

DCN: 5500000031351195
Process Date: 10/21/2003
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PUDER, KAROLINE

PUDER, KAROLINE

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/15/2003

Initial Action

Basis for Initial Action

- SETTLEMENT

- UNKNOWN

A. REPORTING ENTITY

Entity Name: THE DETROIT MEDICAL CENTER *
Address: 3663 WOODWARD AVENUE, SUITE 200
City, State, Zip: DETROIT, MI 48201
Country:
Name or Office: MARY MERITY
Title or Department: CORPORATE DIRECTOR
Telephone: (313) 993-0307
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 04/27/2015:

Entity Name: THE DETROIT MEDICAL CENTER
Address: 4707 SAINT ANTOINE ST STE E510
City, State, Zip: DETROIT, MI 48201-1427
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUDER, KAROLINE
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name: HUTZEL HOSPITAL
Work Address: 4707 ST. ANTIONE BLVD.
City, State, ZIP: DETROIT, MI 48201
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN): [REDACTED]
Professional School(s) & Year(s) of Graduation: MOUNT SINAI SCHOOL OF MEDICINE (1988)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 059142, MI
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 10/21/2003
Act/Omission Code: SURGERY: IMPROPER PERFORMANCE OF SURGERY (250)
Date of Act/Omission: 01/18/2001
Payment Date: 10/15/2003
Multiple or Single Payment: SINGLE
Amount of This Payment: \$ 39,500.00
Total Amount of Judgment or Settlement: \$ 39,500.00

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Payment Result of: SETTLEMENT

Number of Practitioners for Whom Payment is Made: 1

Relationship of Entity to the Practitioner: SELF INSURED ORGANIZATION

Date of Judgment/Settlement: 09/22/2003

Adjudicative Case Number:

Adjudicative Body Name:

Court File Number:

Reporter's Description of Act or Omission: PLAINTIFF ALLEGES THAT ONE FALLOPIAN TUBE WAS MISSED DURING A POST-PARTUM TUBAL LIGATION ON THE 25 YEAR OLD PATIENT.

Reporter's Description of the Judgment or Settlement: THE CASE WAS SETTLED FOR A TOTAL OF \$39,500 FOR BUSINESS REASONS ONLY. THE PHYSICIAN DOES NOT ADMIT LIABILITY. THE PHYSICIAN HAS A NON-CONSENT INSURANCE POLICY.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/21/2003

Date of Most Recent Change: 10/21/2003

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

MAR 13 2017

DISCLOSURE HISTORY

Report Number: 5500000031351195

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
12/18/2003	COVENTRYCARES OF MICHIGAN, INC. 1333 GRATIOT AVE SUITE 400 DETROIT, MI 48207 (313) 465-1552
07/08/2004	HENRY FORD HOSPITAL, STAFF SERVICES ONE FORD PLACE - 2E DETROIT, MI 48202 (313) 874-5605
08/21/2004	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
09/03/2004	OAKLAND PHYSICIANS MEDICAL CENTER, LLC 461 W HURON ST STE 206 MEDICAL STAFF SERVICES PONTIAC, MI 48341 (248) 857-7583
01/04/2005	MOLINA HEALTHCARE OF MICHIGAN, INC. 1330 N WASHINGTON ST SPOKANE, WA 99201 (800) 423-9899

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<u>Date Released</u>	<u>Entity Name</u>
02/24/2006	HENRY FORD HOSPITAL, STAFF SERVICES ONE FORD PLACE - 2E DETROIT, MI 48202 (313) 874-5605
08/02/2006	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
08/22/2006	OAKLAND PHYSICIANS MEDICAL CENTER, LLC 461 W HURON ST STE 206 MEDICAL STAFF SERVICES PONTIAC, MI 48341 (248) 857-7583
09/14/2006	COVENTRYCARES OF MICHIGAN, INC. 1333 GRATIOT AVE SUITE 400 DETROIT, MI 48207 (313) 465-1552
09/11/2007	PRIORITY HEALTH 1231 E BELTLINE AVE NE STOP 1220 GRAND RAPIDS, MI 49525 (616) 464-8164
03/27/2008	HENRY FORD HOSPITAL, STAFF SERVICES ONE FORD PLACE - 2E DETROIT, MI 48202 (313) 874-5605
06/10/2008	UNITEDHEALTHCARE COMMUNITY PLAN 26957 NORTHWESTERN HIGHWAY SUITE 400 SOUTHFIELD, MI 48033 (248) 331-4354

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Date Released	Entity Name
08/08/2008	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
08/08/2008	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
11/10/2008	MERIDIAN HEALTH PLAN 777 WOODWARD AVE STE 600 DETROIT, MI 48226 (313) 324-3700
12/29/2008	MOLINA HEALTHCARE OF MICHIGAN, INC. 1330 N WASHINGTON ST SPOKANE, WA 99201 (800) 423-9899
01/06/2009	BLUE CARE NETWORK 20500 CIVIC CENTER DR MAIL CODE C312 SOUTHFIELD, MI 48076 (248) 226-5299
01/28/2009	CARESOURCE PO BOX 8738 DAYTON, OH 45401 (937) 531-2006
01/29/2009	HEALTHPLUS OF MICHIGAN 2050 S LINDEN RD FLINT, MI 48532 (810) 230-2295

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Date Released	Entity Name
03/11/2009	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5969
05/07/2009	COVENTRYCARES OF MICHIGAN, INC. 1333 GRATIOT AVE SUITE 400 DETROIT, MI 48207 (313) 465-1552
05/11/2010	HENRY FORD HOSPITAL, STAFF SERVICES ONE FORD PLACE - 2E DETROIT, MI 48202 (313) 874-5605
07/15/2010	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
08/05/2010	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5969
09/13/2010	PRIORITY HEALTH 1231 E BELTLINE AVE NE STOP 1220 GRAND RAPIDS, MI 49525 (616) 464-8164
10/18/2010	PRIORITY HEALTH 1231 E BELTLINE AVE NE STOP 1220 GRAND RAPIDS, MI 49525 (616) 464-8164

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<u>Date Released</u>	<u>Entity Name</u>
04/22/2011	UNITEDHEALTHCARE COMMUNITY PLAN 26957 NORTHWESTERN HIGHWAY SUITE 400 SOUTHFIELD, MI 48033 (248) 331-4354
03/28/2012	BLUE CARE NETWORK 20500 CIVIC CENTER DR MAIL CODE C312 SOUTHFIELD, MI 48076 (248) 226-5299
05/15/2012	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
11/09/2012	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
02/04/2013	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5969
08/28/2013	BLUE CARE NETWORK 20500 CIVIC CENTER DR MAIL CODE C312 SOUTHFIELD, MI 48076 (248) 226-5299

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<u>Date Released</u>	<u>Entity Name</u>
04/16/2014	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
01/07/2015	BLUE CARE NETWORK 20500 CIVIC CENTER DR MAIL CODE C312 SOUTHFIELD, MI 48076 (248) 226-5299
03/18/2015	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5969
04/22/2015	SELF-QUERIER
03/06/2016	SELF-QUERIER
04/01/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
04/18/2016	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
06/09/2016	SELF-QUERIER

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Date Released

03/05/2017

Entity Name

SELF-QUERIER

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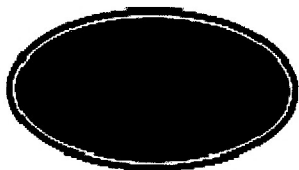
Magdalena Mozga

From: Karoline Puder [REDACTED]
Sent: Sunday, March 05, 2017 5:04 PM
To: Magdalena Mozga
Subject: Fwd: VeriDoc Receipt of Transaction

Karoline Puder

Begin forwarded message:

From: support@veridoc.org
Date: March 5, 2017 at 4:52:32 PM EST
To: [REDACTED]
Subject: VeriDoc Receipt of Transaction



VeriDoc Receipt of Transaction

Thank you for using VeriDoc. Your verification of licensure has been sent electronically to the receiving board.

Below is your receipt of transaction including confirmation number.

Transaction Date: 03/05/2017 3:52 PM
Physician Name: Karoline S Puder
Amount Charged: \$25.00
Confirmation #: AS3AF3BA7B15

Verification of licensure status with the following state board:

Michigan Board of Medicine

Has been sent to:

Pennsylvania State Board of Medicine

THANK YOU FOR USING THE VeriDoc SYSTEM.

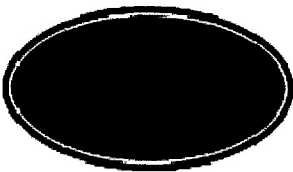
MAR 13 2017

hmd na

Eddy, Elise

From: ST, MEDICINE
Sent: Monday, March 06, 2017 7:41 AM
To: Eddy, Elise
Subject: FW: License Verification Statement - Puder, Karoline (MD)
Attachments: v419482AA.pdf

From: support@veridoc.org [mailto:support@veridoc.org]
Sent: Sunday, March 05, 2017 4:53 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: License Verification Statement - Puder, Karoline (MD)



Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

Validate Verifications

Physician: Puder, Karoline

Transaction ID: 419482

Confirmation Number: 86116702191655425146

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

Michigan Board of Medicine

MAR 7 2017

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RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF March 05, 2017**

NAME: Karoline S Puder **BIRTHDATE:** [REDACTED]
ADDRESS: [REDACTED]
Detroit MI 482010000
TYPE: Medical Doctor **ORIGINAL DATE:** 03/18/1992
LICENSE NUMBER: 4301059142 **STATUS:** Active **EXPIRATION DATE:** 01/31/2020
OBTAINED BY: Endorsement

EXAM DATE **EXAM TYPE** **EXAM SCORE OR RESULT**
03/01/1989 NBME PASS

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

This license information was last updated on: 3/4/2017

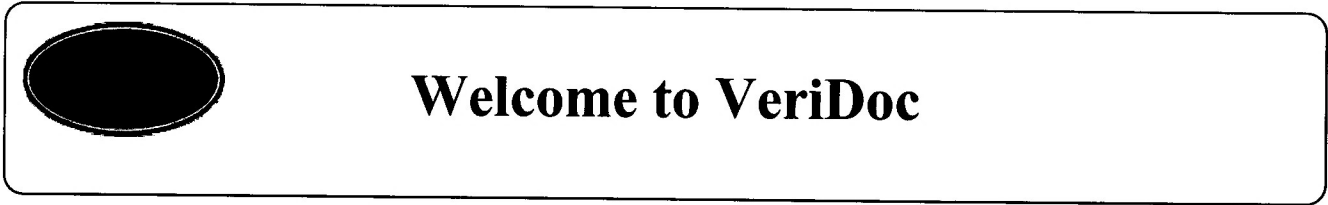
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611 W. OTTAWA ST. 1ST FL • P.O. BOX 30670 • LANSING, MICHIGAN 48909
<http://www.michigan.gov/healthlicense> • 517-335-0918

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Validation

This confirms that the attached licensure verification statement(s) for Karollne Puder, were sent to you from the VeriDoc website.

Thank you for using the VeriDoc system.

Disclaimer | Privacy Policy

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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:3/29/2017

PRACTITIONER INFORMATION

Name: Karoline Suzanne Puder
DOB: [REDACTED]
Medical School: Mt Sinai School of Medicine of the City University of New York
New York, New York, UNITED STATES
Year of Grad: 1988
Degree Type: MD
NPI: 1790722288

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
MICHIGAN	4301059142	3/18/1992	1/31/2020	3/29/2017
NEW YORK	179533	8/16/1989	8/31/2018	3/29/2017

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:3/29/2017
Practitioner Name: Karoline Suzanne Puder

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2016	12/31/2017		Recertification	2/23/2017
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	2/23/2017
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	2/23/2017
Expired	Time Limited	12/16/2013	12/31/2014		Recertification	2/23/2017
Expired	Time Limited	12/31/2012	12/31/2013		Recertification	2/23/2017
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	2/23/2017
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	2/23/2017
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	2/23/2017
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	2/23/2017
Expired	Time Limited	12/31/2007	12/31/2009		Recertification	2/23/2017
Expired	Time Limited	12/31/2006	12/31/2008		Recertification	2/23/2017
Expired	Time Limited	12/31/2005	04/30/2008		Recertification	2/23/2017
Expired	Time Limited	12/31/2004	04/30/2008		Recertification	2/23/2017
Expired	Time Limited	12/31/2003	12/31/2006		Recertification	2/23/2017
Expired	Time Limited	11/15/1996	12/31/2006		Initial	2/23/2017

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Maternal-Fetal Medicine
Certification Type: Subspecialty
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2016	12/31/2017		Recertification	2/23/2017
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	2/23/2017
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	2/23/2017

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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 3/29/2017

Practitioner Name: Karoline Suzanne Puder

Expired	Time Limited	12/16/2013	12/31/2014	Recertification	2/23/2017
Expired	Time Limited	12/31/2012	12/31/2013	Recertification	2/23/2017
Expired	Time Limited	12/31/2011	12/31/2012	Recertification	2/23/2017
Expired	Time Limited	12/31/2010	12/31/2011	Recertification	2/23/2017
Expired	Time Limited	12/31/2009	12/31/2010	Recertification	2/23/2017
Expired	Time Limited	12/31/2008	12/31/2009	Recertification	2/23/2017
Expired	Time Limited	12/31/2007	12/31/2009	Recertification	2/23/2017
Expired	Time Limited	12/31/2006	12/31/2008	Recertification	2/23/2017
Expired	Time Limited	12/31/2005	04/30/2008	Recertification	2/23/2017
Expired	Time Limited	12/31/2004	04/30/2008	Recertification	2/23/2017
Expired	Time Limited	12/31/2003	12/31/2006	Recertification	2/23/2017
Expired	Time Limited	04/08/1998	12/31/2006	Initial	2/23/2017

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MEMORANDUM

To: Commonwealth of Pennsylvania – State Board of Medicine

Re: **Pennsylvania Temporary License for Camp Doctor**

Date: 3/9/2017

Name of Applicant: Dr. Karoline Suzanne Puder, MD

Name of Camp: Midwest Campers

Dates of service at Camp: 06/01/2017 – 08/31/2017

Enclosed, please find:

- Check payable to “Commonwealth of Pennsylvania”
- Completed Temporary License Application
- Camp Verification Form
- Back-Up Physician Form
- Current Curriculum Vitae
- Medical Malpractice Insurance Certificate

Thank you,

Magdalena Mozga

Magdalena Mozga

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