



TARGET SHEET

Board: Medicine

Licensee Full Name:
TAIDA JAMoor WOLFE

License No:
MD444079

2930495_LIC_1_09/01/2011

Regular Mailing Address
 STATE BOARD OF MEDICINE
 P.O. BOX 2649
 HARRISBURG, PA 17105-2649
 717-783-1400/717-787-2381
 Email: st-medicine@state.pa.us

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

MO44079

**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION
 For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA)**

Application Fee: \$35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania."
Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

260333

NAME: Wolfe Taida Jamoor
 Last First Middle

Permanent Address:

Street

All correspondence
 and the license will
 be mailed to this
 address unless the
 Board is notified of a
 change.

Ann Arbor, Michigan 48104
 City State Zip Code

Email address: taida@umich.edu

Date of Birth: MM DD YYYY Social Security Number: MM DD YYYY

If your medical/licensure records are listed under another name or names list below:

N/A

Are you applying using credentials verification from FCVS? YES X NO

Have you previously held a Pennsylvania graduate training license?

YES; My license number is X NO

LIST MEDICAL SCHOOL(S) ATTENDED:

Tufts University

DATES OF ATTENDANCE:

From: 09/2001 to 05/2005
 MM/YYYY MM/YYYY

From: MM/YYYY to MM/YYYY

Date of Graduation: 05/16/2005
 MM/DD/YYYY

Check licensing examination(s) passed:

() FLEX - indicate state where taken: _____ Date taken: Component 1 _____ Component 2 _____
 () NATIONAL BOARD - PART I _____ PART II _____ PART III _____
 (X) USMLE - STEP 1 ✓ STEP 2 ✓ STEP 3 ✓
 () LMCC - Canadian _____
 () STATE BOARD - indicate state where taken: _____

JUL 21 2011

ACGME Post Graduate Training:

PGY1 Hospital: Saint Barnabas Medical Center From: 07/05 to: 06/06
 PGY2 Hospital: Saint Barnabas Medical Center From: 07/06 to: 06/07

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? If yes, list the jurisdiction(s) here: <u>MI</u>	X	
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		X
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		X
4) Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		X
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8) Are you, or have you ever been, addicted to the imtemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date, and the date you were served</u> .		X

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information requested.

Signature of Applicant

Date

JUL 21 2011

Aug 17 11 12:38p

Sara Wolfe

973-763-6451

P. 1

MD AH

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

August 17, 2011

To Whom It May Concern:

I am writing in response to a discrepancy in my application for medical license. In your letter you state that on page two I only listed an unrestricted license in Michigan and in fact I have one in Delaware. I do not currently have a license in Delaware, I have *applied* for a license in Delaware and that is currently pending.

Please let me know if you have any other questions.

Thank you for your time and consideration.

Sincerely,



Taida Wolfe MD, MPH

49-101 (REV. 01-10)
State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

MD AH

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months. ORIGINAL SIGNATURES ARE REQUIRED.

Name of Applicant: Taida Wolfe, MD

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 2 year(s) 1 month(s).

SIGNATURE: [Redacted] Date: 7/12/11

Print or type name as signed above: VANESSA DALTON

State in which licensed: MICHIGAN License Number: 4301070490

Name of Applicant: Taida Wolfe, MD

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 2 year(s) 1 month(s).

SIGNATURE: [Redacted] Date: 7/19/11

Print or type name as signed above: JASON KELL

State in which licensed: MICHIGAN License Number: 4301091473

Return Completed Form to Applicant

JUL 28 2011

49-101 (REV. 01-10)

Regular Mailing Address
STATE BOARD OF MEDICINE
 P.O. BOX 2649
 HARRISBURG, PA 17105-2649
 717-783-1400/717-787-2381
 Email: st-medicine@state.pa.us

RECEIVED DIRECT

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

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates

NAME: Wolfe Taida Jamoor
 Last First 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.

This Section to be completed by the program director at the hospital 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 fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Saint Barnabas Medical Center

NAME OF SPONSORING INSTITUTION: UMDNJ - New Jersey Medical School

LOCATED IN: 94 Old Short Hills Rd. Livingston, NJ 07039
 City State

ACGME OK
 1st Year from 07 / 01 / 05 To 06 / 30 / 06 Specialty Ob/Gyn Level (PGY) 1
 2nd Year from 07 / 01 / 06 To 06 / 30 / 07 Specialty Ob/Gyn Level (PGY) 2
PGY 3, 4 - 7/1/07 - 6/30/09 - Ob/Gyn

"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."

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

Program Director's Signature: _____

7/14/2011

Date: Henry Rosenberg, MD
Director, Medical Education

[Seal of Hospital]

[notary seal]

Notary's Signature: _____

Notary's Commission expires on: _____

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

JUL 19 2011

RECEIVED DIRECT

49-101 (REV. 01-10)
State Board of Medicine
717-783-1400
717-787-2381

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant:

Name: Wolfe Taida Jamoor
Last First Middle
Name of medical school: Tufts University
Location: Medford, MA 02155

SUBMIT THE VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO 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 student: TAIDA JAMOR WOLFE

Date student began to attend this medical school: 08/27/2001
MM/DD/YYYY

Date of graduation: 05/22/2005
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar:

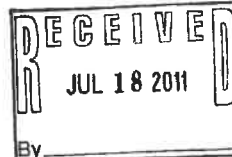
Paul W. [Signature]

Date: 7/15/11

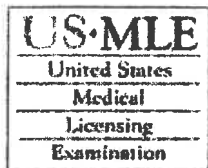
Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

DO NOT RETURN TO APPLICANT

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649



Courier Delivery Address
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110



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 Wiser Road, Suite 300, Dallas, TX 76039-3856 -- Telephone (817) 868-4041

Date: 07/18/2011

Recipient:

Pennsylvania State Board of Medicine
ATTN: Tammy Radel
2601 N Third Street
Harrisburg, PA 17110

RECEIVED DIRECT

Examinee: Wolfe, Taida
Alt Name(s): Wolfe, Taida Jamoor
Wolfe, Taida Jamour

Examinee ID#: 5-118-415-8
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, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/11/2003	Pass	191	182	78	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/29/2004	Pass	215	182	87	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
04/16/2005	Pass					

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
NEW JERSEY	11/07/2006	Pass	196	184	80	75	

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



JENNIFER M. GRANHOLM
Governor

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
Director

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF 05/24/2011

NAME: Taida Jamoor Wolfe **BIRTHDATE:** [REDACTED]
ADDRESS: Department of OB/GYN University of Michigan
L4000 Women's Hospital
Ann Arbor MI 481090000
TYPE: Medical Doctor **ORIGINAL DATE:** 05/05/2009
LICENSE NUMBER: 4301094056 **STATUS:** Active **EXPIRATION DATE:** 01/31/2013
OBTAINED BY: Examination

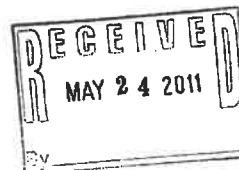
EXAM DATE **EXAM TYPE** **EXAM SCORE OR RESULT**

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

This license information was last updated on: 05/24/2011

RECEIVED DIRECT



260333



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Validation

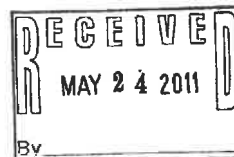
This confirms that the MI licensure verification statement for Taida Wolfe, was sent to you from the VeriDoc website.

Thank you for using the VeriDoc system.

v2

[Disclaimer](#) | [Privacy Policy](#)

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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832
<http://www.npdb-hipdb.hrsa.gov>

5500000069352769
Process Date: 07/20/2011
Page: 1 of 1

SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

☒ Title IV (NPDB)

☒ Section 1921 (NPDB)

☒ Section 1128E (HIPDB)

A. SEARCH RESULT: (Based on the subject identification information provided, the reports found are listed below.)

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

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: WOLFE, TAIDA JAMOOR
Gender: FEMALE
Date of Birth: [REDACTED]
Other Name(s) Used: [REDACTED]
Organization Name: PHILADELPHIA WOMEN'S CENTER
Organization Type: MEDICAL GROUP/PRACTICE (365)
Home or Work Address: [REDACTED]
City, State, ZIP: AITN: JEN CARLSON
Telephone: CHERRY HILL, NJ 08034-1502
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN): [REDACTED]
Professional School(s) & Year of Graduation: TUFTS MEDICAL SCHOOL (2005)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 4301094056, MI
Specialty: OBSTETRICS & GYNECOLOGY (50)
Drug Enforcement Administration (DEA) Numbers: FW1518387
National Provider Identifiers (NPI): 1548494875
Federal Employer Identification Numbers (FEIN): [REDACTED]
Unique Physician Identification Numbers (UPIN): [REDACTED]

C. PAYMENT INFORMATION

Credit Card Number:	[REDACTED]	Expiration Date:	07/2015
Additional Paper Copies Requested:	0		
NPDB Charge:	\$8.00*	NPDB Bill Reference Number:	N26119136
HIPDB Charge:	\$8.00*	HIPDB Bill Reference Number:	H26119136
* Each charge will appear separately on your credit card statement.		Transaction Date:	07/20/2011

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV 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 and/or HIPDB are permitted to share that information with anyone they choose.

JUL 28 2011

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

550000069352769

Process Date: 07/20/2011

Page: 1 of 1

To: WOLFE, TAIDA JAMOUR

ATTN: JEN CARLSON
CHERRY HILL, NJ 08034-1502

From: National Practitioner Data Bank / Healthcare Integrity and Protection 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, and Section 1921 of the Social Security Act as well as the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of 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. 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), HRSA, Division of Practitioner Data Banks.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response 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 adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB 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 and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. 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 and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB 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-HIPDB Customer Service Center is closed on all Federal holidays.

JUL 28 2011

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Taida Wolfe, MD, MPH
Doctoral Student-Women's Studies
Rutgers University
[REDACTED]

EDUCATION AND TRAINING

- 8/2011-present Rutgers University
Doctorate of Women's Studies
New Brunswick, NJ
- 7/09-7/11 University of Michigan
Masters of Public Health, Health Behavior, Health Education
Graduate Certificate in Women Studies
Ann Arbor, MI
- 7/09-7/11 Clinical Fellow, Family Planning
University of Michigan Medical Center
Ann Arbor, MI
- 7/05-7/09 Resident, Obstetrics and Gynecology
Saint Barnabas Medical Center,
Livingston, NJ
- 9/01-6/05 Tufts University School of Medicine
Doctor of Medicine
Boston, MA
- 9/98-9/00 New York University, Robert Wagner School of Public Service
Master of Public Administration, Health Policy and Management
New York, NY
- 9/94-6/98 Dartmouth College
Bachelor of Arts, Biology and Women's Studies
Hanover, NH

CERTIFICATION AND LICENSURE

- 7/09-present American Board of Obstetrics and Gynecology
Written exam, Board eligible for Oral Exam in 2011
- 7/09-present Michigan Board of Medicine, Medical License
Expiration 2013
DEA registered

ACADEMIC, CLINICAL, and RESEARCH APPOINTMENTS

- 5/2011-6/2011 Research Intern
Population Council
Nairobi, Kenya
- 7/09-7/11 Clinical Lecturer
Department of Obstetrics and Gynecology
University of Michigan Medical Center
Ann Arbor, MI
- 7/10-6/11 Staff Physician
Planned Parenthood
Ann Arbor, MI

RESEARCH INTERESTS

Contraception and Abortion
Reproductive and Social Justice
Intersectionality, Feminist and Critical Race Theory

DISTINCTIONS

Hospital Administration Chief Saint Barnabas Medical Center 2008-2009
Medical Student Teaching Award 2005-2006
Secretary, Student National Medical Association Tufts University School of
Medicine, 2004-2005

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

- 4/10-present National Abortion Federation
- 6/09-present Association of Reproductive Health Professionals
Society of Family Planning
- 7/05-present American College of Obstetrics and Gynecology
- 9/01-6/05 Student National Medical Association
Medical Students for Choice

BIBLIOGRAPHY

PEER REVIEWED JOURNALS

E Park, Ph.D., T Wolfe, MPA, M Gokhale, MA, J Winickoff, MD, MPH, N
Rigotti, MD "Perceived Preparedness to Provide Preventive Counseling:
Reports of Graduating Primary Care Residents at Academic Health
Centers" *Journal of General Internal Medicine* May 2005

NON PEER REVIEWED PUBLICATIONS

R Cohen and **T Wolfe**. "Implementing Family Health Plus: Lessons From Other States." *The Commonwealth Fund* #485 November 2001

C Page, **T Wolfe**, K Schaffer. Book of Choices: New York Resources for Unplanned Pregnancy 2000.

ORAL PRESENTATION

T Wolfe, Social Position, Childbearing, Contraceptive Use, and the Economy Fellowship in Family Planning 11th Annual Meeting; San Francisco, CA

T Wolfe, L Harris, D Watkins, M Zochowski. The Dynamics and Meanings of Fertility and Fertility Control During Economic Recession. Fellowship in Family Planning 12th Annual Meeting; Washington DC

POSTER PRESENTATION

T Wolfe, E Park, M Gokhale, J Winickhoff, N Rigotti. "Are Primary Care Resident's Prepared to Perform Preventive Counseling". Society of Behavioral Health 2003, Salt Lake City, Utah

T Wolfe, A Vahratian, X Xu, L Harris. Association between Economic Vulnerability and Pregnancy Intentions. Reproductive Health 2010, Atlanta, GA

**The Federation of State Medical Boards
of the United States, Inc**
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

September 01, 2011

Attn: Tammy Dougherty
Pennsylvania State Board of Medicine
Tammy Dougherty
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: September 01, 2011
Your Reference Number: aho11inger
FSMB Batch Number: BQ1960973

The following is a report of the search results from the Board Action Data Bank as of September 01, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of September 01, 2011

Item	Name	DOB	School	Yr/Grad	Request ID
1	WOLFE, TAIDA JAMOOR			2005	24129447

LICENSE HISTORY

State Board
DELAWARE
MICHIGAN

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

initial

July 22, 2011

Attn: Tammy Dougherty
Pennsylvania State Board of Medicine
Tammy Dougherty
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: July 22, 2011
Your Reference Number: PGL
FSMB Batch Number: BQ1941933

The following is a report of the search results from the Board Action Data Bank as of July 22, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of July 22, 2011

Item	Name	DOB	School	Yr/Grad	Request ID
1	WAGONER, DANIEL L	[REDACTED]		2010	23994611
		LICENSE HISTORY <u>State Board</u> No License Information Available			
2	WOLFE, TAIDA J	[REDACTED]		2005	23994616
		LICENSE HISTORY <u>State Board</u> DELAWARE MICHIGAN			
3	YU, LIO	[REDACTED]		1989	23994618
		LICENSE HISTORY <u>State Board</u> NEW YORK			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

not mly

Taida Wolfe, M.D, M.P.A
Family Planning Fellow

[REDACTED]
Ann Arbor, MI 48104
[REDACTED]

EDUCATION AND TRAINING

- 2009-present University of Michigan
Masters of Public Health, Health Behavior, Health Education
Certificate in Women Studies
Ann Arbor, MI
- 2009-present Clinical Fellow, Family Planning
University of Michigan Medical Center
Ann Arbor, MI
- 2005-2009 Resident, Obstetrics and Gynecology
Saint Barnabas Medical Center,
Livingston, NJ
- 2001-2005 Tufts University School of Medicine
Doctor of Medicine
Boston, MA
- 1998-2000 New York University, Robert Wagner School of Public Service
Master of Public Administration, Health Policy and Management
New York, NY
- 1994-1998 Dartmouth College
Bachelor of Arts, Biology and Women's Studies
Hanover, NH

CERTIFICATION AND LICENSURE

- 2009-present American Board of Obstetrics and Gynecology
Written exam, Board eligible for Oral Exam in 2011
- 2009-present Michigan Board of Medicine, Medical License
Expiration 2013
DEA registered

JUL 21 2011

ACADEMIC AND CLINICAL APPOINTMENTS

- 2009-present Clinical Lecturer
 Department of Obstetrics and Gynecology
 University of Michigan Medical Center
 Ann Arbor, MI
- 2010-present Staff Physician
 Planned Parenthood
 Ann Arbor, MI

RESEARCH INTERESTS

Contraception and Abortion
Reproductive and Social Justice
Intersectionality, Feminist and Critical Race Theory

DISTINCTIONS

Hospital Administration Chief Saint Barnabas Medical Center 2008-2009
Medical Student Teaching Award 2005-2006
Secretary, Student National Medical Association Tufts University School of
Medicine, 2004-2005

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

- 3/2010-present National Abortion Federation
- 2009-present Association of Reproductive Health Professionals
 Society of Family Planning
- 2005-present American College of Obstetrics and Gynecology
- 2001-2005 Student National Medical Association
 Medical Students for Choice

BIBLIOGRAPHY

PEER REVIEWED JOURNALS

E Park, Ph.D., **T Wolfe**, MPA, M Gokhale, MA, J Winickoff, MD, MPH, N
Rigotti, MD "Perceived Preparedness to Provide Preventive Counseling:
Reports of Graduating Primary Care Residents at Academic Health
Centers" *Journal of General Internal Medicine*, May 2005

NON PEER REVIEWED PUBLICATIONS

R Cohen and **T Wolfe**. "Implementing Family Health Plus: Lessons From
Other States." *The Commonwealth Fund* #485 November 2001

C Page, **T Wolfe**, K Schaffer. Book of Choices: New York Resources for Unplanned Pregnancy 2000.

ORAL PRESENTATION

T Wolfe, Social Position, Childbearing, Contraceptive Use, and the Economy Fellowship in Family Planning 11th Annual Meeting; San Francisco, CA

POSTER PRESENTATION

T Wolfe, E Park, M Gokhale, J Winickhoff, N Rigotti. "Are Primary Care Resident's Prepared to Perform Preventive Counseling", Society of Behavioral Health 2003, Salt Lake City, Utah

T Wolfe, A Vahratian, X Xu, L Harris. Association between Economic Vulnerability and Pregnancy Intentions. Reproductive Health 2010, Atlanta, GA

JUL 21 2011



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
August 10, 2011

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

TAIDA JAMOOR WOLFE 9849

ANN ARBOR MI 48104

EVALUATOR: AARON

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.**

- Application – Page #2.
 - **YOU ANSWERED 'YES' TO QUESTION 1 ON PAGE 2 WHICH ASKS IF UNRESTRICTED LICENSURE IS/WAS HELD IN ANY STATES/JURISDICTIONS – LISTED LICENSURE IN MICHIGAN – THE FEDERATION OF STATE MEDICAL BOARDS REPORTS THAT YOU HOLD/HAVE HELD LICENSURE IN DELAWARE ALSO – NEED EXPLANATION ON WHETHER THIS LICENSURE WAS A TRAINING/TEMPORARY LICENSE OR AN UNRESTRICTED LICENSE – IF THIS WAS AN UNRESTRICTED LICENSE THE BOARD NEEDS AN EXPLANATION AS TO WHY IT WAS NOT LISTED ON APPLICATION PAGE 2 AS WELL AS A CORRECTED PAGE 2**
- 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.
 - **CV RECEIVED IS NOT IN MONTH/YEAR FORMAT AS REQUIRED – NEED A LIST OF ACTIVITIES FROM GRADUATION OF MEDICAL SCHOOL TO PRESENT IN THIS FORMAT**

**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: qAloKyUy

Person Info**Name:**TAIDA JAMOOR WOLFE**Address Info****Street Address****Phone****Fax****City**North**Brunswick****State**NJ**Zipcode**08902**Country**82**County**Middlesex**Email:****Survey Response Summary****Question Response Summary**

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	Y
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to	Y

the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	
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 last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
<div> Edit </div> <div> <div> Profession: Medicine School: TUFTS UNIV Credit Hours: Education Type: </div> <div> From: To: 5/22/2005 </div> </div>	
Employment Information	
No employment records	
remarks Remarks:	
Continuing Education Information	
No CE Course records	

Person Info

Name:TAIDA JAMOOR WOLFE

Address Info

Street Address

Phone

Fax

CityOrange

StateNJ

Zipcode07050

Country82

CountyEssex

Email:

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
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 questions, please provide the profession and state or jurisdiction.	New Jersey, Delaware
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 interperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	
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. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
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.	

Date Submitted:

Monday, December 29,
2014

Education Info

No education records

Employment Information

No employment records

Person Info

Name: TAIDA JAMOOR WOLFE

Address Info

Street Address

Email

Phone

Fax

City Orange

State NJ

Zip code 07050

Country 82

County Essex

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.	Delaware
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?	
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	Y
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.	19106

Date Submitted:

Friday, December 30,
2016

Education Info

No education records

Employment Information

No employment records

Medicine- Medical Physician and Surgeon-
Accredited School Graduate



AA0001032982

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	WOLFE			First Name	TAIDA		
Middle Name	JAMoor			Suffix			
Full Name	TAIDA JAMoor WOLFE						
SSN	[REDACTED]		Date Of Birth	[REDACTED]		Age	42
						Gender	FEMALE
ADDRESS DETAILS							
Street Address	[REDACTED]						
City/State/Zip	ORANGE NJ 07050						
County	ESSEX					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				12/15/2018		
Application Fee	Completed				12/15/2018		
Child Abuse CE	Completed				12/15/2018		
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	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (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.					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?				N	No	

7	Please provide the profession and state or jurisdiction.		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?	Y	No	
19	Have you previously reported the complaint to the Board?	N	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.		Yes	1. Complaint.pdf
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?	Y	No	
23	Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?		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?	Y	No	
27	Upload an explanation or reason for an exemption request.		No	
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	
CONFIRMATION				
<input checked="" type="checkbox"/>	All fees are non-refundable. Please check to continue with your transaction. (12/15/2018 14:24:27)			

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](https://www.pals.pa.gov/internal/). **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.

Pennsylvania Department of Human Services
Harrisburg, Pennsylvania

EmailTo: [REDACTED]

EmailFrom: RA-STPALSNOTIFY@pa.gov

Subject: Reach Out PA – Feedback Requested

Date Sent: 02/08/2020



Bureau Of Professional And Occupational Affairs

Dear Licensee:

Governor Wolf recently announced a focused multi-agency and anti-stigma campaign, 'Reach Out PA: Your Mental Health Matters,' aimed at expanding resources and the state's comprehensive support of mental health and related health care priorities in Pennsylvania. In furtherance of this goal, the Department is distributing the following voluntary survey to help us better understand barriers to mental health and substance use disorder treatment.

Please take the survey at <https://www.surveymonkey.com/r/2CVJCSM> and provide your responses by March 4, 2020.

Whether you are a family practitioner, psychologist, pediatrician, psychiatrist, or any other type of provider, we want to hear from you. You are on the front lines of our efforts to ensure that everyone who wants or needs mental health treatment has full access to quality services. With better information about what providers are experiencing, we can get a better understanding of parity – the requirement that insurance companies don't place restrictions on mental health and substance use disorder services that are more strict than those used for medical and surgical services.

We realize that roles in provider organizations can range from staff providing direct clinical services to administrative support and to those in leadership roles. This survey is

designed to be responsive to each of those roles because we seek to understand the challenges that arise at various levels of interaction with insurance carriers when it comes to mental health and substance use disorder treatment. All your responses in the accompanying survey will aid us in reaching our primary objective to enhance mental health parity enforcement and increase awareness of the protections that are available for Pennsylvania consumers.

Thank you for your time and curiosity.

If you have questions about the survey or the parity campaign, please email be RA-IN-Parity-PID@pa.gov.

BPOA PALS

Court of Common Pleas of Philadelphia County
Trial Division

Civil Cover Sheet

For Prothonotary Use Only (Docket Number)

SEPTEMBER 2018

002714

SE File Number: 1809046610

PLAINTIFF'S NAME MARYA REDMOND		DEFENDANT'S NAME TAIDA J. WOLFE MD	
PLAINTIFF'S ADDRESS [REDACTED] PHILADELPHIA PA 19149		DEFENDANT'S ADDRESS [REDACTED] PHILADELPHIA PA 19106	
PLAINTIFF'S NAME		DEFENDANT'S NAME HUMEDCO CORP INDIV AND D/B/A, ALIAS: THE WOMEN'S CENTERS	
PLAINTIFF'S ADDRESS		DEFENDANT'S ADDRESS [REDACTED] PHILADELPHIA PA 19106	
PLAINTIFF'S NAME		DEFENDANT'S NAME HUMEDCO CORP INDIV. AND D/B/A, ALIAS: PHILADELPHIA WOMEN'S CENTER	
PLAINTIFF'S ADDRESS		DEFENDANT'S ADDRESS [REDACTED] PHILADELPHIA PA 19106	
TOTAL NUMBER OF PLAINTIFFS 1	TOTAL NUMBER OF DEFENDANTS 4	COMMENCEMENT OF ACTION <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Petition Action <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions	
AMOUNT IN CONTROVERSY <input checked="" type="checkbox"/> \$50,000.00 or less <input type="checkbox"/> More than \$50,000.00	COURT PROGRAMS <input checked="" type="checkbox"/> Arbitration <input type="checkbox"/> Mass Tort <input type="checkbox"/> Commerce <input type="checkbox"/> Settlement <input type="checkbox"/> Jury <input checked="" type="checkbox"/> Savings Action <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Minors <input type="checkbox"/> Non-Jury <input type="checkbox"/> Petition <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> W/D/Survival <input type="checkbox"/> Other:		
CASE TYPE AND CODE 2M - MALPRACTICE - MEDICAL			
STATUTORY BASIS FOR CAUSE OF ACTION			
RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER)		FILED PROTHONOTARY SEP 21 2018 A. SILIGRINI	
		IS CASE SUBJECT TO COORDINATION ORDER? YES NO	
TO THE PROTHONOTARY: Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: <u>MARYA REDMOND</u> Papers may be served at the address set forth below.			
NAME OF PLAINTIFFS/PETITIONER'S/APPELLANT'S ATTORNEY DONALD J. FEINBERG		ADDRESS 1800 JOHN F. KENNEDY BLVD SUITE 1400 PHILADELPHIA PA 19103	
PHONE NUMBER [REDACTED]	FAX NUMBER (215) 558-2568		
SUPREME COURT IDENTIFICATION NO. 72791		E-MAIL ADDRESS [REDACTED]	
SIGNATURE OF FILING ATTORNEY OR PARTY DONALD FEINBERG		DATE SUBMITTED Friday, September 21, 2018, 11:01 am	

FINAL COPY (Approved by the Prothonotary Clerk)

COMPLETE LIST OF DEFENDANTS:

1. TAIDA J. WOLFE MD

PHILADELPHIA PA 19106

2. HUMEDCO CORP INDIV AND D/B/A
ALIAS: THE WOMEN'S CENTERS
777 APPLETREE STREET FLOOR 7
PHILADELPHIA PA 19106
3. HUMEDCO CORP INDIV. AND D/B/A
ALIAS: PHILADELPHIA WOMEN'S CENTER
777 APPLETREE STREET FLOOR 7
PHILADELPHIA PA 19106
4. THE WOMEN'S CENTER, INDIV. AND D/B/A
ALIAS: PHILADELPHIA WOMEN'S CENTER
777 APPLETREE STREET FLOOR 7
PHILADELPHIA PA 19106

USTED ESTA ORDENADO COMPARECER EN Arbitration Hearing 1880 JFK Blvd. 5th fl. at 09:15 AM - 06/28/2019

You must still comply with the notice below. USTED TODAVIA DEBE CUMPLIR CON EL AVISO PARA DEFENDERSE.

This matter will be heard by a Board of Arbitrators at the time, date and place specified but, if one or more parties is not present at the hearing, the matter may be heard at the same time and date before a judge of the court without the absent party or parties. There is no right to a trial denovo on appeal from a decision entered by a Judge.

Filed and Attested by the
Office of the Clerk of the Court



Donald J. Feinberg, Esquire, LL.M.
E-mail: Donald@TheFeinbergFirm.com
Identification Number: 72791
The Feinberg Firm, P.C.
1800 JFK Boulevard, Suite 1400
Philadelphia, Pennsylvania 19103
Telephone Number: (215) 558-2567
Facsimile Number: (215) 558-2568

Attorney for Plaintiff
Marya Redmond

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PA

MARYA REDMOND
6543 Kindred Street
Philadelphia, Pennsylvania 19149
Plaintiff

v.

TAIDA J. WOLFE, M.D.
[REDACTED]

Philadelphia, Pennsylvania 19106
and

HUMEDCO CORP., indiv. and d/b/a
THE WOMEN'S CENTERS
777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
and

HUMEDCO CORP., indiv. and d/b/a
PHILADELPHIA WOMEN'S CENTER
777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
and

THE WOMEN'S CENTERS, indiv. and
d/b/a PHILADELPHIA WOMEN'S
CENTER

777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
Defendants

COMPULSORY ARBITRATION

DOCKET

COMPLAINT (Professional Liability -- Medical Malpractice)

YOU HAVE BEEN SUED IN COURT. IF YOU WISH TO DEFEND AGAINST THE CLAIMS SET FORTH IN THE FOLLOWING PAGES, YOU MUST TAKE ACTION WITHIN TWENTY (20) DAYS AFTER THIS COMPLAINT AND NOTICE ARE SERVED, BY ENTERING A WRITTEN APPEARANCE PERSONALLY OR BY AN ATTORNEY AND FILING IN WRITING WITH THE COURT YOUR DEFENSES OR OBJECTIONS TO THE CLAIMS SET FORTH AGAINST YOU. YOU ARE WARNED THAT IF YOU FAIL TO DO SO, THE CASE MAY PROCEED WITHOUT YOU AND A JUDGMENT MAY BE ENTERED AGAINST YOU BY THE COURT WITHOUT FURTHER NOTICE FOR ANY MONEY CLAIMED IN THE COMPLAINT OR FOR ANY OTHER CLAIM OR RELIEF REQUESTED BY THE PLAINTIFF. YOU MAY LOSE MONEY OR PROPERTY OR OTHER RIGHTS IMPORTANT TO YOU.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP. THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

LAWYER REFERRAL SERVICE
Philadelphia Bar Association
One Reading Center
1101 Market Street
Philadelphia, PA 19107
(215) 238-6333

LE HAN DEMANDADO A USTED EN LA CORTE. SI USTED QUIERE DEFENDERSE DE ESTAS DEMANDAS EXPUESTAS EN LAS PAGINAS SIGUIENTES, USTED TIENE VEINTE (20) DIAS DE PLAZO DE LA FECHA DE LA DEMANDA Y NOTIFICACION. HACE FALTA ASENTAR UNA COMPARENCIA ESCRITA O EN PERSONA O CON UN ABOGADO Y ENTREGAR A LA CORTE EN FORMA ESCRITA SUS DEFENSAS O SUS

OBJECIONES A LAS DEMANDAS EN CONTRA DE SU PERSONA. SEA AVISADO QUE SI USTED NO SE DEFIENDE, LA CORTE TOMARA MEDIDAS Y PUEDE CONTINUAR LA DEMANDA EN CONTRA SUYA SIN PREVIO ASISO O NOTIFICACION. ADEMAS, LA CORTE PUEDE DECIDIR A FAVOR DEL DEMANDANTE Y REQUIERE QUE USTED CUMPLA CON TODAS LAS PROVISIONES DE ESTA DEMANDA. USTED PUEDE PERDER DINERO O SUS PROPIEDADES U OTROS DERECHOS IMPORTANTES PARA USTED.

LLEVÉ ESTA DEMANDA A UN ABOGADO IMMEDIATA MENTE SI. NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFICIENTE DE PAGAR TAL SERVICIO. VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL. ESTA OFICINA PUEDE PODER PROVEER DE USTED LA INFORMACIÓN SOBRE LAS AGENCIAS QUE PUEDEN OFRECER SERVICIOS JURÍDICOS A LAS PERSONAS ELEGIBLES EN UN HONORARIO REDUCIDO PARA NINGUN HONORARIO.

SERVICIO DE REFERENCIA LEGAL
One Reading Center
1101 Market Street
Philadelphia, PA 19107
Teléfono (215) 238-6333

1. Plaintiff, Marya Redmond, is a citizen and resident of the Commonwealth of Pennsylvania, residing therein at [REDACTED] Philadelphia, Pennsylvania 19149.

2. Defendant, Taida J. Wolfe, M.D., is a licensed professional, practicing obstetrics and gynecology, and maintains a principle place of business at co-Defendants' abortion clinic located at 777 Appletree Street, Floor 7, Philadelphia, Pennsylvania 19106. Plaintiff is asserting a professional liability claim against this Defendant.

3. Defendant, Humedco Corp., indiv. and d/b/a The Women's Centers, is a business entity, duly organized and existing under and by virtue of the laws of the Commonwealth of Pennsylvania, and operates an abortion clinic, open to patients for pay, and employs medical professionals therein, at 777 Appletree Street, Floor 7, Philadelphia, Pennsylvania 19106. Plaintiff is asserting a professional liability claim against this Defendant based upon allegations that other licensed professionals for whom this Defendant is responsible for deviated from acceptable professional standards.

4. Defendant, Humedco Corp., indiv. and d/b/a Philadelphia Women's Center, is a business entity, duly organized and existing under and by virtue of the laws of the Commonwealth of Pennsylvania, and operates an abortion clinic, open to patients for pay, and employs medical professionals therein, at 777 Appletree Street, Floor 7, Philadelphia, Pennsylvania 19106. Plaintiff is asserting a professional liability claim against this Defendant based upon allegations that other licensed professionals

for whom this Defendant is responsible for deviated from acceptable professional standards.

5. Defendant, The Women's Centers, indiv. and d/b/a Philadelphia Women's Center, is a business entity, duly organized and existing under and by virtue of the laws of the Commonwealth of Pennsylvania, and operates an abortion clinic, open to patients for pay, and employs medical professionals therein, at 777 Appletree Street, Floor 7, Philadelphia, Pennsylvania 19106. Plaintiff is asserting a professional liability claim against this Defendant based upon allegations that other licensed professionals for whom this Defendant is responsible for deviated from acceptable professional standards.

6. At all times material to Plaintiffs' cause(s) of action, Defendant, Taida J. Wolfe, M.D., was the agent, ostensible agent, servant, worker and/or employee of co-Defendants Humedco Corp., indiv. and d/b/a The Women's Centers, Humedco Corp., indiv. and d/b/a Philadelphia Women's Center, and The Women's Centers, indiv. and d/b/a Philadelphia Women's Center, acting at all times in the course and scope of her employment with and on behalf of and in furtherance of said co-Defendants' business interests.

7. At all times material to Plaintiffs' cause(s) of action, Defendant Humedco Corp., indiv. and d/b/a The Women's Centers, held out co-Defendant Taida J. Wolfe, M.D., as its agent, ostensible agent, servant, worker and/or employee and authorized, acquiesced and/or ratified the medical care, medical management, treatments and therapies provided by said co-Defendant to Plaintiff Marya Redmond.

8. At all times material to Plaintiffs' cause(s) of action, Defendant Humedco Corp., indiv. and d/b/a Philadelphia Women's Center, held out co-Defendant Taida J. Wolfe, M.D., as its agent, ostensible agent, servant, worker and/or employee and authorized, acquiesced and/or ratified the medical care, medical management, treatments and therapies provided by said co-Defendant to Plaintiff Marya Redmond.

9. At all times material to Plaintiffs' cause(s) of action, Defendant The Women's Centers, indiv. and d/b/a Philadelphia Women's Center, held out co-Defendant Taida J. Wolfe, M.D., as its agent, ostensible agent, servant, worker and/or employee and authorized, acquiesced and/or ratified the medical care, medical management, treatments and therapies provided by said co-Defendant to Plaintiff Marya Redmond.

10. All of the acts alleged to have been done or not to have been done by Defendant, Taida J. Wolfe, M.D., were done or not done by said Defendant, her agents, servants, ostensible agents, workers and/or employees, acting in the course and within the scope of their employment, on said Defendant's behalf and in furtherance of said Defendant's business interests, and relate to the medical care, medical management, and medical treatments and diagnosis relating to Plaintiff Marya Redmond's abortion procedure performed on January 12, 2017.

11. All of the acts alleged to have been done or not to have been done by Defendant, Humedco Corp., indiv. and d/b/a The Women's Centers, were done or not done by said Defendant, its agents, servants, ostensible agents, workers and/or employees, acting in the course and within the scope of their employment, on said Defendant's behalf and in furtherance of said Defendant's business interests, and

relate to the medical care, medical management, and medical treatments and diagnosis relating to Plaintiff Marya Redmond's abortion procedure performed on January 12, 2017.

12. All of the acts alleged to have been done or not to have been done by Defendant, Humedco Corp., indiv. and d/b/a Philadelphia Women's Center, were done or not done by said Defendant, its agents, servants, ostensible agents, workers and/or employees, acting in the course and within the scope of their employment, on said Defendant's behalf and in furtherance of said Defendant's business interests, and relate to the medical care, medical management, and medical treatments and diagnosis relating to Plaintiff Marya Redmond's abortion procedure performed on January 12, 2017.

13. All of the acts alleged to have been done or not to have been done by Defendant, The Women's Centers, indiv. and d/b/a Philadelphia Women's Center, were done or not done by said Defendant, its agents, servants, ostensible agents, workers and/or employees, acting in the course and within the scope of their employment, on said Defendant's behalf and in furtherance of said Defendant's business interests, and relate to the medical care, medical management, and medical treatments and diagnosis relating to Plaintiff Marya Redmond's abortion procedure performed on January 12, 2017.

14. On or about January 12, 2017, Plaintiff Marya Redmond presented to Defendants to undergo dilation and evacuation.

15. Post-operatively, Plaintiff, Marya Redmond, felt as though something was in her vaginal canal together with abdominal and back pain.

16. On or about January 20, 2017, Plaintiff removed a retained foil label from her vagina measuring approximately 2 inches in length and 3/4 inches in width reducing to 3/8 inches in width.

17. As a result of the aforesaid and following Counts, Plaintiff, Marya Redmond, suffered abdominal, vaginal and back pain to her detriment and loss.

18. As a result of the aforesaid and following Counts, Plaintiff, Marya Redmond, has suffered mental anguish and she will continue to endure the same into the future to her detriment and loss.

19. As a result of the aforesaid and following Counts, Plaintiff, Marya Redmond, has been unable to attend to her usual and daily duties.

20. As a result of the aforesaid and following Counts, Plaintiff, Marya Redmond, has been obliged to expend large sums of money for medicine and medical attention in an effort to affect a cure for her aforesaid injuries.

21. As a result of the aforesaid and following Counts, Plaintiff, Marya Redmond, has sustained a diminution in her ability to enjoy life and life's pleasures.

22. As a result of the aforesaid Plaintiff, Marya Redmond, has sustained a loss of earnings.

23. The leaving of an object in a person secondary to a surgical procedure does not ordinarily occur in the absence of negligence.

24. The only possible manner in which the retained object got into Plaintiff's body was by Defendants.

25. Defendants owed Plaintiff, Marya Redmond a duty of care not to leave any objects in Plaintiff's body.

26. The preceding paragraphs are incorporated into the following Counts as though more fully set forth therein at length.

COUNT 1 (PLAINTIFF v. DEFENDANT TAIDA J. WOLFE, M.D.)
(NEGLIGENCE)

27. The negligence and malpractice of Defendant Taida J. Wolfe, M.D. consisted of the following:

- (a) Leaving a foil label / object in Plaintiff's body;
- (b) Failing to make sure that there were no retained objects inside Plaintiff as a result of the procedure referenced herein;
- (c) Failing to realize that a label / object had dislodged in Plaintiff's body;
- (d) Using surgical implements with labels / objects which can dislodge;
- (e) Using devices with labels / objects which can dislodge;
- (f) Failing to inspect all internal surgical implements to make sure nothing came loose during the procedure;
- (g) Failing to inspect all internal surgical implements to make sure nothing could come loose during the procedure;
- (h) Failing to inspect all internal devices to make sure nothing came loose during the procedure;
- (i) Failing to inspect all internal devices to make sure nothing could come loose during the procedure;
- (j) Using surgical implements with labels / objects which could dislodge;
- (j) Using devices with labels / objects which could dislodge; and

(k) Placing a device in Plaintiff's vagina which had labels / objects which could dislodge; and

(l) Failing to remove any foil label / object that was in Plaintiff's body.

WHEREFORE, Plaintiff demands judgment in her favor and against Defendant in an amount less than the jurisdictional amount requiring submission to Compulsory Arbitration.

COUNT 2 (PLAINTIFF v. DEFENDANT TAIDA J. WOLFE, M.D.)
(NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS)

28. At all times material hereto, Plaintiff, Marya Redmond, was present at the scene of the incident, both at the time of her surgery and at the time she removed the retained object secondary to her dilation and evacuation.

29. Plaintiff suffered emotional upsetment and shock as a result pulling a retained item from her surgical procedure set forth above.

30. As a result of the negligence as set forth within this Complaint, Plaintiff Marya Redmond suffered emotional distress, including depression accompanied with abdominal pain and back pain as well as suffering nightmares and nervousness.

WHEREFORE, Plaintiff demands judgment in her favor and against Defendant in an amount less than the jurisdictional amount requiring submission to Compulsory Arbitration.

COUNT 3 (PLAINTIFF v. DEFENDANT HUMEDCO CORP., INDIV. AND D/B/A
THE WOMEN'S CENTERS)
(NEGLIGENCE)

31. The negligence and malpractice of Defendant Humedco Corp., indiv. and d/b/a The Women's Centers consisted of the following:

- (a) Leaving a foil label / object in Plaintiff's body;
- (b) Failing to make sure that there were no retained objects inside Plaintiff as a result of the procedure referenced herein;
- (c) Failing to realize that a label / object had dislodged in Plaintiff's body;
- (d) Using surgical implements with labels / objects which can dislodge;
- (e) Using devices with labels / objects which can dislodge;
- (f) Failing to inspect all internal surgical implements to make sure nothing came loose during the procedure;
- (g) Failing to inspect all internal surgical implements to make sure nothing could come loose during the procedure;
- (h) Failing to inspect all internal devices to make sure nothing came loose during the procedure;
- (i) Failing to inspect all internal devices to make sure nothing could come loose during the procedure;
- (j) Using surgical implements with labels / objects which could dislodge;
- (j) Using devices with labels / objects which could dislodge; and
- (k) Placing a device in Plaintiff's vagina which had labels / objects which could dislodge; and
- (l) Failing to remove any foil label / object that was in Plaintiff's body.

WHEREFORE, Plaintiff demands judgment in her favor and against Defendant in an amount less than the jurisdictional amount requiring submission to Compulsory Arbitration.

**COUNT 4 (PLAINTIFF v. DEFENDANT HUMEDCO CORP., INDIV. AND D/B/A
THE WOMEN'S CENTERS)
(NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS)**

32. At all times material hereto, Plaintiff, Marya Redmond, was present at the scene of the incident, both at the time of her surgery and at the time she removed the retained object secondary to her dilation and evacuation.

33. Plaintiff suffered emotional upsetment and shock as a result pulling a retained item from her surgical procedure set forth above.

34. As a result of the negligence as set forth within this Complaint, Plaintiff Marya Redmond suffered emotional distress, including depression accompanied with abdominal pain and back pain as well as suffering nightmares and nervousness.

WHEREFORE, Plaintiff demands judgment in her favor and against Defendant in an amount less than the jurisdictional amount requiring submission to Compulsory Arbitration.

**COUNT 5 (PLAINTIFF v. DEFENDANT HUMEDCO CORP., INDIV. AND D/B/A
PHILADELPHIA WOMEN'S CENTERS)
(NEGLIGENCE)**

35. The negligence and malpractice of Defendant Humedco Corp., indiv. and d/b/a The Women's Centers consisted of the following:

- (a) Leaving a foil label / object in Plaintiff's body;
- (b) Failing to make sure that there were no retained objects inside Plaintiff as a result of the procedure referenced herein;
- (c) Failing to realize that a label / object had dislodged in Plaintiff's body;
- (d) Using surgical implements with labels / objects which can dislodge;

- (e) Using devices with labels / objects which can dislodge;
- (f) Failing to inspect all internal surgical implements to make sure nothing came loose during the procedure;
- (g) Failing to inspect all internal surgical implements to make sure nothing could come loose during the procedure;
- (h) Failing to inspect all internal devices to make sure nothing came loose during the procedure;
- (i) Failing to inspect all internal devices to make sure nothing could come loose during the procedure;
- (j) Using surgical implements with labels / objects which could dislodge;
- (j) Using devices with labels / objects which could dislodge; and
- (k) Placing a device in Plaintiff's vagina which had labels / objects which could dislodge; and
- (l) Failing to remove any foil label / object that was in Plaintiff's body.

WHEREFORE, Plaintiff demands judgment in her favor and against Defendant in an amount less than the jurisdictional amount requiring submission to Compulsory Arbitration.

**COUNT 6 (PLAINTIFF v. DEFENDANT HUMEDCO CORP., INDIV. AND D/B/A
PHILADELPHIA WOMEN'S CENTERS)
(NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS)**

36. At all times material hereto, Plaintiff, Marya Redmond, was present at the scene of the incident, both at the time of her surgery and at the time she removed the retained object secondary to her dilation and evacuation.

37. Plaintiff suffered emotional upsetment and shock as a result pulling a retained item from her surgical procedure set forth above.

38. As a result of the negligence as set forth within this Complaint, Plaintiff Marya Redmond suffered emotional distress, including depression accompanied with abdominal pain and back pain as well as suffering nightmares and nervousness.

WHEREFORE, Plaintiff demands judgment in her favor and against Defendant in an amount less than the jurisdictional amount requiring submission to Compulsory Arbitration.

**COUNT 7 (PLAINTIFF v. DEFENDANT THE WOMEN'S CENTERS, INDIV. AND
D/B/A PHILADELPHIA WOMEN'S CENTER)
(NEGLIGENCE)**

39. The negligence and malpractice of Defendant The Women's Centers indiv. and d/b/a The Women's Centers consisted of the following:

- (a) Leaving a foil label / object in Plaintiff's body;
- (b) Failing to make sure that there were no retained objects inside Plaintiff as a result of the procedure referenced herein;
- (c) Failing to realize that a label / object had dislodged in Plaintiff's body;
- (d) Using surgical implements with labels / objects which can dislodge;
- (e) Using devices with labels / objects which can dislodge;
- (f) Failing to inspect all internal surgical implements to make sure nothing came loose during the procedure;
- (g) Failing to inspect all internal surgical implements to make sure nothing could come loose during the procedure;

(h) Failing to inspect all internal devices to make sure nothing came loose during the procedure;

(i) Failing to inspect all internal devices to make sure nothing could come loose during the procedure;

(j) Using surgical implements with labels / objects which could dislodge;

(j) Using devices with labels / objects which could dislodge; and

(k) Placing a device in Plaintiff's vagina which had labels / objects which could dislodge; and

(l) Failing to remove any foil label / object that was in Plaintiff's body.

WHEREFORE, Plaintiff demands judgment in her favor and against Defendant in an amount less than the jurisdictional amount requiring submission to Compulsory Arbitration.

COUNT 8 (PLAINTIFF v. DEFENDANT THE WOMEN'S CENTERS, INDIV. AND D/B/A PHILADELPHIA WOMEN'S CENTERS)
(NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS)

40. At all times material hereto, Plaintiff, Marya Redmond, was present at the scene of the incident, both at the time of her surgery and at the time she removed the retained object secondary to her dilation and evacuation.

41. Plaintiff suffered emotional upsetment and shock as a result pulling a retained item from her surgical procedure set forth above.

42. As a result of the negligence as set forth within this Complaint, Plaintiff Marya Redmond suffered emotional distress, including depression accompanied with abdominal pain and back pain as well as suffering nightmares and nervousness.

WHEREFORE, Plaintiff demands judgment in her favor and against Defendant in an amount less than the jurisdictional amount requiring submission to Compulsory Arbitration.

THE FEINBERG FIRM, PC

A handwritten signature in dark ink, appearing to read 'Donald J. Feinberg', is written over a horizontal line.

DONALD J. FEINBERG, ESQ., LL.M.
Attorney for Plaintiff

VERIFICATION

I, Marya Redmond – Civil Action" are true and correct to the best of my knowledge, information and belief after reasonable inquiry. I understand that false statements made therein are subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

DATE: _____

9-15-2018



MARYA REDMOND

Donald J. Feinberg, Esquire, LL.M.
E-mail: Donald@TheFeinbergFirm.com
Identification Number: 72791
The Feinberg Firm, P.C.
1800 John F. Kennedy Boulevard, Suite 1400
Philadelphia, Pennsylvania 19103
Telephone Number: (215) 558-2567
Facsimile Number: (215) 558-2568

Attorney for Plaintiff,
Marya Redmond

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PA

MARYA REDMOND

Philadelphia, Pennsylvania 19149
Plaintiff

v.

TAIDA J. WOLFE, M.D.

Philadelphia, Pennsylvania 19106
and

**HUMEDCO CORP., indiv. and d/b/a
THE WOMEN'S CENTERS**

777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
and

**HUMEDCO CORP., indiv. and d/b/a
PHILADELPHIA WOMEN'S CENTER**

777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
and

**THE WOMEN'S CENTERS, indiv. and
d/b/a PHILADELPHIA WOMEN'S
CENTER**

777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
Defendants

COMPULSORY ARBITRATION

DOCKET

**CERTIFICATE OF MERIT – THE PHILADELPHIA WOMEN'S CENTERS, INDIV.
AND D/B/A PHILADELPHIA WOMEN'S CENTER**

I, Donald J. Feinberg, Esquire, LL.M., certify that:

☐ an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about a harm.

AND/OR

☐ the claim that this defendant deviated from an acceptable professional standard is basely solely on allegations that other licensed professional for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about a harm.

THE FEINBERG FIRM, P.C.

BY:


DONALD J. FEINBERG, ESQUIRE, LL.M.
Attorney for Plaintiff

Donald J. Feinberg, Esquire, LL.M.
E-mail: [REDACTED]
Identification Number: 72791
The Feinberg Firm, P.C.
1800 John F. Kennedy Boulevard, Suite 1400
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Facsimile Number: (215) 558-2568

Attorney for Plaintiff,
Marya Redmond

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PA

MARYA REDMOND

[REDACTED]
Philadelphia, Pennsylvania 19149
Plaintiff

v.

TAIDA J. WOLFE, M.D.

[REDACTED]
Philadelphia, Pennsylvania 19106
and

**HUMEDCO CORP., indiv. and d/b/a
THE WOMEN'S CENTERS**

777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
and

**HUMEDCO CORP., indiv. and d/b/a
PHILADELPHIA WOMEN'S CENTER**

777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
and

**THE WOMEN'S CENTERS, indiv. and
d/b/a PHILADELPHIA WOMEN'S
CENTER**

777 Appletree Street
Floor 7

Philadelphia, Pennsylvania 19106
Defendants

COMPULSORY ARBITRATION

DOCKET

**CERTIFICATE OF MERIT – HUMEDICO CORP., INDIV. AND D/BA
PHILADELPHIA WOMEN'S CENTER**

I, Donald J. Feinberg, Esquire, LL.M., certify that:

□ an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about a harm.

AND/OR

✓ the claim that this defendant deviated from an acceptable professional standard is basely solely on allegations that other licensed professional for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about a harm.

THE FEINBERG FIRM, P.C.

BY: 

DONALD J. FEINBERG, ESQUIRE, LL.M.
Attorney for Plaintiff

Donald J. Feinberg, Esquire, LL.M.

E-mail: [REDACTED]

Identification Number: 72791

The Feinberg Firm, P.C.

1800 John F. Kennedy Boulevard, Suite 1400

Philadelphia, Pennsylvania 19103

Telephone Number: [REDACTED]

Facsimile Number: (215) 558-2568

Attorney for Plaintiff,
Marya Redmond

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PA

MARYA REDMOND

[REDACTED]
Philadelphia, Pennsylvania 19149
Plaintiff

v.

TAIDA J. WOLFE, M.D.

[REDACTED]
Philadelphia, Pennsylvania 19106
and

HUMEDCO CORP., indiv. and d/b/a

THE WOMEN'S CENTERS

777 Appletree Street

Floor 7

Philadelphia, Pennsylvania 19106

and

HUMEDCO CORP., indiv. and d/b/a

PHILADELPHIA WOMEN'S CENTER

777 Appletree Street

Floor 7

Philadelphia, Pennsylvania 19106

and

THE WOMEN'S CENTERS, indiv. and

d/b/a PHILADELPHIA WOMEN'S

CENTER

777 Appletree Street

Floor 7

Philadelphia, Pennsylvania 19106

Defendants

COMPULSORY ARBITRATION

DOCKET

**CERTIFICATE OF MERIT – HUMEDICO CORP., INDIV. AND D/BA THE
WOMEN'S CENTER**

I, Donald J. Feinberg, Esquire, LL.M., certify that:

☐ an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about a harm.

AND/OR

☒ the claim that this defendant deviated from an acceptable professional standard is basely solely on allegations that other licensed professional for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about a harm.

THE FEINBERG FIRM, P.C.

BY: 

DONALD J. FEINBERG, ESQUIRE, LL.M.
Attorney for Plaintiff

Donald J. Feinberg, Esquire, LL.M.

E-mail: [REDACTED]

Identification Number: 72791

The Feinberg Firm, P.C.

1800 John F. Kennedy Boulevard, Suite 1400

Philadelphia, Pennsylvania 19103

Telephone Number: [REDACTED]

Facsimile Number: (215) 558-2568

Attorney for Plaintiff,
Marya Redmond

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PA

MARYA REDMOND

[REDACTED]
Philadelphia, Pennsylvania 19149
Plaintiff

v.

TAIDA J. WOLFE, M.D.

[REDACTED]
Philadelphia, Pennsylvania 19106
and

HUMEDCO CORP., indiv. and d/b/a

THE WOMEN'S CENTERS

777 Appletree Street

Floor 7

Philadelphia, Pennsylvania 19106

and

HUMEDCO CORP., indiv. and d/b/a

PHILADELPHIA WOMEN'S CENTER

777 Appletree Street

Floor 7

Philadelphia, Pennsylvania 19106

and

THE WOMEN'S CENTERS, indiv. and

d/b/a PHILADELPHIA WOMEN'S

CENTER

777 Appletree Street

Floor 7

Philadelphia, Pennsylvania 19106

Defendants

COMPULSORY ARBITRATION

DOCKET

CERTIFICATE OF MERIT – TAIDA J. WOLFE, M.D.

I, Donald J. Feinberg, Esquire, LL.M., certify that:

☒ an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about a harm.

AND/OR

☐ the claim that this defendant deviated from an acceptable professional standard is basely solely on allegations that other licensed professional for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about a harm.

THE FEINBERG FIRM, P.C.

BY: 

DONALD J. FEINBERG, ESQUIRE, LL.M.
Attorney for Plaintiff