2019 Conference Invitation

The United States Attorney's Office for the Eastern District of Pennsylvania and the Pennsylvania Office of Homeland Security, in consultation with the Federal Bureau of Investigation – Philadelphia Field Division, cordially invite you to attend the 2019 Annual Anti-Terrorism Advisory Council (ATAC) Conference.

BIOThREATS: WEAPONS OF MASS DESTRUCTION, PATHOGENS, AND PANDEMICS

Distinguished speakers drawn from national, state, and local law enforcement, medical, and emergency response communities will discuss biothreats, protective measures, and response protocols, within the health care environment and beyond.

FREE EVENT | FREE PARKING | BREAKFAST & LUNCH

LOCATION

MAY 15, 2019

SugarHouse Casino Event Center
2nd Floor

7:00 am – 7:45 am Registration

7:45 am – 3:30 pm Conference

1001 N. Delaware Avenue
Philadelphia, PA 19125

REGISTRATION

See Attached Registration Form | Email Form to Homeland Security

CONTACTS

Michele Mucellin, US Department of Justice

Kristin Daniels, PA Homeland Security

Dear Sir or Madam,

I do not currently hold medical professional liability insurance in Pennsylvania because I temporarily do not practice medicine. I currently hold an advocacy and education position at The American College of Obstetricians and Gynecologists, but intend to resume practicing medicine in Pennsylvania in 2019.

Sincerely,
Sarah Horvath, MD, MSHP

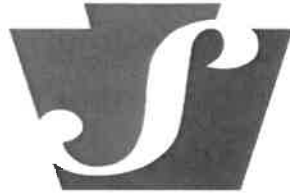
10/16/2019

EmailTo [REDACTED]

EmailFrom:st-medicine@pa.gov

Subject:Attention: Medical Physician and Surgeon Renewal Update

Date Sent:12/26/2018



Bureau Of Professional And Occupational Affairs

Attention: Medical Physician and Surgeon Renewal

The Pennsylvania State Board of Medicine records indicate that your license has not been renewed or has pending renewal holds. **Your license will expire on December 31, 2018.** If you have already attempted to renew your license but there is a renewal hold on the record, you will need to address the renewal hold as directed in the emailed discrepancy notice before your license can be renewed.

Follow the instructions below to renew your license:

- Login to PALS at www.pals.pa.gov. If you do not remember your User ID and Password from the previous renewal, you can access our self-help recovery center at www.pals.pa.gov/recover to recover your User ID, reset your password, or update the email address associated with your login information.
- Update your account information and click "Save Changes" to proceed to your user Dashboard.
- To renew your license, look for the banner entitled "Professional License Details." Click the "Renew" button associated with the license you wish to renew to access the renewal form.

To determine whether your license has been renewed, please visit our license verification website at www.pals.pa.gov/verify.

Thank You.

BPOA PALS

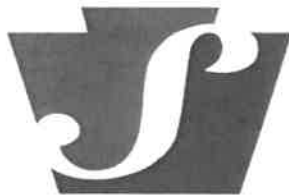
10/16/2019

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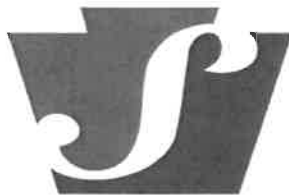
10/16/2019

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EmailFrom: st-medicine@pa.gov

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Date Sent: 12/26/2018



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Thank You.

BPOA PALS

EmailTo: [REDACTED]

EmailFrom: RA-STPALSNOTIFY@pa.gov

Subject: Provider Enrollment Deadline - Your Claims May Be Denied

Date Sent: 06/13/2019



Provider Enrollment Deadline

Your Claims May Be Denied

The Pennsylvania Department of Human Services (DHS) has implemented the Affordable Care Act (ACA) provision requiring all CHIP network providers and practitioners who render, order, prescribe or bill for items or services to CHIP enrollees to be screened and enrolled with DHS.

Effective **July 1, 2019**, claims for services rendered to a CHIP enrollee that are submitted by a provider who does not have a PROMISE ID that corresponds to the location where the service(s) were rendered will be denied in accordance with DHS requirements.

If you would like to continue receiving payment for services rendered to CHIP enrollees, please complete your enrollment with the Department as soon as possible.

Enrollment information and the ability to enroll electronically are available at the following website: [CHIP Provider Enrollment](#). **Providers are encouraged to enroll electronically.**

If you have any questions or issues with the enrollment process, contact the Provider Enrollment Hotline at 1-800-537-8862, select options 2, 4 and finally option 2 to speak to a representative.

10/16/2019

CHIP Provider Enrollment Claim Denial Alert

**Pennsylvania Department of Human Services
Harrisburg, Pennsylvania**

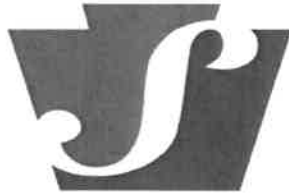
10/16/2019

EmailTo [REDACTED]

EmailFrom:st-medicine@pa.gov

Subject:Attention: Medical Physician and Surgeon Renewal Update

Date Sent:10/29/2018



Bureau Of Professional And Occupational Affairs

Attention: Medical Physician and Surgeon Renewal

NOTIFICATION: In our continued efforts to improve the user experience, the PALS System is scheduled to undergo maintenance on 10/30/18 beginning at 5:00 pm and will be unavailable during that time. As many licenses expire on 10/31/18, we advise that licensees apply for renewal as soon as possible to avoid that window and possible delays. We appreciate your understanding in this matter.

The Pennsylvania State Board of Medicine records indicate that your license has not been renewed or has pending renewal holds. **Your license will expire on December 31, 2018.** If you have already attempted to renew your license but there is a renewal hold on the record, you will need to address the renewal hold as directed in the emailed discrepancy notice before your license can be renewed.

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BPOA PALS

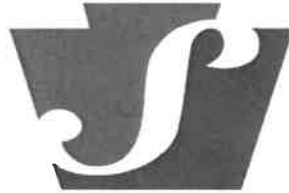
10/16/2019

EmailTo [REDACTED]

EmailFrom:st-medicine@pa.gov

Subject:Attention: Medical Physician and Surgeon Renewal Update

Date Sent:10/29/2018



Bureau Of Professional And Occupational Affairs

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To determine whether your license has been renewed, please visit our license verification website at www.pals.pa.gov/verify.

Thank You.

BPOA PALS

Person Info

Name: Sarah Katherine Horvath

Address Info

Street Address [Redacted]

Email [Redacted]

Phone [Redacted]

Fax

City New York

State NY

Zipcode 10032

Country 82

County New York

Survey Response Summary

Are your medical/licensure records listed under another name or names?	N
Indicate the Licensing Examination(s) passed. If you have taken an examination, you must contact the appropriate agency and request scores be sent directly to the Board .	USMLE
Please provide the dates for Part1/Step1:	6/11/2010
Please provide the dates for Part2/Step2:	7/15/2011
Please provide the dates for Part3/Step3:	10/24/2012
Have you completed ACGME accredited post graduate training in the United States or Canada?	Y
PGY 1 Training Hospital Name:	New York Presbyterian Hospital, Columbia University Medical Center
PGY 1 Training Dates Completed From:	7/1/2012
PGY 1 Training Dates Completed To:	6/30/2013
PGY 2 Training Hospital Name:	New York Presbyterian Hospital, Columbia University Medical Center
PGY 2 Training Dates Completed From:	7/1/2013
PGY 2 Training Dates Completed To:	6/30/2014
Are you are a graduate of an unaccredited medical school (International Medical School)?	N
Did you complete PGY 3 training?	Y
PGY 3 Training Hospital Name:	New York Presbyterian Hospital, Columbia University Medical Center
PGY 3 Training Dates Completed From:	7/1/2014
PGY 3 Training Dates Completed To:	6/30/2015
Do you hold a current and valid ECFMG Certification?	N
Have you previously held a Pennsylvania Graduate Training License?	N

Question Response Summary

Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.	Medical license, New York
Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Have you ever had your DEA registration denied, revoked or restricted?	N
Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N
Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[Redacted]
Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the	[Redacted]

Board requires that you submit a copy of the **entire Civil Complaint** which must include the **Y**
docket number, filing date, and the **date you were served.** Submit a statement which
includes complete details of the complaints that have been filed against you.

Date Submitted: Sunday, April 24, 2016

Education Info

Profession: Medicine School: University of Chicago, Pritzker School of Medicine

From: 6/20/2008 To: 6/13/2012

Employment Information

No employment records

Person Info

Name: Sarah Katherine Horvath

Address Info

Street Address: [REDACTED]

Email: [REDACTED]

Phone: [REDACTED]

Fax: [REDACTED]

City Philadelphia

State PA

Zipcode 19143

Country 82

County Philadelphia

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you completed your current CE requirements?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	MD, Pennsylvania. MD New York.
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	19104

Date Submitted: Tuesday, October 25, 2016

Education Info

No education records

Employment Information

No employment records



TARGET SHEET

Board: Medicine

Licensee Full Name:
Sarah Katherine Horvath

License No:
MD458464

3436376_LIC_1_06/24/2016

Person Info
 Name: Sarah Katherine Horvath
 Address Info
 Street Address [Redacted] Email: [Redacted]
 Phone [Redacted]
 Fax [Redacted]
 City New York
 State NY
 Zipcode 10032
 Country 82
 County New York

MD458464

Are your medical/licensure records listed under another name or names?	N
Indicate the licensing examination(s) passed. If you have taken an examination, contact the appropriate agency and request scores be sent directly to the Board.	USMLE
Please provide the dates for Part1/Step1:	6/11/2010
Please provide the dates for Part2/Step2:	7/15/2011
Please provide the dates for Part3/Step3:	10/24/2012
Have you completed ACGME accredited post graduate training in the United States or Canada?	Y
PGY 1 Training Hospital Name:	New York Presbyterian Hospital, Columbia University Medical Center
PGY 1 Training Dates Completed From:	7/1/2012
PGY 1 Training Dates Completed To:	6/30/2013
PGY 2 Training Hospital Name:	New York Presbyterian Hospital, Columbia University Medical Center
PGY 2 Training Dates Completed From:	7/1/2013
PGY 2 Training Dates Completed To:	6/30/2014
Are you a graduate of an unaccredited medical school (International Medical School)?	N
Did you complete PGY 3 training?	Y
PGY 3 Training Hospital Name:	New York Presbyterian Hospital, Columbia University Medical Center
PGY 3 Training Dates Completed From:	7/1/2014
PGY 3 Training Dates Completed To:	6/30/2015
Do you hold a current and valid ECFMG Certification?	N
Have you previously held a Pennsylvania Graduate Training License?	N
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.	Medical license, New York
Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Have you ever had your DEA registration denied, revoked or restricted?	N
Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N
Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[Redacted]
Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the	[Redacted]

5/14/16 wj

Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.

Y

Date Submitted: Sunday, April 24, 2016

Education Info

Profession: Medicine School: University of Chicago, Pritzker School of Medicine
From: 6/20/2008 To: 6/13/2012

Employment Information

No employment records

Statement of Details for Complaints registered against Sarah Horvath, MD

Dukes v New York – Presbyterian Hospital
MCB File No 16-84262

Filed 4/27/15

Counsel: Martin, Clearwater & Bell

Discontinued 8/7/15

Details: The case was filed due to a shoulder dystocia leading to some degree of residual brachial plexus injury in the infant. While I was present for the delivery, I was a junior resident and did not perform the delivery. I was subsequently discontinued from the case, prior to being deposed. I may be deposed at a later date if requested.

Ordonez v New York – Presbyterian Hospital, et al
Index No 805653/2015

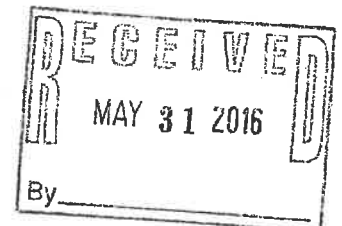
Served 10/27/15

Counsel: McAloon & Friedman, PC

Discontinued March, 2016

Details: The case was filed due to a cord prolapse that occurred on 9/24/2012. I was an intern (first year resident) at the time who diagnosed the prolapse. The patient was then taken by the senior residents and attending physicians for a cesarean delivery, of which I was not a part. Due to my trainee status and limited involvement in the case, I was discontinued prior to being deposed. I may be deposed at a later date if requested.

Sincerely,
Sarah Horvath, MD



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

AMADA ORDONEZ, as Mother and Natural Guardian of
K.N.O., an infant under the age of fourteen (14) years,

INDEX NO.: 805653/2015

Plaintiffs,

-against-

VERIFIED ANSWER

LALLY JOHNSON, R.N., JULISSA HERNANDEZ, R.N.,
SARAH HORVATH, M.D., ERICA LYNN MAHANY,
M.D., RAISA R. GAO, M.D., DOROTHY P. SMOK,
M.D., MARIA LASORSA, R.N., MOEUN SON, M.D.,
NEW YORK PRESBYTERIAN HOSPITAL, NEW
YORK PRESBYTERIAN/COLUMBIA UNIVERSITY
MEDICAL CENTER,

Defendants.

Defendants, LALLY JOHNSON, R.N., JULISSA HERNANDEZ, R.N., SARAH
HORVATH, M.D., DOROTHY P. SMOK, M.D., MARIA LASORSA, R.N., MOEUN SON,
M.D., THE NEW YORK AND PRESBYTERIAN HOSPITAL s/h/a NEW YORK
PRESBYTERIAN HOSPITAL and NEW YORK PRESBYTERIAN/COLUMBIA
UNIVERSITY MEDICAL CENTER, by their attorneys, McALOON & FRIEDMAN, P.C.,
as and for their Verified Answer to the Verified Complaint of the plaintiffs, respectfully allege
upon information and belief as follows:

ANSWERING THE FIRST CAUSE OF ACTION

1. Deny any knowledge or information sufficient to form a belief as to each
and every allegation set forth in Paragraphs 2, 4, 6, 8, 10, 12, 14 and 16 of plaintiffs' Verified
Complaint.

2. Deny each and every allegation set forth in Paragraphs 18, 19, 20, 21 and 22 of plaintiff's Verified Complaint except admit that defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL, was a duly qualified and properly staffed medical and hospital facility, and it owned, operated and managed its hospital facilities, and otherwise refer all questions of "control" to the Court.

3. Deny each and every allegation set forth in Paragraph 58 of plaintiffs' Verified Complaint except admit that defendant, RAISA R. GAO, M.D., was an attending physician at defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL, and an employee of Columbia University.

4. Deny each and every allegation set forth in Paragraph 64 of plaintiffs' Verified Complaint except admit that defendant, DOROTHY P. SMOK, M.D., was an attending physician at defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL, and an employee of Columbia University.

5. Deny each and every allegation set forth in Paragraphs 168 and 169 of plaintiffs' Verified Complaint except admit that the plaintiff/mother was a patient at defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL, on September 24, 2012, and that the infant plaintiff was a patient at defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL, from September 24, 2012 to September 27, 2012.

6. Deny each and every allegation set forth in Paragraphs 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 38, 39, 40, 41, 42, 44, 45, 46, 47, 48, 50, 51, 52, 53, 54, 55, 56, 57, 59, 60, 61, 62, 63, 65, 66, 68, 69, 70, 71, 72, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128,

129, 130, 131, 132, 133, 134, 136, 138, 140, 142, 143, 144, 145, 146, 148, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 170, 171, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197 and 198 of plaintiffs' Verified Complaint.

7. Deny each and every allegation set forth in Paragraphs 172, 173, 174, 175, 176, 177, 178, 179, 180 and 181 of plaintiffs' Verified Complaint, and refer all questions about the legal duty of the defendants to the Court.

ANSWERING THE SECOND CAUSE OF ACTION

8. The answering defendants repeat and reiterate each and every denial or denial of knowledge or information sufficient to form a belief as to each of the allegations of the Complaint repeated and alleged by plaintiffs in Paragraph 199 of the Verified Complaint.

9. Deny each and every allegation set forth in Paragraphs 200, 201, 202, 203, 204, 205, 206, 207 and 208 of plaintiffs' Verified Complaint.

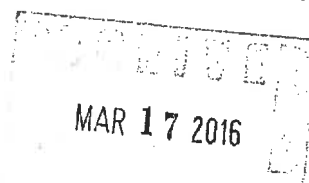
ANSWERING THE THIRD CAUSE OF ACTION

10. The answering defendants repeat and reiterate each and every denial or denial of knowledge or information sufficient to form a belief as to each of the allegations of the Complaint repeated and alleged by plaintiffs in Paragraph 209 of the Verified Complaint.

11. Deny each and every allegation set forth in Paragraphs 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224 and 225 of plaintiffs' Verified Complaint.

**AS AND FOR A FIRST, SEPARATE
AND DISTINCT AFFIRMATIVE DEFENSE:**

12. The injuries and damages of the plaintiff, AMADA ORDONEZ, for which these causes of action have been instituted, were caused wholly or in part through the culpable conduct and contributory negligence on the part of said plaintiff and therefore the amount of



damages, if any, shall be diminished in the proportion which said conduct attributable to said plaintiff bears to the defendants' conduct, if any, which caused the damages.

**AS AND FOR A SECOND, SEPARATE
AND DISTINCT AFFIRMATIVE DEFENSE:**

13. The defendants' conduct, if any, is limited pursuant to CPLR §1600, et seq.

**AS AND FOR A THIRD, SEPARATE
AND DISTINCT AFFIRMATIVE DEFENSE:**

14. Any verdict or judgment should be reduced by the amounts of past or future collateral source reimbursements of alleged special damage pursuant to CPLR §4545(c).

**AS AND FOR A FOURTH, SEPARATE
AND DISTINCT AFFIRMATIVE DEFENSE:**

15. Plaintiffs' Third Cause of Action, if any, is barred pursuant to §2805-d of the Public Health Law.

**AS AND FOR A FIFTH, SEPARATE
AND DISTINCT AFFIRMATIVE DEFENSE:**

16. Plaintiffs failed to mitigate damages.

**AS AND FOR A SIXTH, SEPARATE
AND DISTINCT AFFIRMATIVE DEFENSE:**

17. The statute of limitations expired for any claim of damages to the plaintiff mother.

WHEREFORE, the answering defendants demand judgment dismissing the plaintiffs' Verified Complaint, together with the costs and disbursements of this action.

McALOON & FRIEDMAN, P.C.

By: _____


LAURA R. SHAPIRO

Attorneys for Defendants

**LALLY JOHNSON, R.N., JULISSA
HERNANDEZ, R.N., SARAH
HORVATH, M.D., DOROTHY P.
SMOK, M.D., MARIA LASORSA,
R.N., MOEUN SON, M.D. and THE
NEW YORK AND PRESBYTERIAN
HOSPITAL**

Office and P.O. Address
123 William Street - 25th Floor
New York, NY 10038-3804
Tel. (212) 732-8700

TO:

THE JACOB D. FUCHSBERG LAW FIRM, LLP
Attorneys for Plaintiffs
500 Fifth Avenue, 45th Floor
New York, NY 10110
Tel. (212) 869-3500

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
 : ss.:
COUNTY OF NEW YORK)

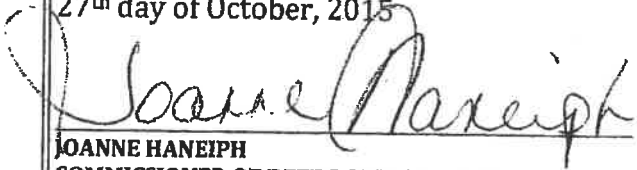
ALVA T. ALLEN, being duly sworn, deposes and says that deponent is not a party to this action, is over 18 years of age and resides in Queens, New York;

That on the 27th day of October, 2015, deponent served the within **VERIFIED ANSWER o/b/o LALLY JOHNSON, R.N., JULISSA HERNANDEZ, R.N., SARAH HORVATH, M.D., DOROTHY P. SMOK, M.D., MARIA LASORSA, R.N., MOEUN SON, M.D. and THE NEW YORK AND PRESBYTERIAN HOSPITAL** upon the following attorneys for the parties shown below at the addresses shown below, being the addresses designated by said attorneys for that purpose, by depositing a true copy of same enclosed in a postpaid, properly addressed wrapper in an official depository under the exclusive care and custody of the United States Post Office Department within the State of New York:

THE JACOB D. FUCHSBERG LAW FIRM, LLP
Attorneys for Plaintiffs
500 Fifth Avenue, 45th Floor
New York, NY 10110
Tel. (212) 869-3500


ALVA T. ALLEN

Sworn to before me this
27th day of October, 2015



JOANNE HANEIPH
COMMISSIONER OF DEEDS CITY OF NEW YORK
No. 1-12886
CERT. FILED IN NEW YORK COUNTY
COMMISSION EXPIRES: OCTOBER 1, 2017

MAR 17 2016



**NYSCEF - New York County Supreme Court
Confirmation Notice**



This is an automated response for Supreme Court / Court of Claims cases. The NYSCEF site has received your electronically filed document(s) for:

AMADA ORDONEZ - v. - LALLY JOHNSON R.N. et al

805653/2015

Documents Received on 10/27/2015 03:06 PM

Doc #	Document Type	Motion #
11	ANSWER Does not contain an SSN or CPI as defined in 202.5(e) or 206.5(e)	
12	ANSWER Does not contain an SSN or CPI as defined in 202.5(e) or 206.5(e)	

Filing User

Name: **LAURA R. SHAPIRO**

Phone #:

Fax #:

E-mail Address:

Work Address:

**123 WILLIAM ST
NEW YORK, NY 10038**

E-mail Notifications

An e-mail notification regarding this filing has been sent to the following address(es) on 10/27/2015 03:06 PM:

NYBERG, CHRISTOPHER MICHAEL -

SHAPIRO, LAURA R. -

NOTE: If submitting a working copy of this filing to the court, you must include as a notification page firmly affixed thereto a copy of this Confirmation Notice.

Hon. Milton A. Tingling, New York County Clerk and Clerk of the Supreme Court

Phone: 646-386-5956 Website: http://www.nycourts.gov/courts/1jd/supctmanh/county_clerk_operations.shtml

NYSCEF Resource Center - EFile@nycourts.gov

Phone: (646) 386-3033 Fax: (212) 401-9146 Website: www.nycourts.gov/efile

MAR 17 2016

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK**

AMADA ORDONEZ, as Mother and Natural Guardian of K.N.O., an infant under the age of fourteen (14) years,

Plaintiffs,

-against-

LALLY JOHNSON, R.N., JULISSA HERNANDEZ, R.N., SARAH HORVATH, M.D., ERICA LYNN MAHANY, M.D., RAISA R. GAO, M.D., DOROTHY P. SMOK, M.D., MARIA LASORSA, R.N., MOEUN SON, M.D., NEW YORK PRESBYTERIAN HOSPITAL, NEW YORK PRESBYTERIAN/COLUMBIA UNIVERSITY MEDICAL CENTER,

Defendants.

VERIFIED ANSWER

McALOON & FRIEDMAN, P.C.

Attorneys for Defendants

**LALLY JOHNSON, R.N., JULISSA HERNANDEZ, R.N., SARAH HORVATH, M.D.,
DOROTHY P. SMOK, M.D., MARIA LASORSA, R.N., MOEUN SON, M.D. and THE
NEW YORK AND PRESBYTERIAN HOSPITAL**

Office and Post Office Address, Telephone

123 William Street

New York, New York 10038-3804

(212) 732-8700

(212) 227-2903

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed document are not frivolous.

Dated: October 26, 2015

Signature: 

Print Signer's Name: LAURA R. SHAPIRO

To
Attorney(s) for

Service of a copy of the within
Dated,

Attorney(s) for

is hereby admitted.

Sir: - Please take notice

Notice of Entry

that the within is a (certified) true copy of a
within named court on

20

duly entered in the office of the clerk of the

Notice of Settlement

that an order
to the HON.

of which the within is a true copy will be presented for settlement
on of the judges of the within named court,

at
on

20

at

M.

Dated,

Yours, etc.

McALOON & FRIEDMAN, P.C.

Attorneys for Defendants

**LALLY JOHNSON, R.N., JULISSA HERNANDEZ,
R.N., SARAH HORVATH, M.D., DOROTHY P. SMOK,
M.D., MARLA LASORSA, R.N., MOEUN SON, M.D. and
THE NEW YORK AND PRESBYTERIAN HOSPITAL**

Office and Post Office Address, Telephone

123 William Street

New York, New York 10038-3804

MAR 17 2015

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

AMADA ORDONEZ, as Mother and Natural Guardian of
K.N.O., an infant under the age of fourteen (14) years,

INDE

Plaintiffs,

-against-

VE

LALLY JOHNSON, R.N., JULISSA HERNANDEZ, R.N.,
SARAH HORVATH, M.D., ERICA LYNN MAHANY,
M.D., RAISA R. GAO, M.D., DOROTHY P. SMOK,
M.D., MARIA LASORSA, R.N., MOEUN SON, M.D.,
NEW YORK PRESBYTERIAN HOSPITAL, NEW
YORK PRESBYTERIAN/COLUMBIA UNIVERSITY
MEDICAL CENTER,

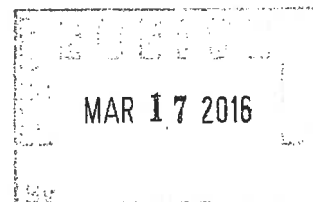
Defendants.

Defendants, LALLY JOHNSON, R.N., JULISSA HEI
HORVATH, M.D., DOROTHY P. SMOK, M.D., MARIA LAS
M.D., THE NEW YORK AND PRESBYTERIAN HOSP
PRESBYTERIAN HOSPITAL and NEW YORK PR
UNIVERSITY MEDICAL CENTER, by their attorneys, McAl
as and for their Verified Answer to the Verified Complaint of th
upon information and belief as follows:

ANSWERING THE FIRST CAUSE OF

1. Deny any knowledge or information suffi
and every allegation set forth in Paragraphs 2, 4, 6, 8, 10, 12,
Complaint.

406591



Statement of Details for Complaints registered against Sarah Horvath, MD

Dukes v New York – Presbyterian Hospital

MCB File No 16-84262

Filed 4/27/15

Counsel: Martin, Clearwater & Bell

Discontinued 8/7/15

Details: The case was filed due to a shoulder dystocia leading to some degree of residual brachial plexus injury in the infant. While I was present for the delivery, I was a junior resident and did not perform the delivery. I was subsequently discontinued from the case, prior to being deposed. I may be deposed at a later date if requested.

Ordonez v New York – Presbyterian Hospital, et al

Index No 805653/2015

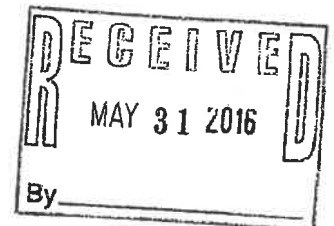
Served 10/27/15

Counsel: McAloon & Friedman, PC

Discontinued March, 2016

Details: The case was filed due to a cord prolapse that occurred on 9/24/2012. I was an intern (first year resident) at the time who diagnosed the prolapse. The patient was then taken by the senior residents and attending physicians for a cesarean delivery, of which I was not a part. Due to my trainee status and limited involvement in the case, I was discontinued prior to being deposed. I may be deposed at a later date if requested.

Sincerely,
Sarah Horvath, MD



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
J. D., an infant, by her mother and natural guardian, ANZEA
DUKES, and ANZEA DUKES, individually,

Index No.: 805169/2015

Plaintiffs,

VERIFIED COMPLAINT

-against-

THE NEW YORK AND PRESBYTERIAN HOSPITAL,
EILEEN F. DEMARCO, SARAH HORVATH
and MELISSA MILLAD,

Defendants.
-----X

Plaintiffs, complaining of defendants, by and through their attorneys, GAIR,
GAIR, CONASON, STEIGMAN, MACKAUF, BLOOM & RUBINOWITZ, respectfully show
to this Court and allege as follows:

AS AND FOR A FIRST CAUSE OF ACTION

1. At all times herein mentioned, defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL, was and still is a domestic not-for-profit corporation duly existing under and by virtue of the laws of the State of New York.
2. Upon information and belief, that at all times herein mentioned, defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL, owned a hospital known as "New York Presbyterian - Columbia University Medical Center" located at 630 West 168th Street, New York, New York 10032.
3. Upon information and belief, that at all times herein mentioned, defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL, its agents, servants and employees operated, conducted, managed, controlled and maintained the aforesaid hospital known as "New York

MAR 17 2016

Presbyterian - Columbia University Medical Center" located at 630 West 168th Street, New York, New York 10032.

4. Upon information and belief, that at all times herein mentioned, defendant, EILEEN F. DEMARCO, was a physician duly licensed to practice medicine in the State of New York.
5. Upon information and belief, that at all times herein mentioned, defendant, EILEEN F. DEMARCO, was board certified in the field of obstetrics and gynecology.
6. Upon information and belief, that at all times herein mentioned, defendant, EILEEN F. DEMARCO, was an attending physician at defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
7. Upon information and belief, that at all times herein mentioned, defendant, EILEEN F. DEMARCO, was associated with defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
8. Upon information and belief, that at all times herein mentioned, defendant, EILEEN F. DEMARCO, was on the staff of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
9. Upon information and belief, that at all times herein mentioned, defendant, EILEEN F. DEMARCO, was acting as an agent of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
10. Upon information and belief, that at all times herein mentioned, defendant, EILEEN F. DEMARCO, was an employee of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

11. Upon information and belief, that at all times herein mentioned, defendant, EILEEN F. DEMARCO, was acting within the course and scope of her employment with defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
12. Upon information and belief, that at all times herein mentioned, defendant, SARAH HORVATH, was a physician duly licensed to practice medicine in the State of New York.
13. Upon information and belief, that at all times herein mentioned, defendant, SARAH HORVATH, specialized in the field of obstetrics and gynecology.
14. Upon information and belief, that at all times herein mentioned, defendant, SARAH HORVATH, was an attending physician at defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
15. Upon information and belief, that at all times herein mentioned, defendant, SARAH HORVATH, was associated with defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
16. Upon information and belief, that at all times herein mentioned, defendant, SARAH HORVATH, was on the staff of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
17. Upon information and belief, that at all times herein mentioned, defendant, SARAH HORVATH, was acting as an agent of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).
18. Upon information and belief, that at all times herein mentioned, defendant,

SARAH HORVATH, was an employee of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

19. Upon information and belief, that at all times herein mentioned, defendant, SARAH HORVATH, was acting within the course and scope of her employment with defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

20. Upon information and belief, that at all times herein mentioned, defendant, MELISSA MILLAD, was a nurse registered to practice in the State of New York.

21. Upon information and belief, that at all times herein mentioned, defendant, MELISSA MILLAD, was associated with defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

22. Upon information and belief, that at all times herein mentioned, defendant, MELISSA MILLAD, was on the staff of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

23. Upon information and belief, that at all times herein mentioned, defendant, MELISSA MILLAD, was acting as an agent of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

24. Upon information and belief, that at all times herein mentioned, defendant, MELISSA MILLAD, was an employee of defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

25. Upon information and belief, that at all times herein mentioned, defendant, MELISSA MILLAD, was acting within the course and scope of her employment with defendant,

THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

26. That from December 14, 2013, through December 15, 2013, plaintiff, ANZEA DUKES, was admitted to New York Presbyterian - Columbia University Medical Center.

27. That from December 14, 2013, through December 15, 2013, defendant, THE NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center), its agents, servants and employees rendered certain medical, obstetrical, nursing and diagnostic care and treatment to plaintiff, ANZEA DUKES, for the birth of her daughter, infant plaintiff, J. D.

28. That from December 14, 2013, through December 15, 2013, defendant, BILEEN F. DEMARCO, rendered certain medical, obstetrical and diagnostic care and treatment to plaintiff, ANZEA DUKES, for the birth of her daughter, infant plaintiff, J. D.

29. That from December 14, 2013, through December 15, 2013, defendant, SARAH HORVATH, rendered certain medical, obstetrical and diagnostic care and treatment to plaintiff, ANZEA DUKES, for the birth of her daughter, infant plaintiff, J. D.

30. That from December 14, 2013, through December 15, 2013, defendant, MELISSA MILLAD, rendered certain medical, nursing and diagnostic care and treatment to plaintiff, ANZEA DUKES, for the birth of her daughter, infant plaintiff, J. D.

31. That on December 15, 2013, infant plaintiff, J. D., was born at defendant, NEW YORK AND PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center).

32. That on December 15, 2013, defendant, THE NEW YORK AND

PRESBYTERIAN HOSPITAL (New York Presbyterian - Columbia University Medical Center), its agents, servants and employees rendered certain medical, obstetrical, nursing and diagnostic care and treatment to infant plaintiff, J. D.

33. That on December 15, 2013, defendant, EILEEN F. DEMARCO, rendered certain medical, obstetrical and diagnostic care and treatment to infant plaintiff, J. D.

34. That on December 15, 2013, defendant, SARAH HORVATH, rendered certain medical, obstetrical and diagnostic care and treatment to infant plaintiff, J. D.

35. That on December 15, 2013, defendant, MELISSA MILLAD, rendered certain medical, nursing and diagnostic care and treatment to infant plaintiff, J. D.

36. The aforesaid medical, obstetrical, nursing and diagnostic care and treatment was rendered by the defendants, their agents, servants and employees, in a negligent and careless manner prior to and during the delivery of the infant plaintiff, J. D., in: failing to use due, reasonable and proper skill and care in the birthing of infant plaintiff, J. D.; departing from standard and accepted medical, obstetrical, nursing and diagnostic care and treatment in the birthing of infant plaintiff, J. D.; failing to render or provide proper and adequate medical, obstetrical, nursing and diagnostic care and treatment in accordance with standard and accepted medical, obstetrical, nursing and diagnostic practices and procedures, inasmuch as they, among other things, failed to use ordinary and reasonable medical, obstetrical, nursing and diagnostic practices and procedures, diligence and skill and failed to possess the requisite degree of learning, knowledge and skill; failing to properly diagnose the infant plaintiff's condition in accordance with standard and accepted medical, obstetrical, nursing and diagnostic practices and procedures; failing to diagnose the infant plaintiff's condition in accordance with standard and

accepted medical, obstetrical, nursing and diagnostic practices and procedures; and failing to properly treat the infant plaintiff's condition in accordance with standard and accepted medical, obstetrical, nursing and diagnostic practices and procedures.

37. As a result of the aforesaid, infant plaintiff, J. D., sustained severe and permanent injuries to her head, limbs and body, including but not limited to, severe damage to her left brachial plexus resulting in Erb's palsy, a severe shock to her nervous system, certain internal injuries and has been caused to suffer severe physical pain and mental anguish as a result thereof, and, upon information and belief, some or all of these injuries are of a permanent and lasting nature; that infant plaintiff, J. D., has been caused to be confined to hospital, bed and home as a result thereof, and that plaintiff, ANZEA DUKES, has expended or will become obligated to expend sums of money for medical expenses.

38. It is hereby alleged pursuant to CPLR 1603 that the foregoing cause of action is exempt from the operation of CPLR 1601 by reason of one or more of the exemptions provided in CPLR 1602, including but not limited to CPLR 1602(7) in that the defendants acted with reckless disregard for the safety of others.

39. That the amount of damages sought exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

AS AND FOR A SECOND CAUSE OF ACTION

40. The plaintiffs repeat, reiterate, and reallege each and every allegation contained in those paragraphs of this complaint marked "1" through "39" inclusive, with the same force and effect as if fully set forth at length herein.

41. There were certain risks, hazards and dangers with respect to the course of

treatment or lack thereof, undertaken by the defendants herein.

42. The defendants, their agents, servants and employees, failed to warn and advise plaintiff, ANZEA DUKES, of the risks, hazards and dangers of the aforesaid course of treatment or lack thereof regarding her daughter, infant plaintiff, J. D.

43. Plaintiff, ANZEA DUKES, had the right to know of the risks, hazards and dangers of the aforesaid course of treatment or lack thereof and available alternatives to it regarding her daughter, infant plaintiff, J. D.

44. Had plaintiff, ANZEA DUKES, or any reasonable person, been informed of the risks, hazards and dangers with respect to the aforesaid course of treatment or lack thereof, she would not have consented thereto.

45. As a result of the aforesaid, infant plaintiff, J. D., sustained severe and permanent injuries to her head, limbs and body, including but not limited to, severe damage to her left brachial plexus resulting in Erb's palsy, a severe shock to her nervous system, certain internal injuries and has been caused to suffer severe physical pain and mental anguish as a result thereof, and, upon information and belief, some or all of these injuries are of a permanent and lasting nature; that infant plaintiff, J. D., has been caused to be confined to hospital, bed and home as a result thereof, and that plaintiff, ANZEA DUKES, has expended or will become obligated to expend sums of money for medical expenses.

46. It is hereby alleged pursuant to CPLR 1603 that the foregoing cause of action is exempt from the operation of CPLR 1601 by reason of one or more of the exemptions provided in CPLR 1602, including but not limited to CPLR 1602(7) in that the defendants acted with reckless disregard for the safety of others.

47. That the amount of damages sought exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

AS AND FOR A THIRD CAUSE OF ACTION

48. The plaintiffs repeat, reiterate and reallege each and every allegation contained in those paragraphs of this complaint marked and designated "1" through "47" inclusive with the same force and effect as if herein set forth more fully at length.

49. By reason of the foregoing, plaintiff, ANZEA DUKES, has been deprived of the services and companionship of her daughter, infant plaintiff, J. D., which accrued to her by reason of her parental status, and has been caused to expend sums of money for medical and other care and treatment of the infant plaintiff and, upon information and belief, will continue to incur such medical and other expenses on behalf of the infant plaintiff.

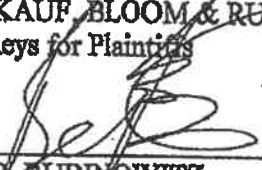
50. It is hereby alleged pursuant to CPLR §1603 that the foregoing cause of action is exempt from the operation of CPLR §1601 by reason of one or more of the exemptions provided in CPLR §1602, including but not limited to CPLR §1602(7) in that the defendants acted with reckless disregard for the safety of others.

51. That the amount of damages sought exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

WHEREFORE, the plaintiffs demand judgment against the defendants in the first, second and third causes of actions, for compensatory damages together with interest, costs and disbursements of this action.

Dated: New York, New York
April 16, 2015

Yours etc.,
GAIR, GAIR, CONASON, STEIGMAN,
MACKAUF, BLOOM & RUBINOWITZ
Attorneys for Plaintiffs



BEN E. RUBINOWITZ
80 Pine Street, 34th Floor
New York, New York 10005
(212) 943-1090

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
J. D., an infant, by her mother and natural guardian, ANZEA
DUKES, and ANZEA DUKES, individually,

Index No.: 805169/2015
Date Filed: 4/27/15

Plaintiffs,

CERTIFICATE OF MERIT

-against-

THE NEW YORK AND PRESBYTERIAN HOSPITAL,
EILEEN F. DEMARCO, SARAH HORVATH
and MELISSA MILLAD,

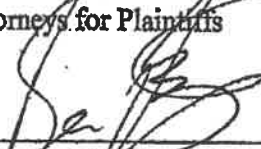
Defendants.
-----X

BEN B. RUBINOWITZ, an attorney duly admitted to practice in the courts of the
State of New York, hereby affirms pursuant to 2106 of the CPLR:

We have reviewed the facts of this case and have consulted with at least one
physician who is licensed to practice in this State and who we reasonably believe is
knowledgeable on the relevant issues involved in this action, and we have concluded on the basis
of such review and consultation that there is a reasonable basis for the commencement of this
action.

Dated: New York, New York
April 16, 2015

Yours etc.,
GAIR, GAIR, CONASON, STEIGMAN,
MACKAUF, BLOOM & RUBINOWITZ
Attorneys for Plaintiffs



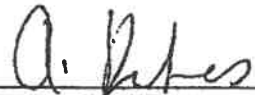
BEN B. RUBINOWITZ
80 Pine Street, 34th Floor
New York, New York 10005
(212) 943-1090

MAR 17 2016


STATE OF NEW YORK)
)
COUNTY OF NEW YORK) ss.:

ANZEA DUKES, being duly sworn, deposes and says:

I am the plaintiff in the within action; I have read the foregoing SUMMONS AND VERIFIED COMPLAINT and know the contents thereof; that the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters, I believe them to be true.


ANZEA DUKES

Sworn to before me this
23rd day of April, 2015


Notary Public

RICH MOORE
NOTARY PUBLIC, State of New York
No. 01M08012017
Qualified in Suffolk County
Commission Expires August 17, 2018

MAR 17 2016

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X Index No.: 805169/2015

J.D., an infant, by her mother and natural guardian, ANZEA
DUKES, and ANZEA DUKES, individually,

Plaintiffs,

-against-

THE NEW YORK AND PRESBYTERIAN HOSPITAL,
EILEEN F. DEMARCO, SARAH HORVATH
and MELISSA MILLAD,

Defendants.
-----X

SUMMONS AND VERIFIED COMPLAINT

**GAIR, GAIR, CONASON, STEIGMAN,
MACKAUF, BLOOM & RUBINOWITZ**
Attorneys for Plaintiffs
80 Pine Street
New York, New York 10005
(212) 943-1090

NOTICE OF ENTRY

C O U N S E L O R S :

Please take notice that the within is a (certified) true copy of a duly entered in the
office of the Clerk of the within named court on , 2014.

Dated:

NOTICE OF SETTLEMENT

S I R :

Please take notice that an order of which the within is true copy will be presented for
settlement to the Hon. one of the judges of the within named court, at on the
day of 2014.

Dated:

MAR 17 2016

GJR/da
6-84262

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
I.D., an infant, by her mother and natural guardian,
ANZEA DUKES and ANZEA DUKES, individually,

Plaintiffs,

-against-

THE NEW YORK AND PRESBYTERIAN HOSPITAL,
EILEEN F. DEMARCO, SARAH HORVATH and
MELISSA MILLAD,

Defendants.
-----X

VERIFIED ANSWER

Index No.: 805169/2015

Defendant SARAH HORVATH, M.D., s/h/a SARAH HORVATH, by her attorneys,
MARTIN CLEARWATER & BELL LLP, answers the plaintiffs' complaint as follows, upon
information and belief:

AS TO THE FIRST CAUSE OF ACTION

1. Denies each and every allegation contained in the paragraphs of the complaint designated "1", "2" and "3", except admits that the NEW YORK AND PRESBYTERIAN HOSPITAL is a non-profit New York Corporation that owns and operates a hospital facility located at 622 West 168th Street, New York, New York 10032 and begs leave to refer all questions of fact to the trier of fact and all questions of law to the Court.

2. Denies knowledge or information sufficient to form a belief as to each and every allegation contained in the paragraphs of the complaint designated "7", "8", "9", "13", "15", "16", "17", "21", "22", "23", "24", "25" and "26", except begs leave to refer all questions of fact to the trier of fact and all questions of law to the Court.

3. Denies each and every allegation contained in the paragraphs of the complaint designated "10" and "14".

4. Denies each and every allegation contained in the paragraph of the complaint designated "11", except begs leave to refer all questions of fact to the trier of fact and all questions of law to the Court.

5. Denies each and every allegation contained in the paragraph of the complaint designated "12", except admits that defendant SARAH HORVATH, M.D., s/h/a SARAH HORVATH is currently licensed to practice medicine in the State of New York.

6. Denies knowledge or information sufficient to form a belief as to each and every allegation contained in the paragraphs of the complaint designated "27", "28", "29", "30", "32", "33", "34" and "35", except admits that defendant rendered certain professional services in accordance with acceptable medical standards and due care and begs leave to refer all questions of fact to the trier of fact and all questions of law to the Court.

7. Denies each and every allegation contained in the paragraphs of the complaint designated "36", "37", "38" and "39".

AS TO THE SECOND CAUSE OF ACTION

8. Repeats and reiterates each and every denial and denial of knowledge or information sufficient to form a belief as to each of the allegations of the complaint reiterated and realleged by the plaintiffs in the paragraph of the complaint designated "40".

9. Denies knowledge or information sufficient to form a belief as to each and every allegation contained in the paragraphs of the complaint designated "41" and "43", except admits that defendant rendered certain professional services in accordance with acceptable medical standards and due care and begs leave to refer all questions of fact to the trier of fact and all questions of law to the Court.

10. Denies each and every allegation contained in the paragraphs of the complaint designated "42", "44", "45", "46" and "47".

AS TO THE THIRD CAUSE OF ACTION

11. Repeats and reiterates each and every denial and denial of knowledge or information sufficient to form a belief as to each of the allegations of the complaint reiterated and realleged by the plaintiffs in the paragraph of the complaint designated "48".

12. Denies each and every allegation contained in the paragraphs of the complaint designated "49", "50" and "51".

AS A FIRST AFFIRMATIVE DEFENSE

13. Defendant SARAH HORVATH, M.D., s/h/a SARAH HORVATH denies liability, but if liability is found against this defendant and the liability is found to be 50% or less of the total liability assigned to all persons liable, then this defendant invokes the limits on liability for noneconomic loss set forth in CPLR §1601.

AS A SECOND AFFIRMATIVE DEFENSE

14. That defendant asserts the terms, provisions, limitations and rights contained in §4545 of the CPLR.

AS A THIRD AFFIRMATIVE DEFENSE

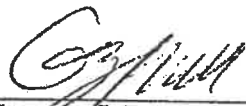
15. Defendant SARAH HORVATH, M.D., s/h/a SARAH HORVATH invokes the protection of Public Health Law 2805-d(4) with respect to the alleged cause of action for informed consent and reserves all her rights pursuant thereto.

WHEREFORE, defendant SARAH HORVATH, M.D., s/h/a SARAH HORVATH demands judgment dismissing the complaint herein, together with the costs and disbursements of this action.

Dated: New York, New York
June 5, 2015

Yours, etc.

MARTIN CLEARWATER & BELL LLP

By: 
Gregory J. Radomisli
Attorneys for Defendant
SARAH HORVATH, M.D., s/h/a SARAH
HORVATH
220 East 42nd Street
New York, NY 10017
(212) 697-3122

TO:

GAIR, GAIR, CONASON, STEIGMAN,
MACKAUF, BLOOM & RUBINOWITZ
Attorneys for Plaintiffs
80 Pine Street
New York, New York 10005
(212) 943-1090

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK)
)
COUNTY OF NEW YORK)

Diana Alvarez, being duly sworn, deposes and says that she is not a party to this action, is over 18 years of age and is an employee in the office of **MARTIN CLEARWATER & BELL LLP**, attorneys for the defendant **SARAH HORVATH, M.D.**, s/h/a **SARAH HORVATH**.

That on June 5, 2015 she served the within **VERIFIED ANSWER, DEMAND FOR A BILL OF PARTICULARS, NOTICE TO TAKE DEPOSITION UPON ORAL EXAMINATION, DEMAND FOR MEDICARE/MEDICAID LIEN INFORMATION, DEMAND FOR AUTHORIZATIONS, NOTICE OF DISCOVERY AND INSPECTION OF DOCUMENTS, NOTICE OF DISCOVERY AND INSPECTION OF STATEMENTS, DEMAND FOR CPLR §4545 INFORMATION, DEMAND FOR CPLR §2103(E) INFORMATION, DEMAND FOR DISCOVERY OF EXPERT WITNESS, DEMAND FOR NAMES OF WITNESSES, NOTICE PURSUANT TO CPLR §2103(B)(5), and NOTICE OF DISCOVERY AND INSPECTION OF PHOTOGRAPHIC EVIDENCE**, upon the following attorneys by depositing a true copy of the same securely enclosed in a post-paid wrapper in the Official Depository maintained and exclusively controlled by the United States at 220 East 42nd Street, New York, NY 10017 directed to said attorneys at:

**GAIR, GAIR, CONASON, STEIGMAN,
MACKAUF, BLOOM & RUBINOWITZ**
Attorneys for Plaintiffs
80 Pine Street
New York, New York 10005

that being the address within the State designated by them for the purpose of service upon them of the preceding papers in this action, or the place where they then kept an office for regular communication by mail.



Diana Alvarez

MAR 17 2016

Sworn to before me on this
5th day of June 2015



Notary Public or Commissioner of Deeds

DAYANE WASHINGTON
Commissioner of Deeds, City of New York
No. 4-7188
Cert. Filed in New York County
Commission Expires on 09-01-2015

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

J. D., an infant, by her mother and natural guardian, ANZEA
DUKES, and ANZEA DUKES, individually,

Plaintiffs,

-against-

THE NEW YORK AND PRESBYTERIAN HOSPITAL,
EILEEN F. DEMARCO, SARAH HORVATH
and MELISSA MILLAD,

Defendants.

Index No.: 805169/2015
Date Filed: 4/27/15

SUMMONS

Plaintiffs designate New
York County as the place of
trial.

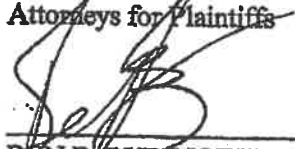
The basis of venue is
plaintiffs' residence address:
630 West 170th Street
New York, New York 10032.

TO THE ABOVE NAMED DEFENDANTS:

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the plaintiffs' attorneys within 20 days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

Dated: New York, New York
April 16, 2015

Yours etc.,
GAIR, GAIR, CONASON, STEIGMAN,
MACKAUF, BLOOM & RUBINOWITZ
Attorneys for Plaintiffs


BEN B. RUBINOWITZ
80 Pine Street, 34th Floor
New York, New York 10005
(212) 943-1090

TO: See Annexed Service Rider

MAR 17 2016

SERVICE RIDER

THE NEW YORK AND PRESBYTERIAN HOSPITAL
Office of Legal Affairs
1320 York Avenue
New York, New York 10021

EILEEN F. DEMARCO
c/o Herbert Irving Pavilion
161 Fort Washington Avenue, Suite 4-435
New York, New York 10032

SARAH HORVATH
c/o New York Presbyterian - Columbia University Medical Center
630 West 168th Street
New York, New York 10032

MELISSA MILLAD
c/o New York Presbyterian - Columbia University Medical Center
630 West 168th Street
New York, New York 10032

MAR 17 2016

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING (Graduates of American/Canadian Medical Schools)

SECTION 1 - TO BE COMPLETED BY APPLICANT

NAME:	Last <i>Horrath</i>	First <i>Sarah</i>	Middle <i>Katherine</i>
1.	If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.		
2.	Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.		
3.	If training was completed at more than one hospital, duplicate this form and submit to each hospital.		

SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE GRADUATE TRAINING OCCURRED

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director thirty (30) days prior to the completion of the approved training. Forms postmarked or signed prior to the thirty days will not be accepted.

HOSPITAL WHERE TRAINING WAS COMPLETED: *New York Presbyterian - Columbia*

NAME OF SPONSORING INSTITUTION: *Columbia University*

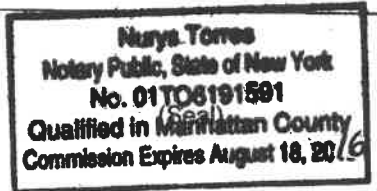
LOCATED IN:	CITY <i>New York</i>	STATE <i>New York</i>	ACGME ACCREDITED Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	
PGY LEVEL	FROM (MM/DD/YYYY) <i>1-4</i>	TO (MM/DD/YYYY) <i>07/01/2012</i>		SPECIALTY <i>Obstetrics & Gynecology</i>
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	Yes No <input type="checkbox"/> <input type="checkbox"/>

ok map

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." If there has been disciplinary or administrative action regarding this applicant, please provide a separate statement outlining the details.

If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.

Signature of Program Director: *Rini B. Ratan MD* Date: *6/15/2016*



Notary Signature: *Naysa Torres*
Notary Commission Expiration Date: *08/18/16*

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

RECEIVED DIRECT

JUN 22 2016

INVESTIGATION
OF THE
STATE OF NEW YORK
INVESTIGATOR
OFFICE

md

mg

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING (Graduates of American Medical Schools)

SECTION 1 - TO BE COMPLETED BY APPLICANT

NAME: Last Horrath First Sarah Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE GRADUATE TRAINING OCCURRED

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director thirty (30) days prior to the completion of the approved training. Forms postmarked or signed prior to the thirty days will not be accepted.

HOSPITAL WHERE TRAINING WAS COMPLETED: New York Presbyterian - Columbia

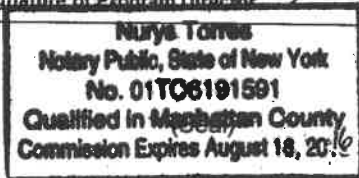
NAME OF SPONSORING INSTITUTION:

LOCATED IN:		CITY <u>New York</u>	STATE <u>NY</u>	ACGME ACCREDITED	
PGY LEVEL <u>1-4</u>	FROM (MM/DD/YYYY) <u>07/01/2012</u>	TO (MM/DD/YYYY) <u>06/30/2016</u>	SPECIALTY <u>OB/GYN</u>	Yes	No
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	Yes	No

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." If there has been disciplinary or administrative action regarding this applicant, please provide a separate statement outlining the details.

If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.

Signature of Program Director: Rini Ramirez-Rotam MD Date: 6/2/2016



Notary Signature: [Signature]
Notary Commission Expiration Date: 6/2/16

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

RECEIVED DIRECT 4

JUN 06 2016

md

msj

(8/2015)

PENNSYLVANIA STATE BOARD OF MEDICINE			
VERIFICATION OF MEDICAL EDUCATION (For Graduates of American/Canadian Medical Schools)			
SECTION 1 – TO BE COMPLETED BY APPLICANT			
NAME:	Last <i>Horvath</i>	First <i>Sarah</i>	Middle <i>Katherine</i>
NAME OF MEDICAL SCHOOL:	<i>University of Chicago - Pritzker</i>		
LOCATION:	<i>Chicago, IL</i>		
Submit the verification of medical education form to your medical school and request the school return the completed form directly to the Board in an official school envelope.			
SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL			
NAME OF MEDICAL SCHOOL:	<i>University of Chicago</i>		
NAME OF MEDICAL STUDENT:	Last <i>Horvath</i>	First <i>Sarah</i>	Middle <i>Katherine</i>
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month <i>08</i>	Day <i>04</i>	Year <i>2008</i>
DATE OF GRADUATION:	Month <i>06</i>	Day <i>09</i>	Year <i>2012</i>
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT			
SIGNATURE OF DEAN/REGISTRAR:	<i>Maureen Okonski Maureen Okonski</i>		
DATE:	Month <i>6</i>	Day <i>23</i>	Year <i>2016</i>
(Seal of School)	<p>Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.</p> <p style="text-align: center;">DO NOT RETURN THIS FORM TO THE APPLICANT</p>		
<p>Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-767-2381</p>		<p>Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>	

RECEIVED DIRECT

RECEIVED
JUN 24 2016
By _____

SARAH KATHERINE HORVATH
Student Name 389553 - Student Number

DEGREES CONFERRED:

M.D. DOCTOR OF MEDICINE
MEDICINE
JUNE 9, 2012

PROGRAM START QUARTERS:

SUMMER 2008 M.D. MEDICINE

PREVIOUS INSTITUTIONS:

B.A. UNIVERSITY OF CALIFORNIA LOS ANGELES
LOS ANGELES, CALIFORNIA 2000

HONORS AND AWARDS:

SENIORS IN THE PRITZKER SCHOOL OF MEDICINE ELECTED TO THE GOLD HUMANISM HONOR SOCIETY SPRING 2012

SUMMER 2008

ORGB 30001 THE HUMAN BODY

MEDICINE

150 P

TOTAL UNITS TAKEN: 150

AUTUMN 2008

BCMB 30400 PROTEIN FUNDAMENTALS

BSIDG 30000 BMSC ALL STARS

GENE 31400 GENETIC ANALYSIS OF MODEL ORGANISMS

IMMU 31200 HOST PATHOGEN INTERACTIONS

IMMU 40200 EXPERIMENTAL IMMUNOLOGY

MEDC 30000 CLIN SKILLS 1A: COMMUNICATIONS

MEDC 30301 CELL AND ORGAN PHYSIOLOGY

MEDICINE

100 B

050 P

100 B

100 B

050 P

050 P

100 P

TOTAL UNITS TAKEN: 550

WINTER 2009

HSTD 58100 SOCIAL CONTEXT OF MEDICINE

IMMU 31500 ADVANCED IMMUNOLOGY I

MEDC 30400 CLIN SKILLS 1B: COMMUNICATION IN WINTER

MEDC 30401 ORGAN AND PHYSIOLOGY AND ENDOCRINOLOGY

MEDC 30800 DOCTOR/PATIENT RELATIONSHIPS

MOCB 31200 MOLECULAR BIOLOGY-I

MICR 34000 BACTERIAL PATHOGENESIS

MEDICINE

025 P

100 B

050 P

100 P

025 P

100 B

100 B

TOTAL UNITS TAKEN: 500

SPRING 2009

BSIDG 55000 SCI INTEGRITY/ETHICAL CONDUCT

CPHY 31200 SIGNAL TRANSDUCTION & MODEL ORGANISMS

MEDICINE

100 P

100 B

ISSUED TO:

SARAH KATHERINE HORVATH

MA 31 2016

FMED 30400 EPIDEMIOLOGY/CLINICAL INVESTIGATION

MEDC 30009 GLOBAL PUBLIC HEALTH

MEDC 30200 NUTRITION IN MEDICINE

MEDC 30600 CLIN SKILLS 1C: COMMUNICATION

NEUR 30500 MEDICAL NEUROBIOLOGY

OBGY 30010 REPRODUCTIVE HLTH: CLIN/PUB HLTH ASPECTS OF CONTRACEPTION/ABORTION

TOTAL UNITS TAKEN: 575

AUTUMN 2009

MEDC 30777 PHARMACOLOGY

MICR 33500 MICROBIOLOGY: MEDICAL BIOLOGY

PATH 30100 CELL PATHOLOGY/IMMUNOLOGY

PSCR 30500 HUMAN BEHAVIOR:HEALTH & ILL

MEDICINE

050 P

125 P

150 P

050 P

TOTAL UNITS TAKEN: 375

WINTER 2010

MEDC 30004 CLIN SKILLS 2A: PHYSICAL DIAGNOSIS

PATH 30210 CLINICAL PATHOPHYSIOLOGY AND THERAPEUTICS I

MEDICINE

125 P

300 P

TOTAL UNITS TAKEN: 425

SPRING 2010

MEDC 30005 CLIN SKILLS 2B: PHY DX

PATH 30220 CLINICAL PATHOPHYSIOLOGY AND THERAPEUTICS II

PATH 30250 PRACTICAL PATHOLOGY FOR THE WARDS

MEDICINE

050 P

200 P

050 P

TOTAL UNITS TAKEN: 300

SUMMER 2010

SURG 30300 JUNIOR CLERKSHIP: SURGERY

MEDICINE

300 P

TOTAL UNITS TAKEN: 300

AUTUMN 2010

FMED 30300 JUNIOR CLERKSHIP: FAMILY MEDICINE

NURL 30300 JUNIOR CLERKSHIP: NEUROLOGY

PSCR 30300 JUNIOR CLERKSHIP: PSYCHIATRY

MEDICINE

125 P

125 P

125 P

TOTAL UNITS TAKEN: 375

WINTER 2011

OBGY 30300 JUNIOR CLERKSHIP: OB/GYN

PEDS 30300 JUNIOR CLERKSHIP: PEDIATRICS

MEDICINE

125 P

200 P

TOTAL UNITS TAKEN: 325

05/26/2016

1 OF 2



THE UNIVERSITY OF
CHICAGO

Signature
SCOTT C. CAMPBELL
UNIVERSITY REGISTRAR

This document is official in electronic form when digitally signed.
See enclosed instructions regarding authentication.

md

THE UNIVERSITY OF CHICAGO
OFFICIAL TRANSCRIPT

Office of the University Registrar

Chicago, Illinois 60637

SARAH KATHERINE HORVATH

389553 -
Student Number

SPRING 2011

MEDC 30300 JUNIOR CLERKSHIP: INTERNAL MEDICINE 300 P
MEDC 40000 CS3: CLINICAL PERFORMANCE EXPERIENCE 025 P

TOTAL UNITS TAKEN: 325

MEDICINE

SUMMER 2011

MEDC 58800 SUBINTERNSHIP PREP COURSE 025 P
MEDC 60406 TA: HEALTH CARE DISPARITIES IN AMERICA 050 P
OBGY 36001 MATERNAL-FETAL MEDICINE - NORTHSHORE 100 P
OBGY 42000 FAMILY PLANNING AND CONTRACEPTIVE RESEARCH 100 P

TOTAL UNITS TAKEN: 275

MEDICINE

AUTUMN 2011

FMED 40700 FOURTH YEAR SERVICE LEARNING ELECTIVE 100 P
MEDC 61100 TOPICS IN WOMEN'S HEALTH 150 P
OBGY 36600 SUB-INTERNSHIP: GYNECOLOGIC ONCOLOGY SERVICE 150 P

TOTAL UNITS TAKEN: 400

MEDICINE

WINTER 2012

EMED 30700 ADVANCED CARDIAC LIFE SUPPORT 025 P
EMED 31200 EMERGENCY MEDICINE CLERKSHIP - UCMC 125 P
MEDC 30405 TA CLINICAL SKILLS IIB: COMMUNICATION 150 P
MEDC 50300 ECG INTERPRETATION 025 P
MEDC 58500 CASE STUDIES IN CROSS-COVER: HOW TO BE AN INTERN ON-CALL 050 P
MEDC 68900 PROCEDURE SERVICE 050 P
MEDC 81001 FRITZKER MORNING REPORT OBSERVERSHIP 025 P
PEDI 31400 GENERAL CARE NURSERY 075 P
PSCR 50000 ADVANCED PHYSICIAN DEVELOPMENT AND FORMATION 050 P

TOTAL UNITS TAKEN: 575

MEDICINE

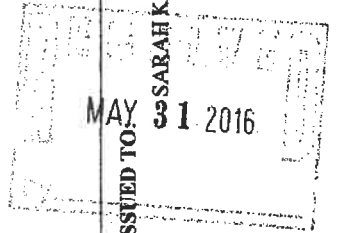
SPRING 2012

MEDC 90004 ADVANCED GRADUATE ELECTIVE-SPRING 100 P

TOTAL UNITS TAKEN: 100

MEDICINE

*** END OF OFFICIAL TRANSCRIPT ***



05/26/2016

2 OF 2

THE UNIVERSITY OF CHICAGO

Key to Transcripts of Academic Records

- Accreditation:** The University of Chicago is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. For information regarding accreditation, approval or licensure from individual academic programs, visit <http://etl.uchicago.edu/policies/disclosures>.
- Organization:** The University of Chicago includes the undergraduate College; the William B. and Catherine V. Graham School of Continuing Liberal and Professional Studies; the Institute for Molecular Engineering; four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; and six graduate professional schools: Divinity School, Law School, Pritzker School of Medicine, Irving B. Harris Graduate School of Public Policy Studies, School of Social Service Administration, and the University of Chicago Booth School of Business.

Degrees Offered: Authority for recommending the awarding of degrees is vested in the academic units. The University currently awards the following degrees:

Bachelor of Arts	B.A.
Bachelor of Science	B.S.
International Master of Business Administration	I.M.B.A.
Master of Arts	M.A.
Master of Arts in Teaching	M.A.T.
Master of Business Administration	M.B.A.
Master of Comparative Law	M.Comp.L.
Master of Divinity	M.Div.
Master of Fine Arts	M.F.A.
Master of Laws	LL.M.
Master of Liberal Arts	M.L.A.
Master of Public Policy	M.P.P.
Master of Science	M.S.
Doctor of Comparative Law	D.Comp.L.
Doctor of Jurisprudence	J.S.D.
Doctor of Law	J.D.
Doctor of Medicine	M.D.
Doctor of Philosophy	Ph.D.

Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of former records.

Calendar & Status: The University calendar is on the quarter system. Full-time quarterly registration in the College is for three to four units and in the divisions and schools for three units. For exceptions, see 9 Graduate Residence Status.

5. Course Information: Generally, courses numbered from 10000 to 29999 are courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 30000 and above meet requirements for higher degrees.

6. Credits: The Unit is the measure of credit at the University of Chicago. One full Unit (100) is equivalent to 3 1/3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) carry proportionately more or fewer semester or quarter hours of credit. See 10 for Law School measure of credit.

7. Grading Systems:

Quality Grades	College & Graduate	Business	Law
A+	4.0	4.33	
A	4.0	4.0	186-180
A-	3.7	3.67	
B+	3.3	3.33	
B	3.0	3.0	179-174
B-	2.7	2.67	
C+	2.3	2.33	
C	2.0	2.0	173-168
C-	1.7	1.67	
D+	1.3	1.33	167-160
D	1	1	159-155
F	0	0	

Non-Quality Grades

I Incomplete: Not yet submitted all evidence for final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I, (e.g. IA or IB).

IP Pass (non-Law): Mark of I changed to P (Pass). See 10 for Law IP notation.

NGR No Grade Reported: No final grade submitted

P Pass: Sufficient evidence to receive a passing grade. May be the only grade given in some courses.

Q Query: No final grade submitted (College only)

R Registered: Registered to audit the course

S Satisfactory

U Unsatisfactory

UW Unofficial Withdrawal

W Withdrawal: Does not affect GPA calculation

WP Withdrawal Passing: Does not affect GPA calculation

WF Withdrawal Failing: Does not affect GPA calculation

Blanks: If no grade is reported after a course, none was available at the time the transcript was prepared.

Examination Grades

H	Honors Quality
P+	High Pass
P	Pass

8. Academic Status and Program of Study: The quarterly entries on students' records include academic statuses and programs of study. The Program of Study in which students are enrolled is listed along with the quarter they commenced enrollment at the beginning of the transcript. The definition of academic statuses follows:

Doctornal: students enrolled in D.Comp.L., J.S.D., or Ph.D. degree.

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered at The University of Chicago.

Laboratory Schools: students who are registered in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

Master's/Professional: students enrolled in programs leading to a master's or professional degree (J.D., M.Div.).

Students-at-large: students who are not candidates for a degree.

Undergraduate: students in a program leading to a baccalaureate degree.

Work taken as a Student-at-large, Special Summer Student, or other non-degree program normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned.

9. Doctoral Residence Status: Effective Autumn 1984 the academic records of students in programs leading to the degree of Doctor of Philosophy reflect these residence statuses:

Scholastic Residence: the first two years of study beyond the baccalaureate degree. (Revised Summer 2000 to include the first four years of doctoral study.)

Research Residence: the third and fourth years of doctoral study beyond the baccalaureate degree. (Discontinued Summer 2000.)

Advanced Residence: the period of registration following completion of Scholastic and Research Residence until the Doctor of Philosophy is awarded. (Revised in Summer 2000 to be limited to 10 years following admission for the School of Social Service Administration doctoral program and 12 years following admission to all other doctoral programs.)

Active File Status: a student in Advanced Residence status who makes no use of University facilities other than the Library may be placed in an Active File with the University. (Discontinued Summer 2000.)

Doctornal Leave of Absence: the period during which a student suspends work toward the Ph.D. and expects to resume work following a maximum of one academic year.

Extended Residence: the period following the conclusion of Advanced Residence. (Discontinued Summer 2013.)

Students in Scholastic, Research, or Advanced Residence Status, but not in the Active File or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the Scholastic or Research Residence requirement on a half-time basis will indicate half-time study.

Students in Scholastic, Research, or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

10. Law School Transcript Key: The credit hour is the measure of credit at the Law School. University courses of 100 units not taught through the Law School are comparable to 3 credit hours at the Law School, unless otherwise specified. The frequency of honors in a typical graduating class:

High Honors (182+)	0.5%
High Honors (180.5+)(pre-2002 180+)	7.2%
Honors (179+)(pre-2002 178+)	23.7%

Pass/Fail and letter grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.

P⁺ indicates that a student has successfully completed the course but technical difficulties, not attributable to the student, interfered with the grading process.

IP (In Progress) indicates that a grade was not available at the time the transcript was printed.

* next to a course title indicates fulfillment of one of two substantial writing requirements. (Discontinued for Spring 2011 graduating class.)

See 7 for Law School grading system.

11. FERPA Re-Disclosure Notice: In accordance with U.S.C. 438(g)(9)(B)(The Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agents or employees, will not permit any other party access to this record without consent of the student.

12. Basis of Authenticity: Transcripts of University of Chicago academic records for students registered after Spring Quarter 1979 are presented in either of two media: Paper or Electronic.

Paper Transcripts: these are computer-generated and printed on safety paper. The transcript is official if it bears the signature of the University Registrar in white over the smaller University seal on the front of the transcript.

Further detail on verifying authenticity appears on the face of this document.

Electronic Transcripts: these are digitally signed, sent electronically and display a blue ribbon certificate of authenticity.

Office of the University Registrar

University of Chicago

1427 E. 60th Street

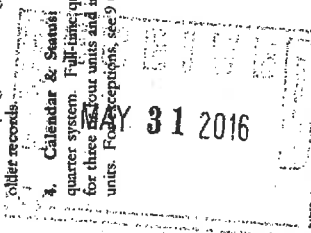
Chicago, IL 60637

773.702.7891

For an online version including updates to this information, visit the Office of the University Registrar website:

<http://registrar.uchicago.edu>

Revised 12/2014



How to Authenticate the Official Transcript from the University of Chicago

Important Note: *This electronic version of the official transcript (digitally signed pdf) of the University of Chicago, as received herein, is official, authentic, and secure. The contents of the transcript are accurate as of the date of issue, so noted, on the document. No additional verification, additional documentation or follow-up hardcopy record (i.e. paper transcript received through U.S. postal or private carriers) is necessary before accepting and using the electronic document in the course of normal activity or business.*

This document has been digitally signed and therefore contains special characteristics. When this document is viewed through Adobe Reader versions 6.0 or higher or through Adobe Acrobat versions 6.04 or higher, it will reveal that a digital signature has been applied to the document. A pop-up screen will indicate whether the document is either valid, invalid, or whether the signer of the document is unknown and other measures must be taken to authenticate the document. In addition, the pop-up screen allows for further examination of the digital signature, allowing you to authenticate the origin of the document.

Document Validity

A **valid** signature means that the document's contents have not been changed or altered in any way. Also, when the pop-up screen displays a message that the digital signature is true and authentic it means that the author of the document is known to the certification authority and the person or institution represented by the digital signature is true and authentic.

An **invalid** signature display means either the digital signature is not authentic, or the document has been altered. Sometimes the digital signature has been revoked for some reason or it has expired. A document with the **invalid** display should be **rejected**.

A third possible message, **Author Unknown**, can have two possible meanings: the digital signature cannot be validated due to a disconnection to the internet, or the digital signature cannot be instantly validated via the internet. If you receive this message make sure you are properly connected to the internet. If you have connection, and you still cannot validate the digital signature on-line, **reject** this document.

Blue Ribbon Icon

A document that contains a digital signature that can be instantly validated will display a **blue ribbon** on the pop-up screen and in the lower left corner of the frame of the application. The blue ribbon symbol is your assurance that the digital signature is valid, authentic, and the contents of the document have not been altered.

For More Information

You may contact the Office of the University Registrar, The University of Chicago, if you have additional questions about this digital signature, the authenticity of this document and the means by which it was received. You may direct your inquiry to: (773) 702-7891, Monday through Friday 8:30 am – 4:30 pm (CST). For more information, please visit our website: <http://registrar.uchicago.edu>. The Official Key to Transcripts of Academic Records can be viewed here: http://registrar.uchicago.edu/pdfdocs/transcript_key.pdf

MAY 31 2016

Blew, Merry

From: ST, MEDICINE
Sent: Tuesday, May 31, 2016 2:15 PM
To: Blew, Merry
Subject: FW: University of Chicago Transcript Access Code for Document # 9994491



Protecting public health and safety.
Preserving the integrity of every vote.
Promoting business excellence.

State Board of Medicine

PA Department of State | Bureau of Professional and Occupational Affairs

PO Box 2649 | Harrisburg PA 17105

Phone: [717.783.1400](tel:717.783.1400) | Fax: [717.787.7769](tel:717.787.7769)

www.dos.pa.gov/med | st-medicine@pa.gov

From: University of Chicago [<mailto:noreply@parchment.com>]
Sent: Tuesday, May 31, 2016 2:09 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: University of Chicago Transcript Access Code for Document # 9994491

Transcripts



THE UNIVERSITY OF
CHICAGO

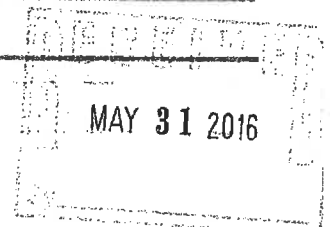
Thank you for using the University of Chicago Document Delivery Service. Contained in this email is the code that is needed to gain access to the document.

Document access code: **2ev7ds**

Need Help? Contact us at: registrar@uchicago.edu or 773-702-7891

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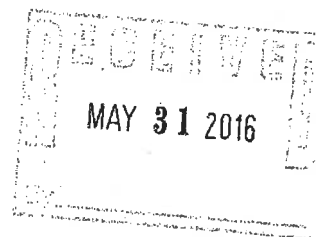
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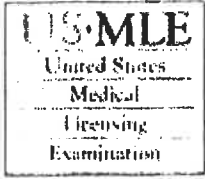
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Thank you.



406591



United States Medical Licensing Examination (USMLE) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wisser Road, Suite 300, Eules, TX 76039-3856 --Telephone (817)868-4000

Recipient:

Date: 03/01/2016

PENNSYLVANIA STATE BOARD OF MEDICINE

Examinee: Horvath, Sarah Katherine

Examinee ID: 52357894

Alt Name(s):

Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/11/2010	Pass	230	(188)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
7/15/2011	Pass	213	(189)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
7/19/2011	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
10/24/2012	Pass	201	(190)	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

MAR 3 2016

RECEIVED DIRECT

Sarah Horvath, MD

Professional Contact:
Ob/Gyn, FPMRS, & PFPPLP
573 Dulles, HUP
3400 Spruce Street
Philadelphia, PA 19104

Personal Contact:
[REDACTED]
Philadelphia, PA 19143
[REDACTED]

Professional Postgraduate Training

Resident Physician 7/2012-6/2016
Columbia University Dept Obstetrics & Gynecology
New York Presbyterian Hospital

Education

MD 7/2008-6/2012
University of Chicago Pritzker School of Medicine

Professional Societies

American College of Obstetrics and Gynecology 10/2011-present
Association of Reproductive Health Professionals 10/2011-present
American Medical Association 7/2008-present
Medical Students For Choice 7/2008-present

Honors and Awards

The Ryan Program Resident Award for Excellence in Family Planning 6/2015
Captain Compliance Award 6/2014

Teaching Responsibilities

Residency Education Coordinator 7/2014-6/2015

Professional Activities

ACOG Gellhaus Fellowship 4/2016-5/2016
ACOG Congressional Leadership Conference 3/2015, 3/2016
ACOG Section Officer Leadership Development Conference 3/2015

ACOG District II Junior Fellow Legislative Chair 9/2014-9/2016
ACOG District II Section I Chair 9/2015-9/2016
ACOG District II Section I Vice Chair 9/2014-9/2015
ACOG District II Legislative Committee 3/2014-6/2016
ACOG LARC Task Force 4/2014-present
ACOG District II Resident Advocacy Program 3/2014

International

Cervi-Cusco 5/2013
Volunteer

Current Scholarly Activities

Trends in gestational age at time of dilation and evacuation by indication (TiDE study)
-Oral presentation at National Abortion Federation (NAF) National Meeting 2016 4/2016
-Manuscript in submission

Case series of institutional experience with cesarean section scar ectopic pregnancies and systematic review

-IRB Approved 4/2015-4/2016



Publications

Jodi P. Lerner, MD, Sarah Horvath, MD and Khara Simpson, MD "Intragestational Injection of Methotrexate" Video. *OBG Management* August 2015, Vol 27, issue 8

Mireille D. Truong, MD, and Sarah Horvath, MD. "Total Laparoscopic Versus Laparoscopic Supracervical Hysterectomy" Video. *OBG Management* October 2014, Vol 26, issue 10

Horvath S, George E, Herzog T. Unintended Consequences: Surgical Complications in Gynecologic Cancer. *Women's Health* November 2013, Vol 9, No 6

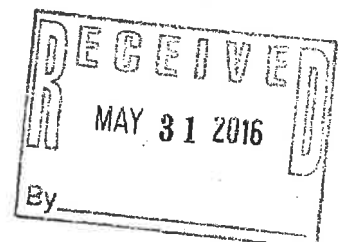
Oral Presentations

"Decreasing gestational age at time of abortion for fetal aneuploidy but not structural abnormalities: data from an eleven-year case series." Oral presentation at National Abortion Federation (NAF) National Meeting.
April 2016

"The State of the State: How State Laws Affect Patient Access and Resident Training – With Updates!" Resident Panel Discussion at the Medical Students for Choice National Conference on Family Planning,
October 2015

"The State of the State: How State Laws Affect Patient Access and Resident Training" Resident Panel Discussion at the Medical Students for Choice National Conference on Family Planning,
November 2014

Horvath S, Selvaraj K, Shay S. "Teen Ambassadors: Empowering Urban Adolescents to Improve the Doctor-Patient Relationship" presented at the University of Chicago Family Planning Conference
June 2012



HORVATH, SARAH KATHERINE - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: HORVATH, SARAH KATHERINE
 Date of Birth: [REDACTED] Gender: FEMALE
 Work Address: 625 W 164TH ST APT 3C, NEW YORK, NY 10032-4824
 Social Security Number: [REDACTED] NPI: 1659639698
 License: PHYSICIAN (MD), 277282-1, NY, OBSTETRICS & GYNECOLOGY
 Professional School(s): UNIVERSITY OF CHICAGO, PRITZKER SCHOOL OF MEDICINE (2012)
 NEW YORK, PRESBYTERIAN HOSPITAL (2016)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
 NPDB Charge: \$5.00* NPDB Bill Reference Number: N43232715
 * Each charge will appear separately on your credit card statement.
 Transaction Date: 05/26/2016 Additional Paper Copies Requested: 0

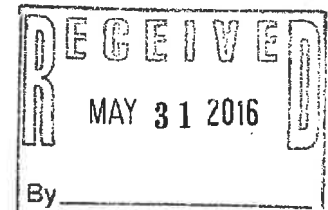
C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/26/2016

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- No Reports Found -----



NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

5500000108519642
Process Date: 05/26/2016
Page: 1 of 1

To: HORVATH, SARAH KATHERINE



NEW YORK, NY 10032-4824

From: National Practitioner Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

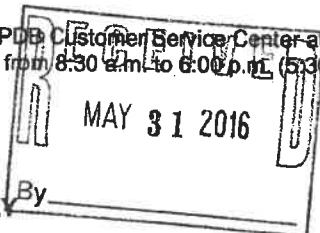
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.



CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:6/24/2016

PRACTITIONER INFORMATION

Name: Sarah Katherine Horvath
DOB: [REDACTED]
Medical School: University of Chicago Pritzker School of Medicine
Chicago, Illinois, UNITED STATES
Year of Grad: 2012
Degree Type: MD

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:6/24/2016
Practitioner Name: Sarah Katherine Horvath

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:5/14/2016

PRACTITIONER INFORMATION

Name: Sarah Katherine Horvath
DOB: [REDACTED]
Medical School: University of Chicago Pritzker School of Medicine
Chicago, Illinois, UNITED STATES
Year of Grad: 2012
Degree Type: MD

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
--------------	----------------	------------	-----------------	--------------

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:5/14/2016
Practitioner Name: Sarah Katherine Horvath

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
May 14, 2016

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

SARAH KATHERINE HORVATH

9849

NEW YORK NY 10032

EVALUATOR: MARY ext 1707

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

✓ **Questions:**

✓ We are in receipt of your two civil malpractice complaints, however you must submit a statement of details for each complaint. You may email your statements to st-medicine@pa.gov, ATTN: Mary

⓪ Verification of ACGME Approved Graduate Medical Training (PGY 1 & 2 only) **must be received DIRECTLY from the Hospital(s).**

⓪ Verification of Medical Education **must be received DIRECTLY from the medical school.**

✓ Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from **medical school to present.** The list must be in chronological order, include the **month and year,** and indicate the **state/territory in which the employment occurred.**

✓ A self query disclosure report from the **National Practitioner Data Bank (NPDB)** is required.

✓ **Child Abuse Continuing Education/Training:** Per Act 31 of 2014, three (3) hours of Department of Human Services approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being issued. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the "Mandated Child Abuse Reporter Training Under Act 31" link.

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 83431444



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
June 9, 2016

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

SARAH KATHERINE HORVATH

9849

NEW YORK NY 10032

EVALUATOR: MARY ext 1707

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

➤ Verification of ACGME Approved Graduate Medical Training (*PGY 1 & 2 only*) **must be received DIRECTLY from the Hospital(s).**

- *We are in receipt of a verification form from New York Presbyterian, however they combined all four of your PGY levels with a future date of completion. Please have the hospital resubmit the enclosed form and verify **PGY 1 and PGY 2 only.***

✓ Verification of Medical Education **must be received DIRECTLY from the medical school.**

✓ *We are in receipt of a copy of your Academic transcripts that were submitted to us by University of Illinois. Unfortunately, Board requirements indicate that transcripts do not fulfill the verification requirements of a medical education. I have enclosed a copy of the document that University of Illinois may use to verify this information to the Pennsylvania State Board of Medicine. Please have University of Illinois complete this form and return it directly to our offices in an official, sealed Medical School envelope.*

✓ **OTHER:** *The first page of the civil malpractice complaint File No. 16-84262 does not have the complete information and is only have the page. Please submit a new first page to this complaint that is a complete copy.*

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