

	AAAAAA	SSSSSS	IIIIIIIIII	
	AAAAAAA	SSS SSS	IIIIIIIIII	
	AAAAAAA	SSS SSS	III	
MEDICAL BOARD	ASSESSMENT SYSTEMS, INC.			01-15-08
bjel303	REAL SYSTEM			V2.5.74 07:09:30 AM
INDIVIDUAL NAME	(JR,SR,III)			REFERENCE # MD000049225
LAST BAYUSZIK				SOC SEC NUM 2 - DOH Licensee Social Se...
FIRST DENISE				
MIDDLE MARIE				
RESIDENCE INFORMATION				
1206 CULVERT RD				
TOWSON MD 21286				
PHONE: () -	COUNTY: 51			
() -	LGL ST:			
NOTES				
+--ADDITIONAL INFORMATION--+				
SEX F = MARRIED =				
OTHER NAME				
CORP. OFFICER =				
TRUST ACCOUNT				
BIRTH PLACE PITTSBURGH PA				
DATE 11-06-1953				
SCHOOL CODE 039070				
CE UNITS 0.00 REQD BY - -				
+-----+				
CURRENT STATUS: O EXPIRATION DATE: 01-15-2008 FIRST ISSUE DATE: 01-15-2008				
RENEWAL STATUS: LAST ACTIVE DATE: - - LAST RENEWAL DATE: - -				
COMPLAINTS O/C: 0/ 0 AUTHORITY:				
+-----+				
1MENU #1 2AUTH DAT 3APPT DAT 4LICS DAT 5 ACCOUNT 6 7 8				

PHYSICIAN & SURGEON ~~CERTIFICATE~~



335

REVENUE SECTION

PRINT NAME Bayuszik, D

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 00236

0113

~~XXXXXX~~
073650113

0113-12/31/2007 1:45:59 PM-601

\$335.00

Medical Quality Assurance Commission Physician Application Worksheet

Name BAYUSZIK DENISE Date of Birth 11/06/1953
Date Received 1/8/08 Cash Number _____ Candidate Number _____

☒ WSP Check ☒ Fee ☒ Photo ☒ Data1-13 ☒ AIDS ☒ Attest ☒ SSN ☒ Garfield Search

Chronology

☐

Complete

☐ Temp Permit Issued Number: _____

1/14/08

FSMB

1/14/08

AMA

ECFMG

Archive File

Personal Data "Yes"s

#9

Documentation Received

Malpractice Cases

Synopsis

Disposition

1

2

3

4

6 CASES

X

X

PENDING

X

Medical School U OF PITTSBURGH School Code 1980 ☐ U.S. ☐ Canadian ☐ International

Name U OF PITTSBURGH Year of Degree 1980 ☒ Transcripts ☒ Translations

Examination Type ☒ National Boards ☒ FLEX ☐ USMLE ☐ State Exam ☐ LMCC ☒ Scores Received

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
<input checked="" type="checkbox"/>	UNION 7/80-6/81	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	UNION 7/81-6/84	<input checked="" type="checkbox"/>			

1/2/08

MD

1/10/08

UNION

GOOD SAM

Approved

Signature

Date

Comments:

Deficiency Letters:

☐ January ☐ April ☐ July ☐ October ☐
☐ February ☐ May ☐ August ☐ November ☐
☐ March ☐ June ☐ September ☐ December ☐

Teeter, Beverly (DOH)

From: Susan M. Harvey [harvsm1@comcast.net]
Sent: Wednesday, April 30, 2008 8:56 AM
To: Teeter, Beverly (DOH)
Subject: licensure questions

Bev -I reviewed the application for Denise Bayuszik - while there does seem to be an inordinate number of malpractice claims, there doesn't seem to be a pattern, and no other board or hospital actions. 1 - Attorney Work Produ...

1 - Attorney Work Product - RCW ...

What is the name of that other applicant from Colorado we are equivocating on? I am about ready to call my friend there for details.

Susan M. Harvey MD
Seattle Ob Gyn Group

----- Original Message -----

From: Teeter, Beverly (DOH)

To: Athalia Clower ; Blake Maresh ; Cabell Tennis ; Dr Selinger ; Dr. Brantner ; Dr. Burger ; Dr. Cogen ; Dr. Cullen ; Dr. Dore ; Dr. Gotthold ; Dr. Green ; Dr. Harvey ; Dr. Irwin ; Dr. Moat ; Dr. Moat ; Dr. Robins ; Dr. Sen ; Dr. Susan Harvey ; Ellen Harder ; Frank Hensley ; Judy Page ; Judy Tobin ; Linda Ruiz ; Maryella Jansen ; Terri Elders

Sent: Monday, April 28, 2008 3:12 PM

Subject: Public Disclosure Request - Legislative Activities

Commission members:

We have not heard from some of you on your legislative activities 1st Quarter 2008 (January - March) that includes the legislation time period. I need to turn this information in by Wednesday. Please send me your activities no later than tomorrow 4/29/08 Thanks.

Beverly A. Teeter
Program Manager
Medical Quality Assurance Commission
PO Box 47866
Olympia Washington 98504

PH: 360-236-4788

FX: 360-236-4768

4/30/2008

Sent To Dr. Harvey



April 24, 2008

MEMO TO: Credentialing Panel

FROM: Beverly Teeter, Program Manager
George Heye, MD

RE: Applicant Denise Bayuszik, MD

Medical School: University of Pittsburg School of Med 1980

Specialty: OB-GYN- Board Certified

PG Training: 7/1980 to 6/1981 – Union Memorial Hosp OB/GYN
7/1981 to 6/1984 – Union Memorial Hosp OB/GYN

Issue: Dr. Heye would like you to review this application and the medical malpractice cases. We believed it is best you see the whole application before making any decision.

- o If there is anything you would like us to obtain further, please let me know.
- o If you believe we should not license this individual, please contact me.
- o If you believe we should license the individual with the information we have, please let me know by an email.

Bev,

4-16-08

*We received information
on case #7 but no
payment amounts for 2+3.
#8 is still pending. I
suggested we send the case on
to Dr. Harvey for review.*

Denise Bayuszik GH

3-5-08

Memo to the file

From: G. Heye

Applicant: Denise Bayuszik, MD
DOB: 11/06/53
Board Certified: OB/Gyn

Subject: Malpractice history

<u>Date of Occurrence</u>	<u>Pt</u>	<u>Details</u>	<u>Outcome</u>
1. 03/30/94	LH	Bil tubo-ovarian abscesses following TAH	4 - National Practitioner Data...
2. 06/09/94	AC	Post partum intracranial bleed due to untreated pre-eclampsia.	undisclosed
3. 07/05/94	BM	Failure to follow-up an abn UA. Pt died of CA of the ureter age 37.	undisclosed
4. 04/24/98	?C	Vulvar and vaginal burn with TCA during a PAP	4 - National Pra...
5. 12/11/98	?R	Mismanagement of pre-eclampsia and prematurity in a 27 week pregnancy. Child developed CP.	
6. 05/11/01	?B	Post partum D&C with uterine perf and bowel injury.	
7. 07/11/00	?	Data Bank report of bowel injury with exploratory lap for large ovarian cyst.	
8. 11/24/03	DP	L ureter injury with hysterectomy & L oophorectomy. Adhesions from prev. abd. surgery.	pending

Comments:

We need the payment amounts on case 2, 3, and, if available, 8. We also need information on case 7.

gh



Horner, Robert M (DOH)

From: Shannon Keefe [shannon@licensingadvantage.com]
Sent: Tuesday, April 29, 2008 9:05 AM
To: Horner, Robert M (DOH)
Subject: Fw: Denise Bayuszik

Hi Mr. Horner,

I am trying to get you the information needed to complete Dr. Bayuszik's malpractice information. The attorney that retrieved the information on the Cottman and Miller cases doesn't seem to understand or want to write an official letter to your medical board. I am forwarding you the email correspondence I've had with him in hopes that it will be enough information for you to complete Dr. Bayuszik's file.

Would you please let me know if this information is sufficient or if you will need something more. Everything sent to me by Craig Merkle is in blue.

Thank you,

Shannon Keefe
Licensing Consultant
5808 Aurora Avenue
Pensacola, FL 32506
PH: 214-281-8478
FX: 214-257-0981
----- Original Message -----

From: Craig Merkle
To: Shannon Keefe
Sent: Tuesday, April 29, 2008 10:49 AM
Subject: RE: Denise Bayuszik

You can use the information I sent in the last e-mail. In Cottman, it appears that she was dismissed with no payment on her behalf and in Miller she was dismissed with a settlement payment of \$1,450,000.

From: Shannon Keefe [mailto:shannon@licensingadvantage.com]
Sent: Tuesday, April 29, 2008 11:27 AM
To: Craig Merkle
Subject: Re: Denise Bayuszik

Hi Craig,

I'm trying to understand your email. Do you mean that you can't send any information to the WA Board because of confidentiality agreements? Or are you just giving me a heads up as to what information you found?

If you can't send any documents to myself or the WA medical board can you write them a letter similar to what you have written in your email below? All they really want to know is the final judgement/order for both cases or if Dr. Bayuszik was dismissed and no money paid on her behalf.

Sorry that I'm confused, I really am trying to understand. If you can't send me any information, that's fine. My ultimate goal is to get the information for Dr. Bayuszik to the medical board as they are requesting.

Thanks! I really do appreciate your help,

04/29/2008

Shannon Keefe
Licensing Consultant
5808 Aurora Avenue
Pensacola, FL 32506
PH: 214-281-8478
FX: 214-257-0981

----- Original Message -----

From: Craig Merkle
To: Shannon Keefe
Sent: Tuesday, April 29, 2008 10:06 AM
Subject: RE: Denise Bayuszik

Shannon--From my review of the available materials, here is what I can tell you in the Cottman and Miller cases. In Cottman, there were multiple defendants. There was a settlement of the Cottman case, however, it appears that Dr. Bayuszik was dismissed from that matter and the settlement was not paid on her behalf. I am not at liberty to disclose the amount of the settlement paid by the other parties. In Miller, there was a settlement paid on behalf of Dr. Bayuszik in the amount of \$1,450,000. Please note that both of these cases were resolved with agreements on confidentiality, so this information may not be disclosed in any fashion outside of the licensing process. Craig

From: Shannon Keefe [mailto:shannon@licensingadvantage.com]
Sent: Tuesday, April 29, 2008 10:37 AM
To: Craig Merkle
Subject: Re: Denise Bayuszik

Hi Mr. Merkle,

That's great news! I have attached copies of the Release and Waiver & Specific Power of Attorney forms signed by Dr. Bayuszik giving our company the power to request information on her behalf.

Can you fax the information to me and I can forward on to the Washington Medical Board? Or would you prefer to mail directly to the WA Board?

I you need to contact Dr. Bayuszik her email address is dbayuszik@comcast.net or you can call her on her cell phone 410-409-3617.

Thanks,

Shannon Keefe
Licensing Consultant
5808 Aurora Avenue
Pensacola, FL 32506
PH: 214-281-8478
FX: 214-257-0981

----- Original Message -----

From: Craig Merkle
To: shannon@licensingadvantage.com
Sent: Monday, April 28, 2008 4:42 PM
Subject: Denise Bayuszik

I have been able to pull some information from our closed files as you have requested on behalf of Dr. Bayuszik. I want to confirm that you are acting as Dr. Bayuszik's agent, and with her full authorization, for

purposes of obtaining the information she requires for a licensing application. Please confirm this to me by reply e-mail.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

March 6, 2008

Denise Bayuszik, MD
1206 Culvert Road
Towson MD 21286

Dear Dr. Bayuszik:

Your application for license to practice medicine in Washington has been received. After a review of your malpractice history, the commission's medical consultant requests the following additional information:

- Final payment amount for a case occurring on 06/09/04 concerning post partum intracranial bleed due to untreated pre-eclampsia.
- Final payment amount for a case occurring on 07/05/94 concerning a failure to follow up an abn UA.
- If available, final payment information on a case occurring 11/24/03 concerning a L ureter injury with hysterectomy and L oophorectomy.
- He also requests more information about your involvement with a case occurring 07/11/00 a bowel injury with exploratory lap for large ovarian cyst.

Once this information is received, we will continue processing your application.

Sincerely,

Robert M. Horner
Credentialing Manager
Department of Health
HPQA Section 5
(360) 236-4787
Fax (360) 236-4768
robert.horner@doh.wa.gov



MedStar Physician Partners

MedStar Health

Center for Women's Health at Good
Samaritan Hospital 5601 Loch Raven
Blvd. Baltimore, MD 21239
Phone 443-444-5711
Fax 443-444-5761

Fax

To: Attn: Mr. Robert Horner From: Dr. D. Bayuszik
Fax: 360-236-4768 Pages: 3 including cover
Phone: _____ Date: 3/25/08
Re: _____ CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

• Comments:

Confidentiality Notice

The documents accompanying this copy transmission contain confidential information belonging to sender which is legally privileged. The information is intended only for the use of the Individual or entity named above. If you are not the recipient, you are hereby notified that any disclosure, copying distribution or the taking of any action in reliance on the contents of these telescoped information is strictly prohibited. If you have received the copy in error please immediately notify us by telephone to arrange for the return of the original document(s) to us.

Center for Women's Health
at Good Samaritan Hospital



MedStar Physician Partners

MedStar Health

Robert Horner
Credentialing Manager
Department of Health
State of Washington
Health Professions Quality Assurance
PO box 47866
Olympia, WA 98504-7866

March 11, 2008

Dear Mr. Horner:

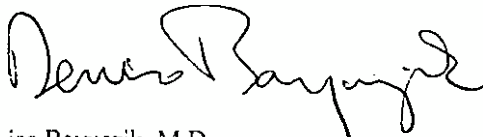
Thank you for your attention to my application for Washington State Medical License. I received your request for more information on various malpractice cases. I have requested my insurance carriers to send you information especially in regards to settlement amounts.

That should include the final payment concerning a postpartum intracranial bleed from 1994, and the final payment amount concerning a failure to follow up on an abnormal UA, also from 1994.

The case from 11/03 concerning a L ureter injury at time of an oophorectomy is still open, with a trial date set for early June '08.

I have included some information from the bowel injury from 7/11/00 that occurred with an exploratory lap for large ovarian cyst. And I have asked for the attorney to also send you information.

Thank you again,



Denise Bayuszik, M.D.

Sandra Ryan v. Denise Bayuszik
(not filed in the court)

Allegation: Bowel Injury at time of excision Ovarian Cyst.

Relation to patient: Primary admitting physician.

Date of Incident: 7/11/00

Location of Incident: GBMC

Date filed: 2/2/01

Status: Settled 6/2002

Amount: 4 - National Practit...

Additional Information/ Explanation

This patient had several abdominal surgeries and was admitted this time with a large ovarian cyst. This was a difficult surgery with lysis of multiple adhesions. Diverticulosis was noted also. Within a couple days, the patient developed acute abdomen. Surgery revealed sigmoid perforation and required a diverting colostomy. She had a difficult post operative course complicated by ARDS and spent six weeks in the ICU.

Horner, Robert M (DOH)

From: Shannon Keefe [shannon@licensingadvantage.com]

Sent: Wednesday, April 16, 2008 12:23 PM

To: Horner, Robert M (DOH)

Subject: Dr. Denise Bayuszik Malpractice

Hi Mr. Horner,

I was wondering if you had received the malpractice information sent to you by Dr. Bayuszik. Have you received any documents from the attorneys office Goodell, DeVries, Leech & Gray? The documents would have come from Craig Merkle at that firm.

If we cannot get the information for the Cottman & Miller cases, are there any other options for Dr. Bayuszik to obtain her WA medical license?

Please advise.

Thanks for all your help,

Shannon Keefe
Licensing Consultant
5808 Aurora Avenue
Pensacola, FL 32506
PH: 214-281-8478
FX: 214-257-0981



RECEIVED

MAR 20 2008

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

March 14, 08

Washington Medical Quality Assurance
P.O. Box 47866
Olympia WA 646174

Re: Insurance/Claims Information Request
Policy Number: 646174
Previous Insured: DENISE M BAYUSZIK, MD

Regarding the professional activities of the above referenced insured, this will acknowledge receipt of your recent letter, together with the insured's signed authorization, requesting confirmation of coverage and claims information.

Accordingly, this will confirm that The Medical Protective Company previously provided professional liability insurance on behalf of DENISE M BAYUSZIK, MD under the last policy issued by our Company as follows:

Policy Limits: \$1,000,000/\$3,000,000
Practice Description: OBSTETRICS-GYNECOLOGY
Policy Period: 10/15/2003 to 10/15/2003
Original Policy Effective Date: 1/1/2000

With regard to your inquiry seeking claims information, please be advised that the above mentioned doctor/corporation first became insured by The Medical Protective Company, subject to the terms and conditions of the above referenced policy effective 1/1/2000. Attached is a list of the pending claims and suits, plus those closed within the past five years.

If you have any questions, please contact our CUSTOMER SERVICE CENTER at 800-4MedPro.

Very truly yours,
THE MEDICAL PROTECTIVE COMPANY

412
Copy: DENISE M BAYUSZIK, MD

Medical Protective is a member of the Berkshire Hathaway group of businesses

5814 Reed Road Fort Wayne, IN 46835-3568 800-4MEDPRO f 800-398-6726 www.medpro.com

All insurance products are underwritten by The Medical Protective Company unless otherwise indicated.
The Medical Protective Company is licensed in all states and the District of Columbia. Product availability varies based upon business and regulatory approval.

BAYUSZIK, DENISE MD00049225 PAGE 17

Policy Number: 646174
Previous Insured: DENISE M BAYUSZIK, MD

Case #: 263073
Opened - 7/2002
Allegations: IMPROPER TX
Closed - 5/2005

Case #: 268945
Opened - 11/2003
Allegations: F/T DX
Closed - 10/2005

Case #: 278196
Opened - 12/2006
Allegations: NEGLIGENT TX
Open



Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

MD

Washington State Medical Quality Assurance Commission Applicant's Professional Liability Action History

Applicant's name: Denise Marie Bayuszik Today's date: 12/07/2007

Please submit a separate form for each past or current professional liability claim or lawsuit which has been filed against you. (Photocopy this page as needed.) Only a legible and signed narrative which addresses all of the following details will be accepted.

- 1) Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

Date of occurrence: 6/9/94 Details: Angela Cottman
Baltimore City Case #95320026 / CL204653

*See next page.

- 2) Date suit or claim was filed: 11/21/95 Name and address of insurance carrier that handled the claim:
Union Memorial Hospital Insurance ; Goddell, DeVries, Leech & Gray, LLP
Attorneys at Law, One South St. 20th Floor Baltimore, Md 21202
- 3) Your status in the legal action (primary defendant, codefendant, other): Codefendant.
- 4) Current status of suit or other action: Settled.
- 5) Date of settlement, judgment, or dismissal: Settled 5/11/98
- 6) If the case was settled out-of-court, or with a judgment, settlement amount attributed to you, please disclose the amount.
(You must enclose a copy of final disposition of case—this includes dismissals.) \$ undisclosed

I verify the information contained in this form is correct and complete to the best of my knowledge:

Denise Bayuszik
Signature

12/21/07
Date

[3 - Healthcare Information R...] was a 27 yo G1P0 who had a rather uncomplicated prenatal course. She had a spontaneous vaginal delivery 6/3/94. There were a couple high blood pressure readings in the first 30 minutes after birth, after which [3 - Healthcare Information Readily L...] postpartum time in the hospital was unremarkable. She was discharged 6/4/94.

She was next admitted 6/9/94 with an intracranial hemorrhage, requiring neurosurgical intervention. She presented with a severe headache, and noted to have high blood pressure readings. An unusual seizure prompted an immediate CAT scan which showed the intracranial bleed. Neurosurgical consultation considered this to be the result of an aneurysm.

Unfortunately [3 - Healthcare Inform...] suffered some permanent neurological loss with paraplegia of right arm, and some difficulty with speech.

She and her family alleged that pre-eclampsia was overlooked, and not treated. The also maintain difficulty in obtaining appointments, although documentation in my office did not support that complaint.

This case was settled out of court for an undisclosed amount.

GOODELL, DeVRIES, LEECH & GRAY, LLP

ATTORNEYS AT LAW

ONE SOUTH STREET, 20TH FLOOR
BALTIMORE, MARYLAND 21202

TELEPHONE (410) 783-4000

FACSIMILE (410) 783-4040

MAIRI PAT MAGUIRE
MPM@GDLGLAW.COM
WRITER'S DIRECT NUMBER
410-783-4018

May 11, 1998

PERSONAL AND CONFIDENTIAL

Denise Bayuszik, M.D.
3333 North Calvert Street
Suite 600
Baltimore, Maryland 21218

Re: Cottman v. Bayuszik, et al.

Dear Dr. Bayuszik:

Enclosed please find a copy of the Stipulation of Dismissal with Prejudice that was filed on your behalf in the above-referenced case. You do not particularly need this dismissal but I thought you might wish to have a copy of it for your records. You do not need to retain any of the other medical records or other materials from this matter at this point.

It has been a pleasure working with you. Best regards.

Very truly yours,


Mairi Pat Maguire

MPM/tsc

w/Enclosure

ANGELA COTTMAN

Plaintiff

v.

DENISE BAYUSZIK, M.D.

and

MARCELLA L. ROENNEBURG, M.D.

and

UNION MEMORIAL HOSPITAL

Defendants

*

IN THE

*

CIRCUIT COURT

*

FOR

*

BALTIMORE CITY

*

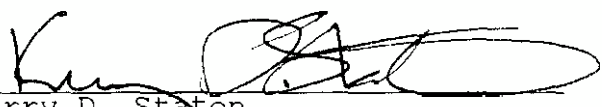
Case No. 95320026/CL204653

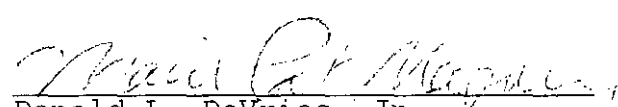
*

*

STIPULATION OF DISMISSAL WITH PREJUDICE

The parties, by and through their counsel, pursuant to Maryland Rule 2-506(a), hereby dismiss all claims against Denise Bayuszik, M.D. in this action with prejudice. Open court costs shall be paid by the Defendant.


Kerry D. Staton
Schochor, Federico and Staton, P.A.
The Paulton
1211 St. Paul Street
Baltimore, Maryland 21202


Donald L. DeVries, Jr.
Mairi Pat Maguire
Goodell, DeVries, Leech & Gray,
LLP
Commerce Place
One South Street, Suite 2000
Baltimore, Maryland 21202



Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

MD

Washington State Medical Quality Assurance Commission Applicant's Professional Liability Action History

Applicant's name: Denise Marie Bayuszik Today's date: 12/07/2007

Please submit a separate form for each past or current professional liability claim or lawsuit which has been filed against you. (Photocopy this page as needed.) Only a legible and signed narrative which addresses all of the following details will be accepted.

- 1) Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

Date of occurrence: 7/5/94 Details: _____

Barbara Miller

*Case alleging mismanagement of hematuria.

- 2) Date suit or claim was filed: 7/97 Name and address of insurance carrier that handled the claim:

Medical Mutual Liability Insurance Society, 225 International Circle
Mont Valley, Md 21030

- 3) Your status in the legal action (primary defendant, codefendant, other): Codefendant

- 4) Current status of suit or other action: Settled out of court

- 5) Date of settlement, judgment, or dismissal: June 1999

- 6) If the case was settled out-of-court, or with a judgment, settlement amount attributed to you, please disclose the amount.

(You must enclose a copy of final disposition of case—this includes dismissals.) \$ unknown

I verify the information contained in this form is correct and complete to the best of my knowledge:

Signature

Denise Bayuszik

Date

12/21/07

Information Malpractice Claim

Plaintiff: Family of 3 - Healthcare Information Readi...

Date Occurrence: 7/5/94

Details: 3 - Healthcare Information Re... was seen for an initial office visit for a well woman visit on 7/5/94. She had no complaints and a Pap was obtained. She returned one year later on 7/21/95 for her yearly gyn exam and pap. She then c/o symptoms of a UTI, cultures were sent and antibiotics prescribed. It was noted that she had been recently treated for a UTI by her PCP. Although she did not return to the office, I received information that she had a serious pyelonephritis and was admitted to the hospital. Subsequent work-up revealed Transitional Cell Carcinoma of the ureter and despite treatment this patient died in Jan 1977. She was only 37 years old. On review of the chart, it was noted that there was a small amount of blood on a routine urinalysis at her first visit 7/5/94, and it was alleged that this should have had further evaluation.



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

This document was prepared by

National Board of Medical Examiners® (NBME®)

3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

RECEIVED

JAN 7 2008

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5**

Recipient: Washington Med Quality Assurance Comm
Department of Health

Date: 01/15/2008

310 Israel Road, SE

MS 47866

Tumwater, WA 98501

Examinee: Denise M. Bayuszik

Examinee ID: 3-228-495-2

Date of Birth: 11/06/1953

NBME Certification Date: 07/01/1981

Certificate#: 228495

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores						
			Score	(Min. Pass)	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/13/1978	Pass	Three-Digit	590	(380)	500	600	535	615	650	590	530
		Two-Digit	85	(75)	81	87	83	88	90	86	82

NBME PART II

Total				Individual Subject Scores						
Test Date	Pass/Fail	Score Scale	Score (Min. Pass)	Med	Surg	ObGyn	Prev	Peds	Psych	
09/25/1979	Pass	Three-Digit	540 (290)	495	570	550	510	605	470	
		Two-Digit	83 (75)	82	86	85	83	87	81	

NBME PART III

Test Date	Pass/Fail	Score Scale	Total		(Min. Pass)	
			Score	(Min. Pass)		
03/04/1981	Pass	Three-Digit	535	(290)		
		Two-Digit	83.4	(75)		

Page 1 of 1

1249/53519

Patent 5636874

TouchSafe®

Authenticity of NBME Endorsement of Certification

An original, certified NBME Endorsement of Certification is printed using black ink on burgundy safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Endorsement of Certification may result in appropriate legal action or other action consistent with applicable policies, and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

USMLE Step 1, Step 2 and Step 3 INTERPRETATION OF RESULTS

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., **AINcomplete.@** On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 2 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the

Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic CS updates, available at the USMLE website (www.usmle.org).

ANNOTATIONS APPEARING UNDER A COMMENTS@

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each AComment@ is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. **No score is reported.**

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.



Washington State Department of
Health
 Medical Quality Assurance Commission
 PO Box 47866
 Olympia, WA 98504-7866
 360.236.4700

MD**RECEIVED**

FEB 25 2008

To: Post Graduate Training Program Director

Union Memorial Hospital

Facility name

33rd Street Professional Building, Suite 515 Office of Graduate Medical Education

Address

Baltimore, MD 21218

DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL EDUCATION**RE: Verification/evaluation of training**

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown below. **All questions must be answered.**

Denise Marie Bayuszik

11/06/1953

Applicant (Print or type)

Birth date

See Release & Waiver and Specific Power of Attorney

Signature of applicant

1. Denise Bayuszik is or was engaged in postgraduate training in our program

from July 1980 to June 1981
 Beginning date (month & year) Ending date (month & year)

in the field of OBSTETRICS + Gynecology Internship

2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? ☒ Yes ☐ No

3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No

If yes, please explain _____

Return to:

Medical Quality Assurance Commission
 P O Box 47866
 Olympia, WA 98504-7866
 360.236.4700

(SEAL)

Signature

Anthony Begum

Title

Chairman Gyn Dept

Please type or print

Hospital

Union Memorial Hosp

Address

200 E 33rd St. #470Balto., md 21218

Date

2/15/08



Washington State Department of
Health
 Medical Quality Assurance Commission
 PO Box 1099
 Olympia, WA 98504-1099
 360.236.4700

RECEIVED

FEB 25 2008

MD

DEPARTMENT OF HEALTH
 HEALTH PROFESSIONS 5

To: Post Graduate Training Program Director

Union Memorial Hospital

Facility name

33rd Street Professional Building, Suite 515 Office of Graduate Medical Education

Address

Baltimore, MD 21218

RE: Verification/evaluation of training

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown below. **All questions must be answered.**

Denise Marie Bayuszik, MD

11/06/1953

Applicant (Print or type)

Birth date

See release & waiver and specific power of attorney

Signature of applicant

1. Denise Bayuszik is or was engaged in postgraduate training in our program

from

Beginning date (month & year)

July 1981

to

June 1984

Ending date (month & year)

in the field of

OBSTETRICS + Gynecology

Residency

2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? ☒ Yes ☐ No

3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No

If yes, please explain

Return to:

Medical Quality Assurance Commission
 P O Box 47866
 Olympia, WA 98504-7866
 360.236.4700

(SEAL)

Signature

Adrian Bayuszik

Title

Chairman Dept Gynecology

Please type or print

Hospital

Union Memorial Hospital

Address

200 E 33rd St #470

Baltimore, MD 21218

Date

2/18/08

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095
(410) 764-4777
Fax (410) 358-2252

RECEIVED

JAN 22 2008

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

January 15, 2008

Requested by: Medical Board of Washington

The following is available under the Maryland Public Information Act, State Government Article, Section 10-617(h), regarding the following practitioner:

BAYUSZIK, DENISE M
1206 CULVERT ROAD
TOWSON, MD 21286

License Number: D0027298
Date Issued: November 09, 1981
Current Status: Active
Expiration Date: September 30, 2008
Medical School: UNIV OF PITTSBURGH SCH OF MED
Licensed By: National Boards
Specialty: Obstetrics & Gynecology
Charges:
Disciplinary Actions: NONE

* Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1986:
2003-486, 1992-031, 1995-109, 1995-417, 1997-573



Verification Clerk

01/15/2008

Date

* You may request a copy of the claim(s) from: Executive Director, Health Claims Arbitration Office, 6 St Paul Street, Suite 1501, Baltimore, MD 21202-1608 or call them at (410) 767-8200 for the status of the claim(s).

This is a computer generated form which is acceptable by other states.
Licensing examination scores should be requested directly from the examining authority.



Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

MD

TO: Hospital Administration

Union Memorial Hospital

Hospital name

201 E. University Parkway, Baltimore, MD 21218

Address

Medical Staff Office

RE: Verification and evaluation of privileges

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am authorizing the release of and would appreciate you providing the information **directly** to the address shown below at your earliest convenience. **All questions must be answered.**

Denise Marie Bayuszik, MD

11/06/1953

Applicant (print or type)

Birth date

See release & waiver and specific power of attorney.

Signature of applicant

1. Denise M. Bayuszik now has/had admitting or speciality privileges at this hospital
from 06/26/1986 to _____
Beginning date (month & year) Ending date (month & year)

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration?

☐ Yes ☒ No

If yes, please explain _____

3. Has the applicant ever been asked to resign?

☐ Yes ☒ No

If yes, please explain _____

Return to:

Medical Quality Assurance Commission
P O Box 47866
Olympia, WA 98504-7866
360.236.4700

(Seal)

Signature

Title

Hospital

Please type or print

Address

Date

Telephone



Union Memorial Hospital

Experience Matters

Medical Staff Services

January 7, 2008

To Whom It May Concern:

In response to your recent request regarding the practitioner listed below, we are pleased to confirm the following information. The large volumes of inquiries necessitated this form letter, in lieu of completion of individual forms.

Name: Denise M. Bayuszik, MD

Appointment Date: 06/26/1984

Staff Category: Active

Specialty: Gynecology

Department: Gynecology

If you have any additional question, please call the Medical Staff Office at (410) 554-2280.

Sincerely,

Kellie Gilchrist Archer, RN, MS
Director, Medical Staff Services

MedStar Health

201 East University Parkway, Baltimore, Maryland 21218-2895

phone: 410 554 2280 • fax: 410 554 2505 • tty: 410 554 2616 • www.unionmemorial.org

BAYUSZIK, DENISE MD00049225 PAGE 31



Good Samaritan Hospital

Here . . . for Good

February 4, 2008

RECEIVED

FEB 07 2008

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

Washington Medical Quality Assurance Commission
P. O. Box 47866
Olympia, WA 98504-7866

To Whom It May Concern:

In response to your request regarding Denise M. Bayuszik, MD, we are able to provide the following information.

Date of Affiliation: 12/08/1998 - Present

Staff Category: Active

Department: Surgery

Specialty: Gynecology

This letter is a verification of affiliation only.

Sincerely,

Kathleen Sangmeister
Credentialing Specialist

/ks

MedStar Health



AMA Physician Profile

Name and Mailing Address:

DENISE MARIE BAYUSZIK MD
PROFESSIONAL OFFICE BLDG #
5601 LOCH RAVEN BLVD
BALTIMORE MD 21239-2905

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: 1-410-366-5116

Birthdate: 11/06/1953

Birthplace: PITTSBURGH, PA UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

**Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: NON MEMBER

———— All Information from this Point Forward is Provided by the Primary Source ————

Current and/or Historical Medical School:

UNIV OF PITTSBURGH SCH OF MED, PITTSBURGH PA 15261

Degree Awarded: Yes

Degree Year: 1980



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: UNION MEM HOSP

Specialty : OBSTETRICS & GYNECOLOGY

State: MARYLAND

07/1980 - 06/1981

(VERIFIED)

Institution: UNION MEM HOSP

Specialty : OBSTETRICS & GYNECOLOGY

State: MARYLAND

07/1981 - 06/1984

(VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1981

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
MARYLAND	MD	11/09/1981	09/30/2008	ACTIVE	UNLIMITED	01/04/2008

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



AMA Physician Profile

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX288	22N 33N 4 5	07/31/2008	12/04/2007

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	02/24/1997	12/31/2007	RE-CERT	01/11/2008
TIME LIMITED	12/11/1987	12/31/1997	INITIAL(**)	01/11/2008

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2008 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.



AMA Physician Profile

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60610
800- 665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

**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

January 14, 2008

Attn: Blake Maresh, MPA, Exec.Dir.
Washington Md.Quality Assur Commission
310 Israel Road SE
MS 47866
Tumwater, WA 98501

Re: Board Action Query Dated: January 14, 2008
Your Reference Number:
FSMB Batch Number: BQ1427241

The following is a report of the search results from the Board Action Data Bank as of January 14, 2008 for practitioners subm above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of January 14, 2008

Item	Name	DOB	School	Yr/Grad
1	Akoum, Fadi	09/27/1974	605010	1999
2	Bayuszik, Denise	11/06/1953	039070	1980
5	Belay, Nebyou	01/28/1975	033030	2001
3	Borg, Bryson	10/16/1969	039040	2000
4	Brunsvold, Robert	06/20/1944	006010	1975
6	Campbell, Melissa	09/27/1961	047030	1989
8	Clements, Martin	11/18/1976	018020	2004
11	Cohen, Larry	02/21/1956	014040	1988
26	Cramer, Sean	12/22/1971	099860	2007
10	Crew, James	04/16/1978	028010	2004
27	Crump, Summer	03/11/1981	099852	2007
12	Dahlberg, Ann	07/16/1979	022020	2005
14	Emerson, Daniel	06/20/1976	015010	2002
16	Foss, Erik	12/06/1971	001010	2000
17	Gabriel, Allen	03/05/1973	029010	2001
19	Grant, Brenda	01/20/1953	044040	2005
18	Greenberg, Mathew	02/24/1969	043030	2000
29	Hankins, Harold	02/18/1946	099690	1977
28	Hinkle, kathleen	04/03/1961	099840	2001
20	Kwon, Daniel	09/01/1975	005060	2001
23	Lawrence, John	02/05/1954	030010	1980
22	Leveque, Jean Christopher	09/02/1972	034020	2001
24	Ludwig, thomas	02/18/1967	048010	2003

Denise Marie Bayuszik, MD
1206 Culvert Road
Towson, MD 21286

December 18th, 2007

Washington Medical Quality Assurance Commission
P.O. Box 1099
Olympia, WA 98507-1099

Dear Sir or Madam:

Enclosed is my application for a Washington State Medical License along with the required application fee of \$335. All required documents are either enclosed or have been requested.

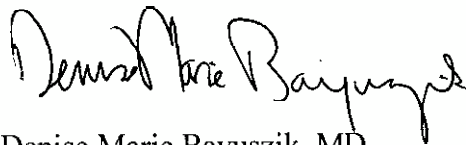
I have contracted the services of Licensing Advantage, LLC to assist in the application process. Please send all updates and correspondence to them at the address below:

Licensing Advantage
Attn: Shannon Keefe
5808 Aurora Avenue
Pensacola, FL 32506

PH: 214-281-8478
FX: 214-257-0981
Email: shannon@licensingadvantage.com

Thank you for your time and consideration.

Sincerely,



Denise Marie Bayuszik, MD

Enclosures



Licensing Advantage

Online Medical Licensing Solutions

5808 Aurora Ave

Pensacola, FL 32506

Phone: 214-281-8478

Fax: 214-257-0981

www.licensingadvantage.com

RECEIVED

JAN 7 2007

Union Memorial Hospital
Medical Staff Services

12/31/2007

Union Memorial Hospital
201 E. University Parkway
Medical Staff Office
Baltimore, MD 21218

RECEIVED

JAN 10 2008

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

Request for Direct Source Verification of Staff Privileges

Name: Denise Marie Bayuszik, MD

SSN:

DOB: 11/06/1953

Dates of Affiliation: 07/01/1984 to Present

**Please complete the enclosed form, seal in your letterhead envelope and sign across the seal.
Use the envelope provided to ensure proper tracking and mail directly to:**

**Washington Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866**

Thank you for your time and consideration regarding this matter.

Sincerely,

Shannon Keefe
Licensing Consultant

Enclosures: Release & Waiver and Specific Power of Attorney



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 16, 2008

Denise Bayuszik MD
1206 Culbert
Towson MD 21286

Dear Dr Bayuszik

This is to acknowledge receipt of your application for licensure as a physician and surgeon in the state of Washington.

Your application and fee of \$335.00 was received on January 8, 2008

MISSING ITEMS

**Hospital Verification Good Sam
Medical School Transcripts
Flex Scores
Post Graduate Training Verifications
State License Verification**

.A deficiency letter, if that is what you have chosen, will be sent about every four to six weeks until the application is considered complete. Please understand deficiency letters are our way of notifying you what is lacking in your file. **If you choose to use email as your way of checking on your application, that may be done at any time.**

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date ~ unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any further questions or need additional information, email me at **betty.elliott@doh.wa.gov**, or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely

Betty Elliott, Licensing Representative



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

February 5, 2008

Denise Bayuszik MD
1206 Culvert Rd
Towson MD 21286

Dear Dr Bayuszik

As of this date, our records indicate the following items still have not yet been received in support of your application for a physician and surgeon license. In order for us to continue to process your application, we will need the documents listed below

MISSING ITEMS

Post Graduate Training Verifications
Hospital Verification Good Sam

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

Upon receipt of the above items, your application will be considered complete. Depending on the complexity of the application file, the review process may take 3 to 5 working days for routine applications, an additional 14 working days for applications considered non-routine to be reviewed by a Commission Member, or, if your application contains derogatory or disciplinary information, it may need to be reviewed by the Full Commission, which are reviewed at a Commission meeting for final disposition.

If you have any further questions or need additional information, please feel free to email me at betty.elliott@doh.wa.gov, or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely,

BE

Betty Elliott, Licensing Representative



University of Pittsburgh

Office of the University Registrar

Skinner Hall

University Place

Pittsburgh, PA 15260

WASHINGTON MEDICAL QUALITY ASSURANCE COMMISSION
PO BOX 47866
OLYMPIA WA 98504-7866

Samuel D. Gault



JAN 28 2006



Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

MD

Washington State Medical Quality Assurance Commission Applicant's Professional Liability Action History

Applicant's name: Denise Marie Bayuszik Today's date: 12/07/2007

Please submit a separate form for each past or current professional liability claim or lawsuit which has been filed against you. (Photocopy this page as needed.) Only a legible and signed narrative which addresses all of the following details will be accepted.

- 1) Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

Date of occurrence: 5/11/2001 Details: _____

B. Baroady Case # 24-C-03-007484

Bowel Refection at time B+C

See next page

- 2) Date suit or claim was filed: 9/17/2003 Name and address of insurance carrier that handled the claim:

Medical Protective Company ; Medpro Claims PO Box 29204
Shawnee Mission, KS 66201

- 3) Your status in the legal action (primary defendant, codefendant, other): Codefendant

- 4) Current status of suit or other action: Settled

- 5) Date of settlement, judgment, or dismissal: 10/15/2005

- 6) If the case was settled out-of-court, or with a judgment, settlement amount attributed to you, please disclose the amount.

(You must enclose a copy of final disposition of case—this includes dismissals.) \$ 225,000

I verify the information contained in this form is correct and complete to the best of my knowledge:

Signature Denise Bayuszik Date 12/21/07

Baroody v. Denise Bayuszik, et al.
Circuit Court for Baltimore City
Case no.: 24 C 03 007484

Allegation: Inappropriate Dilation and Curettage for post partum bleeding that resulted in an uterine perforation and subsequent bowel injury, and there was a delay in recognition that caused more extensive surgery to be necessary.

Relation to patient: I was her primary physician, Dr. Adeshek was on call the following weekend after the procedure was done.

Date of Incident: 5/11/2001
Location of Incident: Greater Baltimore Medical Center
Date reported: 9/17/2003

Additional defendants: Dr. Steven Adeshek

Claim Status: Settled 10/15/05

Amount: 4 - National ...

Additional Information/Explanation.

This was a patient for whom I provided prenatal care, and was also able to attend her delivery. She had persistent bleeding for eight weeks postpartum at which time a sonogram showed some intrauterine polypoid tissue. A D&C was done, complicated by some cervical bleeding, which was locally managed, and resolved. The patient was discharged home. This happened to be a Friday afternoon, and Dr. Adeshek was the on-call physician for the weekend. The patient called with pain on the following day and was evaluated in the ER; she was seen a second time in the ER 24 hours later and seen by the ER physicians and by Dr. Adeshek also. On Monday, she was seen by me in the office, at which time she admitted to feeling better. That afternoon the pathology report revealed bowel tissue, so the patient was called back to the hospital. CT scan was consistent with a bowel perforation. The patient is an anesthesiologist at Univ. of Maryland Hospital, and she made arrangements to be transferred there to have her surgeon of choice. Because of the delay in diagnosis, a colostomy was necessary. This was reversed six months later.

CONFIDENTIAL SETTLEMENT
AGREEMENT & GENERAL RELEASE

DEFINITIONS

As used in this Release, the following terms have the meanings ascribed to them below:

1. "The Undersigned" includes Brigid Baroody, and her heirs, assigns, agents, and anyone acting on her behalf.
2. "Released Parties" includes Denise Bayuszik, M.D., Steven Adashek, M.D., Charles Street OB/GYN Associates, P.A., and their agents, servants and employees, resident physicians, nurses, nurse supervisors, principals, heirs, executors, administrators, predecessors, successors, affiliates, corporate parents, subsidiaries, privies, attorneys, and insurers, and ANY AND ALL OTHER PERSONS, FIRMS, ASSOCIATIONS, PARTNERSHIPS AND CORPORATIONS, that are or might be claimed to be liable to the Undersigned as a result of the Occurrence, as defined below.

RECITALS

WHEREAS, Brigid Baroody has filed a claim against Denise Bayuszik, M.D., Steven Adashek, M.D., and Charles Street OB/GYN Associates, P.A. for personal injuries, and other damages allegedly received by Brigid Baroody as more fully appears in the case of Brigid Baroody v. Denise Bayuszik, M.D., et al., filed in the Circuit Court for Baltimore City, Maryland, Case No.: 24-C-03-007484 (hereinafter, "the Occurrence"); and

WHEREAS, the Released Parties have denied all liability; and

WHEREAS, bona fide disputes and controversies exist between the Undersigned and the Released Parties as to liability for all claims arising from the Occurrence, and

WHEREAS, the Undersigned and the Released Parties desire to settle the disputes and dispose of all claims by and between them relating to any injury that may have occurred in connection with or arising out of the Occurrence.

NOW THEREFORE, in consideration of the cash sum of **TWO HUNDRED AND TWENTY FIVE THOUSAND DOLLARS** (\$225,000.00) paid to the Undersigned on behalf of the Released Parties, the Undersigned hereby agrees as follows:

1. **Release**: The Undersigned hereby releases, acquits, and forever discharges the Released Parties from all claims and demands of whatever nature, whether arising under tort or contract theories or any federal, state, or local law, actions and causes of actions, damages, punitive damages, costs, loss of service, attorneys' fees, cost of litigation, medical expenses, loss of income, physical or emotional pain and suffering, scarring, paralysis, loss of limb, humiliation, embarrassment, mental anguish, lack of informed consent, injury to reputation, claims for wrongful death, and money benefits or compensation of any kind on account of or in any way growing out of personal injuries, property damage, or other losses having already resulted or to result at any time in the future, whether or not they arise following the execution of this Release, as a result of and by reason of the Occurrence. The Undersigned acknowledges that there may be more serious damages or injuries as a result of the Occurrence than may now appear.

2. **Admission of Liability**: The Undersigned agrees and understands that in entering into this Release, the Released Parties make no admissions or concessions with respect the merits of the claims of the Undersigned. The payment and acceptance of consideration for this Release is not to be construed as an admission of liability on the part of the Released Parties.

3. **Adequacy of Consideration:** This Release expresses a full and complete settlement of liability claimed and denied, is intended to avoid litigation, and is entered into for no other purpose. The Released Parties shall have no obligation to take any action or make any payment, regardless of the adequacy of consideration or compensation, other than as expressly stated herein.

4. **Entire Agreement:** The Undersigned agrees and understands that this settlement is entered into as a compromise in order to avoid litigation and further expense and to terminate any and all controversies and/or claims or damages or losses of any nature whatsoever that may currently exist between the Undersigned and the Released Parties in any way arising out of or in any way relating to the Occurrence. This Release constitutes the entire understanding of the parties. There are no promises or terms of agreement between the Undersigned and the Released Parties other than those contained herein.

5. **Warranty of Capacity to Execute this Agreement:** In consideration for the payments made by the Released Parties, the Undersigned expressly warrants and represents to the Released Parties that:

(i) the Undersigned, has not, except as to attorneys' fees, assigned, pledged, or otherwise sold or transferred any right, title, interest or claim that they may have by reason of the Occurrence or any matters arising out of or related thereto;

(ii) the Undersigned, before executing this Agreement, has fully informed herself of its terms, contents, conditions, and effects, and that in making this settlement, she has had the benefit and advice of doctors and lawyers of her own choosing.

(iii) the Released Parties have made no representation about the nature and extent of the Undersigned's claims or damages, nor any representation regarding the nature and

extent of legal liability or financial responsibility of the Released Parties, and that no representation of the Released Parties, their attorneys or agents has induced the Undersigned to make this settlement.

6. **Dismissal of Lawsuit.** As consideration for the sums paid under this Agreement, the Undersigned shall, within ten (10) days of the execution of this Agreement and General Release, cause the claims in the case of Baroody v. Bayuszik, et al., Case No. 24-C-03-007484 in the Circuit Court for Baltimore City, to be dismissed WITH PREJUDICE as against all defendants.

7. **Joint Tortfeasor Reduction and Covenant not to Sue:** Although the Undersigned believes and represents that she is not contemplating filing suit or making a future claim against any persons or entities other than the Released Parties for any damages or injuries in any way related to or arising out of the Occurrence, in the event that the Undersigned, pursues and recovers damages against anyone other than the Released Parties, any such damages recoverable are hereby reduced under the provisions of the Maryland Uniform Contribution Among Joint Tort-Feasors Act, codified in Md. Cts. & Jud. Proc. Code Ann. § 3-1401 *et seq.* (2002 Repl. Vol.), to the extent of the pro rata share(s) of the Released Parties. The Undersigned agrees that any Released Party is to be considered a joint tortfeasor with any other tortfeasor liable to the Undersigned for damages arising out of the Occurrence to the same extent as if the Released Parties were adjudicated to be joint tortfeasors by a final judgment of a court of record after trial on the merits. This provision is further intended to protect the Released Parties from any liability for contribution or indemnity to any person, firm, partnership, or corporation.

8. **Release as Evidence:** The Undersigned agree that if the Undersigned, files a claim or lawsuit against someone other than the Released Parties seeking recovery of damages or injuries as a result of, arising out of, or any way connected to the Occurrence, this Release may be filed,

under seal, with the Court as irrevocable evidence of the consent of the Undersigned, to have any verdict or judgment in her favor reduced by the statutory shares of the Released Parties.

9. **Warranty & Indemnification for Medical Payment Liens:** The Undersigned warrants and represents that there are no liens upon the settlement funds paid to her by or on behalf of the Released Parties. The Undersigned further warrants and represents that all medical expenses and bills incurred in connection with the Occurrence have been paid or will be paid from the settlement funds paid pursuant to this Release.

10. **Indemnity & Hold Harmless:** The Undersigned agrees to indemnify and hold harmless the Released Parties for any and all claims, demands, actions, cross-actions, causes of actions, suits or complaints of any kind that she may assert or that may be asserted on her behalf by any person, persons, firms, corporation, or other entity against the Released Parties, as a result of or in any way connected with any claim, demand, action, lien, or suit in any way arising out of or relating to the Occurrence, or any alleged injuries claimed by or allegedly sustained by them and/or by the Undersigned as described above. This indemnification includes the payment of all reasonable costs and attorneys' fees incurred by the Released Parties in defending against such future claims.

11. **Confidentiality:** The Undersigned and her counsel agree that neither they nor their agents or representatives or any person acting on behalf of the Undersigned shall reveal or in any way disseminate to any person, agency, Board or Commission, news media, organization, or other entity, the fact of settlement, or any of the terms of this settlement except as required by law, or as necessary to complete the terms of this Agreement. The Undersigned and their counsel understand that the Released Parties have required that they and their counsel, as a condition of the settlement, agree to the confidentiality expressed in this paragraph. As used in

this paragraph, the term "counsel" includes not only counsel of record, but also all other attorneys, agents, or employees associated with the law offices of counsel of record as well as any other attorney or person acting or formally retained by or on behalf of the Undersigned, whether or not counsel's appearance has formerly been made a matter of record.

12. **Severability**: If any provision within this Release shall be determined to void, invalid, or otherwise unenforceable by a court of competent jurisdiction, such finding shall not otherwise affect the validity or enforceability of any other provision of this Release.

13. **Applicable Law**: This Agreement, having been made and delivered in the State of Maryland, shall be governed by and interpreted in accord with the law of the State of Maryland.

14. **Attorneys' Fees and Costs**: Each party shall bear all of the attorneys' fees and costs of its own counsel in connection with any claims described herein, this Release, and the documents referred to herein.

WITNESS this 15th day of October, 2005, the hands and seals of the

Undersigned.

THIS IS A RELEASE. READ BEFORE SIGNING.

Neal C Baroody
Witness

Brigid Baroody
Brigid Baroody

As to Confidentiality:

Neal C Baroody
Neal Baroody, Esquire

Thomas O'Toole
Thomas O'Toole, Esquire

STATE OF MARYLAND

)

) to wit:

~~CITY~~/COUNTY OF Baltimore)

On the 15th day of October, 2005, Brigid Baroody appeared before me, was known to me or provided evidence of identity, took an oath in due form of law and executed the foregoing Release, as indicated by my signature and seal below.

Heel C Baroody

Notary Public

My Commission Expires: 8/1/2007

4 - National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB—42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1)

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PROFESSIONAL ACADEMIC RECORD



UNIVERSITY OF PITTSBURGH
OFFICE OF THE REGISTRAR
PITTSBURGH, PA 15261

SCHOOL/CAMPUS SCHOOL OF MEDICINE

BAYUSZIK, DENISE MARIE
322 S. EBERHART ROAD
BUTLER, PA 16001

ACADEMIC DEGREES CONFERRED BY THE UNIVERSITY OF

M.D. MAY 27, 1980

2 - DOH Licensee Social Security Number - R

STATUS OF STUDENT

ADMITTED FROM:
UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA, PA
B.A. 1975

ACADEMIC YEAR 79-80

2 - DOH Licensee Social Security Number

DEPARTMENT	COURSE NUMBER	COURSE TITLE	CREDITS	GRADE	QUALITY POINTS
MED	549	INFECTIOUS DIS		S	
MED	546	ENDO & METAB		S	
MED	540	ADV GEN MED		S	
PED	547	NEONATOLOGY		S	
OB GYN	540	OBS GYN INTERN		S	
SURG	541	NEOPLASTIC DIS		S	

1ST YR 76-77

2 - DOH Licensee Social Security Number - R

DEPARTMENT	COURSE NUMBER	COURSE TITLE	CREDITS	GRADE	QUALITY POINTS
PSYC	510	MED PSYCHOL		S	
PED	513	GENETICS		S	
MSANA	510	ANATOMY		S	
NEURO	512	NEUROSCIENCWS		S	
MSBIO	510	MED BIOCHEM		S	
MSPHY	510	PRIN MAMM PHY		S	
MSMIC	510	MICROBIOLOGY		S	

2ND YR 77-78

2 - DOH Licensee Social Security Number - R

DEPARTMENT	COURSE NUMBER	COURSE TITLE	CREDITS	GRADE	QUALITY POINTS
MS PHU	510	MED PHARM		S	
MED	510	INTRO MED		S	
MS PHU	510	GEN PATHOLOGY		S	
PED	511	BASIC MED CLK		S	
MS ELT	513	ADV BASIC SCI		S	

ACADEMIC YEAR 78-79

2 - DOH Licensee Social Security Number

DEPARTMENT	COURSE NUMBER	COURSE TITLE	CREDITS	GRADE	QUALITY POINTS
PED	512	PED 2		S	
SURG	510	SURGERY I		H	
OB GYN	510	OB & GYN		S	
PSYC	511	PSYCHIATRY		H	

As of January 1, 1976, the only grades used by Professional Medicine are:

- H - Honors
- S - Satisfactory
- U - Unsatisfactory (failure)
- G - Course work unfinished due to extenuating circumstances
- W - Withdrawal

RECEIVED

JAN 28 2008

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5**

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

In compliance with the Family Educational Rights and Privacy Act of 1974, as amended, this document has been released on the condition that the recipient will not permit any other party or agency to have access to this record without the written consent of the student.

RAISED SEAL NOT REQUIRED

Samuel D. Conte

Samuel D. Conte
University Registrar
January 23, 2008



GOODELL, DEVRIES, LEECH & GRAY, LLP

ATTORNEYS AT LAW
ONE SOUTH STREET, 20TH FLOOR
BALTIMORE, MARYLAND 21202

TELEPHONE (410) 783-4000

FACSIMILE (410) 783-4040

MAIRI PAT MAGUIRE
MPM@GDLGLAW.COM
WRITER'S DIRECT NUMBER
410-783-4018

WASHINGTON, D. C.
301-470-7244

November 2, 1999

PERSONAL AND CONFIDENTIAL

Denise Bayuszik, M.D.
3333 North Calvert Street
Suite 600
Baltimore, Maryland 21218

Re: Harrigan v. Bayuszik, et al.

Dear Dr. Bayuszik:

Enclosed please find the Complaint in the above-referenced matter filed with the Baltimore City Circuit Court, as well as a copy of the Statement of Claim filed with the Health Claims Arbitration Office of Maryland. If you need anything further in this regard, please do not hesitate to contact me.

Best regards.

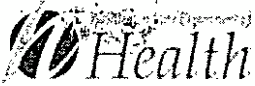
Very truly yours,



Mairi Pat Maguire

MPM/tsc

w/Enclosures



Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

MD

Washington State Medical Quality Assurance Commission Applicant's Professional Liability Action History

Applicant's name: Denise Marie Bayuszik Today's date: 12/07/2007

Please submit a separate form for each past or current professional liability claim or lawsuit which has been filed against you. (Photocopy this page as needed.) Only a legible and signed narrative which addresses all of the following details will be accepted.

- 1) Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

Date of occurrence: 12/11/98 Details: _____

Ryong

Case No 24-C-02 -003700

See next pages

- 2) Date suit or claim was filed: 7/11/02 Name and address of insurance carrier that handled the claim:

Medical Protective Company

Medpro Claims PO Box 29204 Shawnee Mission, KS 66201

- 3) Your status in the legal action (primary defendant, codefendant, other): Codefendant

- 4) Current status of suit or other action: Settled

- 5) Date of settlement, judgment, or dismissal: 5/6/05

- 6) If the case was settled out-of-court, or with a judgment, settlement amount attributed to you, please disclose the amount.

(You must enclose a copy of final disposition of case—this includes dismissals.) \$ 750,000

I verify the information contained in this form is correct and complete to the best of my knowledge:

Denise Bayuszik
Signature

12/21/07
Date

Ryang v. Bayuszik, et al.
Circuit Court for Baltimore City
Case no. : 24-C-02-003700

Allegation: Child's Cerebral Palsy caused by mismanagement of pre-eclampsia and premature delivery.

Relation to patient: I was the back -up attending physician to the midwife that was managing this patient.

Date of Incident: 12/11/98
Location of Incident: Union Memorial Hospital
Date reported: 7/11/02

Additional defendants: Kathleen Sloan, CMN, Union Memorial Hospital

Claim Status: Settled 5/6/05,
total amount 4 - National Practitioner Data Ba... against Dr. Bayuszik)

Additional information/explanation.

This patient was managed by K.Sloan, CNM until she was admitted to UMH (Union Memorial Hospital) at 27 weeks with pre-eclampsia. That was the first time that I met this patient, and saw her a couple times over the two day stay at UMH. Her BP stabilized, and ultrasound was done, but there were signs of some IUGR and some placental calcifications. We knew that she would have to be delivered relatively soon, probably within a few weeks. UMH did not have a level III nursery at that time and we were not delivering babies below 32 weeks. So, Kathy Sloan and I made arrangements for her to be admitted at St. Joseph hospital. Because she was stable, we also allowed her to go home for one day, and then go to St. Joseph Hospital. When she was seen there, the decision was made to proceed to immediate delivery because the perinatologist did not feel that another few days to a week would have any further benefit especially since we had already given the patient betamethasone steroid. The infant was delivered by C-Section and had good apgars, subsequently intubated in the nursery and had a typical premie course. A head ultrasound showed no intracranial hemorrhage. The baby was followed by Kennedy-Krieger, and interestingly had a decrease in function at one year of age after admission to Sinai Hospital for an excision of a hepatoblastoma. At that surgery, the child went into full cardiac arrest. The suit for Cerebral Palsy was brought against K.Sloan, CNM, Dr.Bayuszik, UMH, St. Joseph Med.Center, Dr.Rinfusz (perinatologist at UMH), Dr. Rossiter (perinatologist at SJH), but the perinatologists and SJH were eventually dropped from the suit.

GOODELL, DEVRIES, LEECH & DANN, LLP

ATTORNEYS AT LAW
ONE SOUTH STREET, 20TH FLOOR
BALTIMORE, MARYLAND 21202

TELEPHONE (410) 783-4000

FACSIMILE (410) 783-4040

TERI KAUFMAN LEONOVICH
TKL@GOLDLAW.COM
WRITER'S DIRECT NUMBER
410-783-4047

ADMITTED IN MARYLAND
AND
THE DISTRICT OF COLUMBIA

April 8, 2004

To Whom It May Concern:

Re: 3 - Healthcare Informati... v. Denise Bayuszik, M.D., et al.
File No. 263073

To Whom It May Concern:

Kindly be advised that this correspondence is forwarded pursuant to Union Memorial Hospital's request for information about the matter of 3 - Healthcare Inform... v. Denise Bayuszik, M.D. As this response is made pursuant to a credentialing matter, it is to remain confidential and protected by Md. Code Ann., Health Occ. § 1-401. Dr. Bayuszik does not authorize the re-release of this information to any other individual or entity.

This case has been brought in the Circuit Court for Baltimore City by 3 - Healthcare Inf... and Bradley Kaldahl individually and as parent and next friend of their minor daughter, 3 - Healthcare... 3 - Health... 1, against numerous entities, including Dr. Bayuszik. Plaintiffs allege that each of the defendants were negligent in the management of 3 - Healthcare Infor... pregnancy and preeclampsia, resulting in premature delivery of 3 - Healthcare Information Re... As a result, the plaintiffs claim that 3 - Healthcare ... suffers from permanent neurologic injury.

3 - Healthcare Inf... was receiving prenatal care from a certified nurse midwife who had an agreement for Dr. Bayuszik to provide consulting services as needed. On December 7, 1998, when 3 - Healthcare Infor... was 27 ½ weeks pregnant, the nurse midwife referred 3 - Healthcare Infor... to Dr. Bayuszik because of possible pregnancy-induced hypertension. This was Dr. Bayuszik's first contact with the patient. 3 - Healthcare Inf... was evaluated at Union Memorial Hospital by Dr. Bayuszik. She was noted to have a blood pressure of 160/100 and +3 proteinuria. Her hematocrit was 34% and her platelets were 133,000. Her liver function tests were within normal limits. A non-stress test was done and was normal. The patient was admitted for bedrest and fetal monitoring and started on Betamethasone and Aldomet for blood pressure. Her blood pressures were stable on bedrest, primarily in the range of 130/76. A fetal ultrasound was performed which showed

April 8, 2004

Page 2

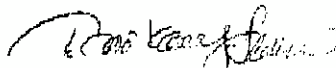
asymmetric IUGR and evidence of long-standing head-sparing. During the hospitalization, a consult was also obtained with a maternal fetal medicine specialist, who indicated that 3 - ...
3 - Healthcare... had preeclampsia which was mild though progressive. He recommended continued bedrest and observation and serial NSTs.

Dr. Bayuszik arranged for the patient to be seen at St. Joseph Hospital, where she wished the patient to be admitted for further evaluation in a facility with a level IV nursery. The patient, however, did not wish to remain at Union Memorial Hospital until she was seen at St. Joseph Hospital, and requested that she be allowed to be monitored at home until her appointment at St. Joseph. When the patient's significant other and the nurse midwife agreed to monitor the patient through home visits, Dr. Bayuszik agreed. 3 - Healthcare I... was discharged on December 9, 1998.

The nurse midwife visited the patient at home on the evening of December 9th and on 3 occasions on December 10, 1998. She reviewed the patient's vital signs and condition with Dr. Bayuszik. 3 - Healthcare Inf... was seen at St. Joseph's Hospital on December 11, 1998. At that time, she was admitted and delivered by caesarian section.

Dr. Bayuszik intends to vigorously defend the allegations against her, as the care provided to 3 - Healthcare Inf... complied at all times with applicable medical standards. Dr. Baha Sibai, a nationally recognized specialist in preeclampsia, has reviewed this matter and is of the opinion that Dr. Bayuszik complied with the applicable standards at all times and that the child's injuries are not the result of a breach in the standard of care on the part of Dr. Bayuszik. Additional experts in pediatric neurology believe strongly that Dr. Bayuszik's management of 3 - Healthcare Infor... did not cause the child's alleged injuries.

Sincerely yours,



Teri Kaufman Leonovich

TKL/mr

GOODELL, DEVRIES, LEECH & DANN, LLP

ATTORNEYS AT LAW
ONE SOUTH STREET, 20TH FLOOR
BALTIMORE, MARYLAND 21202

TELEPHONE (410) 783-4000

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TERI KAUFMAN LEONOVICH
TKL@GDLDLAW.COM
WRITER'S DIRECT NUMBER
410-783-4047

ADMITTED IN MARYLAND
AND
THE DISTRICT OF COLUMBIA

May 31, 2005

VIA FACSIMILE

Jeffrey L. Peek, Esquire
Thomas C. Cardero & Associates
201 North Charles Street, Suite 1903
Baltimore, MD 21201

Joan Cerniglia-Lowensen, Esquire
Morgan Shelsby Carlo Downs & Everton, P.A.
4 North Park Drive, Suite 404
Hunt Valley, MD 21030-1876

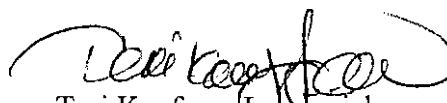
Michael Sanders, Esquire
Nash and Associates, LLP
809 Gleneagles Court
Suite 201
Towson, MD 21286

Re: 3 - Health... **v. Bayuszik, et al.**
Circuit Court for Baltimore City
Case No.: 24-C-02-003700

Dear Counsel:

In order to preserve the confidentiality provisions of the settlement in this case, I am preparing the attached motion to permit plaintiffs' petition for transfer of settlement proceeds to special needs trust and for approval of settlement agreement to be filed under seal. Please review and let me know if I have your authority to sign on your behalf.

Sincerely yours,


Teri Kaufman Leonovich

TKL/mr
Enclosure

3 - Healthcare Information ... , Individually and as Parent * IN THE
and Next Friend of her minor Daughter *
SAMANTHA RYANG KALDAHL, et al. * CIRCUIT COURT

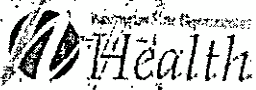
Plaintiffs * FOR
v. * BALTIMORE CITY
DENISE M. BAYUSZIK, M.D., et al., * Case No.: 24-C-02-003700
Defendants *

* * * * *

**CONSENT PETITION TO FILE MOTION FOR
APPROVAL OF SETTLEMENT AGREEMENT UNDER SEAL**

The parties, by and through counsel, hereby jointly request that the Court grant their Consent Petition to File Motion for Approval of Settlement Agreement Under Seal, and as reasons therefor state as follows:

1. The parties in this action have agreed to resolve this case.
2. The terms of the case resolution are to be held confidential, except as provided by the agreement of the parties and as required by law.
3. This case involves allegations of injury to a minor. As such, the parties desire for Court approval of the settlement agreement and, pursuant to § 13-204 of the Estates and Trust Article, Ann. Code of Md., for an Order authorizing and directing certain settlement proceeds be transferred to a trust complying with the requirements of 42 U.S.C., § 1396p(d)(4)(A).
4. To effectuate the intent of the parties with regard to confidentiality, the parties hereby respectfully request that they be granted permission to submit under seal all papers concerning the anticipated resolution of this case.



Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

MD

Washington State Medical Quality Assurance Commission Applicant's Professional Liability Action History

Applicant's name: Denise Marie Bayuszik Today's date: 12/07/2007

Please submit a separate form for each past or current professional liability claim or lawsuit which has been filed against you. (Photocopy this page as needed.) Only a legible and signed narrative which addresses all of the following details will be accepted.

- 1) Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

Date of occurrence: 4/24/1998

Details: Carrol

24-C-01-003909

See next page

- 2) Date suit or claim was filed: 4/4/01 Name and address of insurance carrier that handled the claim:
Medical Protective Company, P.O. Box 981169 El Paso, Texas 79998-1169

- 3) Your status in the legal action (primary defendant, codefendant, other): Primary Defendant

- 4) Current status of suit or other action: Settled.

- 5) Date of settlement, judgment, or dismissal: 11/19/02

- 6) If the case was settled out-of-court, or with a judgment, settlement amount attributed to you, please disclose the amount.

(You must enclose a copy of final disposition of case—this includes dismissals.) \$ 110,000

I verify the information contained in this form is correct and complete to the best of my knowledge:

Denise Bayuszik
Signature

12/21/07
Date

Carroll v. Bayuszik
Circuit Court Baltimore City
Case no. 24-C-01-003909

Allegation: Wrongful application of TCA in office resulted in vulvar scarring, persistent pain, recurring vaginitis, and nightmares.

Relation to Patient: I was the Consulting Physician for her abnormal Pap.

Date of Incident: 4/24/98
Location of Incident: Office at Union Memorial Hospital
Date Filed: 4/4/01

Status of case: Settled 11/19/2002
Amount \$ 4 - National Pra...

Additional Information/explanation: This patient was referred to me for workup of an abnormal pap smear. I proceeded to colposcopy and my assistant handed me TCA (trichloroacetic acid) instead of Acetate. This was not recognized immediately because the patient so quickly yelled and jumped off the table, expelling the speculum, and yelling at us. Unfortunately, this was a patient who had already been disruptive in my front office because of a mixup on referrals and there was a wait to get a fax from the primaries office, and she was not happy with the time waiting. I left the room for her to get dressed, and before I had a chance to talk with her, she had left the office. I did realize after the fact that the wrong solution was used, and I called the patient to apologize, and I admitted that a wrong solution was used, offered to see her, but she did go to another physician after that. There were some "burns" along the site of the speculum, but these were superficial and would heal. The patient continued to complain of recurrent vaginitis, pain with intercourse which caused marital discord, vulvar scarring, persistent pain interfering with work, and recurring nightmares.

**THE
MEDICAL PROTECTIVE COMPANY**

FORT WAYNE, INDIANA 46835

Professional Protection Exclusively since 1899

April 25, 2001

DENISE M BAYUSZIK, MD
6565 N CHARLES ST STE 212
BALTIMORE MD 21204-5805

RE: 3 - Healthcare Information Readil... VS DENISE M BAYUSZIK - 258832

Dear DR. BAYUSZIK:

We have received the legal documents you forwarded to us involving a claim for unspecified damages against you by
3 - Healthcare Information Readily Id... and based on professional services rendered on or about 4/24/1998 .

Your defense has been referred to the firm of:

GOODELL, DEVRIES, LEECH & GRAY, LLP
ONE SOUTH ST, FL 20
BALTIMORE, MD 21202

I am the company representative handling the case, my address is:

SIX SENTRY-350 PARKWAY
BUILDING 660, SUITE 200
BLUE BELL, PA 19422
412-257-5940

Do not discuss this case with anyone except a representative of The Medical Protective Company, an attorney from the law firm retained to represent you or your personal attorney. Do not produce any of your records which relate to this case for inspection or photocopying by a copy service or by any other person except upon instructions of a representative of the Company or by an attorney from the above named law firm. You will be contacted when consultation or your further action becomes necessary.

Please note that you are being sued for an unspecified amount which could exceed your contract limits of \$1,000,000. Since the claim for damages could exceed the limits of your insurance coverage, you have the right to employ private counsel, at your own expense, to protect your potential uninsured interest. You need not retain your own attorney, but you do have this privilege. In either event, the Company and the attorneys we

5814 REED ROAD • P.O. BOX 15021
219-485-9622

April 25, 2001

Page 2

have assigned to you will protect your interest in accordance with the terms of our contract.

If you have excess coverage or other malpractice coverage you should immediately report this matter in writing to that company or its agent and provide us with a copy of your letter.

Yours very truly,


JAMES FRAZER
TERRITORY MANAGER

LL-1

cc: CRAIG B. MERKLE



The Medical Protective Company

The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835-3568
219 485-9622, Fax: 219 485-0415

April 27, 2001

Personal & Confidential
Denise E. Bayuszik, MD
6565 N. Charles St Ste 212
Baltimore, MD 21204-5805

RE: 3 - Healthcare Information Re...

File NO.: 258832

Dear Dr. Bayuszik:

Enclosed please, find a claim report, which I ask that you complete in it's entirety.
Answer every question on pages 1 and 2 that pertains to this matter, and on page 3 provide a
detailed summary as to what treatment was necessary for this patient. Please return this report to:

Craig B. Merkle
Goodell, Devries, Leech & Gary, LLP
One South St. Fl 20
Baltimore, MD 21202

If you have any questions please feel free to contact me.

Very truly yours,

James Frazer
Territory Manager

JF/ll
Enclosure

GOODELL, DEVRIES, LEECH & DANN, LLP

ATTORNEYS AT LAW
ONE SOUTH STREET, 20TH FLOOR
BALTIMORE, MARYLAND 21202

TELEPHONE (410) 783-4000

FACSIMILE (410) 783-4040

AMY B. HEINRICH
ABH@GDDLAW.COM
WRITER'S DIRECT NUMBER
410-783-4032

November 26, 2002

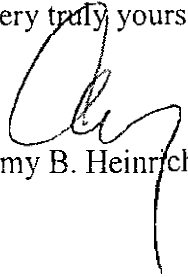
Mr. R. Victor Bennett
The Medical Protective Company
P.O. Box 981169
El Paso, Texas 79998-1169

Re: 3 - Healthcare Information Re... v. Denise Bayuszik, M.D.
File No.: 258832

Dear Vic:

Enclosed please find the signed Release, as well as a copy of the Stipulation of Dismissal which was filed with the Court. By copy of this letter, I am also forwarding these documents to Dr. Bayuszik. You will note that the amount of the settlement is confidential, so if Dr. Bayuszik needs the standard "To Whom it May Concern" letter for any purpose, I would ask her to give me a call.

Very truly yours,


Amy B. Heinrich

ABH/mkw

Enclosure

cc: Denise Bayuszik, M.D.
442492

SETTLEMENT AGREEMENT AND RELEASE

This Settlement Agreement and Release ("the Settlement Agreement") is made and entered into this 19th day of November, 2002, by and between:

Releasor:

3 - Healthcare Information Read...

Releasees: Denise Bayuszik, M.D.;

Denise Bayuszik, M.D., P.A.

and each's agents, servants and employees.

RECITALS

- A. The Releasor has commenced an action against Denise Bayuszik, M.D., arising out of treatment provided to Juanita Carroll by Dr. Bayuszik on or around April 24, 1998 (as is more fully described in the Complaint in the above-referenced case, hereinafter referred to as "the Occurrence").
- B. The Releasor and Releasees desire to enter into this Settlement Agreement in order to provide for certain payments in full settlement and discharge of all claims and suits which have been brought or may be brought by Releasor, upon the terms and conditions set forth herein.

AGREEMENT

The parties hereby agree as follows:

1.0 General Release and Discharge

- 1.1 In consideration of the payment called for herein, the Releasor hereby completely releases and forever discharges the Releasees and their past, present and future agents, servants, representatives, employees, insurers, partners, predecessors and successors in interest, and all other persons, firms or corporations with whom any of the former have been, are now, or may hereafter be affiliated, of and from any and all past, present or future claims, demands, obligations, actions, causes of action, rights, damages, costs, expenses and compensation of any nature whatever, whether based on a tort, contract, statutory (including anti-discrimination), regulatory or other theory of recovery, and whether for compensatory or punitive damages, which the Releasor now has or which may hereafter accrue or otherwise be acquired, on account of, or in any way growing out of, or which are the subject of, the circumstances referenced in the Complaint or

any other matter arising from Juanita Carroll's treatment by Dr. Bayuszik, including any and all known or unknown claims for monetary, bodily, psychiatric and personal injuries to Juanita Carroll, and the consequences thereof, which have resulted or may result from the alleged negligent and/or intentional acts or omissions of the Releasees.

- 1.2 This release, on the part of the Releasor, shall be a fully binding and complete settlement among the Releasor, the Releasees and the Releasees' Insurance Carriers, and each's heirs, assigns and successors.
- 1.3 The Releasor further agrees that Releasor has accepted payment of the sum specified herein as a complete compromise of matters involving the disputed issues of law and fact related to the civil action described in Recital A. Releasor assumes the risk that the facts or law may be other than Releasor believes. It is understood and agreed by the parties that this settlement is a compromise of a disputed claim, and the payments are not to be construed as an admission of liability on the part of the Releasees, by whom liability is expressly denied.
- 1.4 The Releasor hereby agrees never to institute or reinstitute, prosecute or in any way aid in the institution or prosecution of any claim, governmental complaint, demand, action, cause of action or suit at law or in equity against the Releasees and their agents resulting from the claim or any matter arising out of or related to the claim described in Recital A.

2.0 Payments

In consideration of this release set forth above, Denise Bayuszik, M.D. hereby agrees to pay the Releasor and her attorneys the sum outlined below:

Payment Due at Time of Settlement -- 4 - National Practitioner... on or before November 28, 2002.

3.0 Attorneys Fees

Each party hereto shall bear all attorneys fees and costs arising from the actions of its own counsel in connection with the claim, this Settlement Agreement and Stipulation of Dismissal, and all related matters.

4.0 No Other Claims

To the best of her knowledge, Releasor has not brought suit nor made claim against anyone regarding the Occurrence, except as set forth in the lawsuit referenced in Recital A.

5.0 Delivery of Stipulation of Dismissal with Prejudice

Counsel for the Releasor will deliver to counsel for the Releasees an executed Stipulation of Dismissal with Prejudice of the civil action described in Recital A above, upon delivery of good negotiable funds in the amount of \$110,000.

6.0 Warranty of Capacity to Execute Agreement

Releasor represents and warrants that no other person or entity has or has had any interest in the claims, demands, obligations, or causes of action referred to in this Settlement Agreement, that she has the sole and exclusive right to receive sums specified in it; and she has not sold, assigned, transferred, conveyed, or otherwise disposed of any of the claims, demands, obligations, or causes of action referred to in this Settlement Agreement. She further asserts that she has no Guardian of the Person nor any other legal representative who is empowered and entrusted to enact matters on their behalves. She further warrants that she has full legal authority to enter into this agreement.

7.0 Entire Agreement and Successors in Interest

This Settlement Agreement contains the entire agreement between the Releasor and Releasees with regard to the matters set forth in it and shall be binding upon and inure to the benefit of the executors, administrator, personal representative, heirs, successors and assigns of each.

8.0 Construction by Maryland Law

This Settlement Agreement is entered into in the State of Maryland and shall be construed and interpreted in accordance with its laws.

9.0 Representation of Comprehension of Document

In entering into this Settlement Agreement the Releasor represents that she relied upon the legal advice of her attorney, who is the attorney of her own choice and that the terms of this Settlement Agreement have been completely read and explained to them by her attorney, and that those terms are fully understood and voluntarily accepted by her. She further warrants that she is of sound mind and are not under the influence of any mind altering drugs, and make the decision to enter this Agreement of her own free will.

10.0 Confidentiality

- A. In further consideration of the payment and agreement recited below, the Undersigned and her attorneys, agents and representatives agree that the amount of settlement shall be confidential, and that the amount of settlement shall not be disclosed to any person, news media, organization, or anyone whatsoever, by any means whatever, except to the extent that such disclosure is required to be made pursuant to a final Order by a Court of competent jurisdiction (Releasor agrees that if any Court shall Order her to make such disclosure, she will give notice of same to Releasees, and if Releasees wish to litigate such Order, expenses of same will be the responsibility of Releasees).
- B. The Undersigned and her attorneys agree that they will not disclose and will take reasonable steps to prevent public disclosure and publication in any form whatsoever of the amount of this settlement. The Undersigned and her counsel understand that the Releasees required that all parties and their counsel, as a condition of the settlement, agree to the confidentiality expressed in this paragraph and paragraph 12.0 (A). As used in this paragraph, the term "counsel", includes not only counsel of record, but also all other attorneys, agents or employees, associated with the law offices of counsel of record, as well as any other attorney or person acting on behalf of the undersigned, whether or not their appearance has formally been made a matter of record.

11.0 Tax Consequences

It is further understood among the parties that the party receiving monies hereunder has not relied upon any representations, expressed or implied, made by the Releasees, or their attorneys or representatives, as to the possible tax consequences of this Agreement.

12.0 Joint Tortfeasor Release

That the Releasor agrees that all damages recoverable by her against anyone other than the Releasees or their agents, servants or employees as a result of the Occurrence (as described in Recital A) are hereby reduced by the pro rata share of Releasees, or by the amount of this Release, whichever is larger, to the same extent as if the Releasees had been adjudicated to be joint tortfeasors by a final judgment of a court of record after trial on the merits.

13.0 Joint Tortfeasor Reduction

That the Releasor agrees that if she files a claim or lawsuit against someone other than the Releasees or their agents, servants, or employees seeking recovery for damages or injuries as a result of the Occurrence, and if in that lawsuit a cross claim or third-party claim is brought against the Releasees or their agents, servants or employees, then this Release is to be filed with the Court, under seal, as irrevocable evidence of the consent of the Releasors to have any verdict or judgment in their favor reduced by the shares of Releasees, or by the amount of this settlement, whichever is greater.

14.0 Satisfaction of Liens

That the Releasor and her attorneys represent and warrant that to the extent that any other person, organization, firm, partnership or corporation has any rights subrogated to the Releasor arising from the Occurrence, any such rights or liens will be satisfied from the proceeds hereof. To the best of Releasors knowledge, there are no outstanding liens in connection herewith.

15.0 Entire Agreement

This Settlement Agreement contains the entire agreement between Releasor and Releasees with regard to the matters set forth herein. There are no other understandings or agreements, verbal or otherwise, in relation thereto, between the parties except as herein expressly set forth.

16.0 Effectiveness

This Settlement Agreement shall become effective immediately following execution by all of the parties.

Executed at Towson, Md this 19th day of November, 2002.

3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(...)

BEFORE SIGNING.

11/19/02

Date

Attorney for 3 - Healthcare Information ...

437337

11/19/02

Date

JUANITA CARROLL

Plaintiff

v.

DENISE BAYUSZIK, M.D.

Defendant

*

IN THE

*

CIRCUIT COURT

*

FOR

*

BALTIMORE CITY

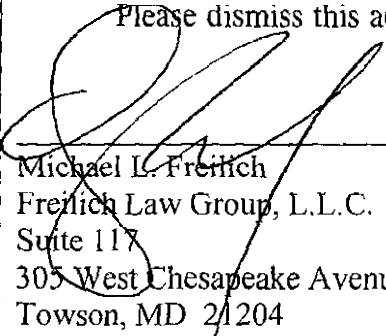
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Case No.: 24C-01-003909

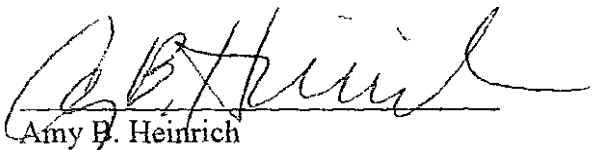
STIPULATION OF DISMISSAL WITH PREJUDICE

Mr. Clerk:

Please dismiss this action with prejudice upon payment of costs by Defendant.


Michael L. Freilich
Freilich Law Group, L.L.C.
Suite 117
305 West Chesapeake Avenue
Towson, MD 21204

Attorney for Plaintiff


Amy B. Heinrich
Goodell, DeVries, Leech & Dann, LLP
One South Street, 20th Floor
Baltimore, Maryland 21202
(410) 783-4000

Attorney for Defendant

440001



Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

Background
Check
Stamp
JAN 08 2008
WSP/NPDB/HIPDB
Department of Health
Investigation Service Unit

HPQA
RECEIVED
Date
JAN 02 2008
Stamp
CSC
here

Revenue 0252090000 00236

Application for License to Practice Medicine Applicable for MD's Only

- ☐ National Boards ☐ Other State Exam ☐ LMCC (Must have been obtained after 1969)
☒ Flex Examination ☐ USMLE Examination

Please Type or Print Clearly—It is the responsibility of the applicant to submit, or request to have submitted, all required supporting documents. Failure to do so could result in a delay in processing your application. Make sure you have read and understand the instructions.

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.)

2 - DOH Licensee Social Security Number - RC...

Name ☐ Mr. First Middle Last
☒ Ms. Denise Marie Bayuszik

Birth date (mm/dd/yyyy) 11/06/1953 Place of birth
City Pittsburgh State PA Country USA

Address 1206 Culvert Road

City Towson State MD Zip 21286 County Baltimore

Country USA

Mailing address if different from above
Same as above

City State Zip County

Country

Phone (443) 901 - 1098 Fax () Cell (410) 409 - 3617

Email Address: dbayuszik@comcast.net

NOTE: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☒ No

If yes, list name(s):

Will documents be received in another name? ☐ Yes ☒ No

If yes, list name(s):

Medical Specialty

Medical school University of Pittsburgh School of Medicine Year of graduation 1980

Medical specialty Obstetrics and Gynecology

2. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation. ☐ ☒

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
1b. How your field of practice, the setting or manner of practice have reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☒

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☒

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another jurisdiction state? ☐ ☒

Note: If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

YES NO

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☒
 - b. Diverted controlled substances or legend drugs? ☐ ☒
 - c. Violated any drug law? ☐ ☒
 - d. Prescribed controlled substances for yourself? ☐ ☒
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach explanation and provide copies of all judgments, decisions, and agreements? ☐ ☒
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☒
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☒
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☒
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? ☐ ☒
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? ☐ ☒
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? ☐ ☒
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? ☐ ☒

3. Professional Experience

In chronological order list all professional experience since graduation from medical school. Exclude activities listed under other sections and any interruptions of 30 days or more. If you need additional space, attach a separate piece of paper.

Name and location of institution	From (Mo/Day/YR)	To (Mo/Day/YR)	Nature of experience or specialty
Union Memorial Hospital Baltimore, Maryland	07/01/1984	12/31/1999	Private Practice Obstetrics and Gynecology
Greater Baltimore Medical Center Baltimore, Maryland	01/01/2000	12/31/2003	Private Practice Obstetrics and Gynecology
Good Samaritan Hospital Baltimore, Maryland	01/01/2004	Present	Private Practice Gynecology

4. Post-Graduate Training

Provide a chronological listing of your educational preparation and post-graduate training. If you need additional space, attach a separate piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates attended	
			Entrance date	Ending date
Union Memorial Hospital 33rd Street Professional Bldg., Suite 515 Baltimore, MD 21218	Internship credits earned	1	07/01/1980	06/30/1981
Union Memorial Hospital 33rd Street Professional Bldg., Suite 515 Baltimore, MD 21218	Residency credits earned	3	07/01/1981	06/30/1984

5. Licenses In Other States

List all licenses to practice medicine in any state, Canadian province or other country. (Include whether active or inactive.)

State, County, or Province	Date license issued	License number	Basis of licensure	Status of license	Any limitations on license
Maryland	11/09/1981	D27298	Examination	Active	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes


6. Hospital Privileges

List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five years. If you need additional space, attach a separate piece of paper.

Name of hospital (For locum tenens, enter only those of a 30-day or longer duration. See instructions regarding reports and verification.)	Dates attended	
	Entrance date	Ending date
Union Memorial Hospital 201 E. University Parkway, Baltimore, MD 21218	07/01/1984	Present
Good Samaritan Hospital 5601 Loch Raven Boulevard, Baltimore, MD 21239	01/01/1996	Present

7. Aids Education and Training Attestation

I certify that I have completed a minimum of four (4) hours of education in the prevention, transmission, and treatment of AIDS. This education should have included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. **AIDS training may include self study, direct patient care, on-line courses, or formal training.**

Applicant's initials 	Date 12/21/07
---	------------------

9. Applicant's Attestation

I, Denise Marie Bayuszik, MD, declare under penalty of perjury under the laws of the state of
(Print applicant name clearly)
Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

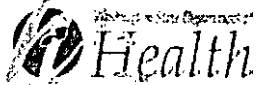
Dated 12/21/07 at Baltimore, Md (city, state)

By: Denise Bayuszik
Signature of applicant

10. Applicant's Photograph

Photo Here





Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

MD

Washington State Medical Quality Assurance Commission Applicant's Professional Liability Action History

Applicant's name: Denise Marie Bayuszik Today's date: 12/07/2007

Please submit a separate form for each past or current professional liability claim or lawsuit which has been filed against you. (Photocopy this page as needed.) Only a legible and signed narrative which addresses all of the following details will be accepted.

- 1) Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

Date of occurrence: 11/24/2003 Details: _____

Deborah Power

*Case No 24-C-07-001655

See following page

- 2) Date suit or claim was filed: 3/7/07 Name and address of insurance carrier that handled the claim:

Medical Protective Company

Attn: Kimberly Burkoss PO Box 15020 Fort Wayne, IN 46885

- 3) Your status in the legal action (primary defendant, codefendant, other): Primary Defendant

- 4) Current status of suit or other action: OPEN

- 5) Date of settlement, judgment, or dismissal: N/A

- 6) If the case was settled out-of-court, or with a judgment, settlement amount attributed to you, please disclose the amount.

(You must enclose a copy of final disposition of case—this includes dismissals.) \$ _____

I verify the information contained in this form is correct and complete to the best of my knowledge:

Denise Bayuszik
Signature

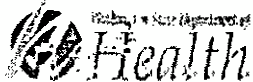
12/21/07
Date

INFORMATION MALPRACTICE CLAIM

Plaintiff: 3 - Healthcare Information Rea...
Date of Occurrence: 11/24/2003
Date Claim made: 3/7/2007

Allegation: Missed diagnosis of ureteral damage at time of surgery.

Details: 3 - Healthcare Infor... underwent supracervical hysterectomy and Left Oophorectomy on 11/24/03 for a large left ovarian cyst that turned out to be a cystadenoma. There were multiple adhesions from a previous right oophorectomy in 1989 (at a different medical center, where she had a bowel injury with that surgery) Enterolysis was necessary to perform the hysterectomy. The Left Ureter was indeed seen to be peristalsing and felt to be uninjured. She was discharged 11/27/07 but was readmitted on 12/2/07 to another hospital for abdominal pain, and was being evaluated for ileus and/or bowel obstruction. A collection of intraperitoneal fluid was found, and this was initially thought to be a seroma, but eventually diagnosed as a collection of urine. A consulting Urologist was able to place ureteral stint, and she also required a Nephrostomy Tube in her left ureter. Eventually the area healed and no other surgery was needed.



Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

MD

Washington State Medical Quality Assurance Commission Applicant's Professional Liability Action History

Applicant's name: Denise Marie Bayuszik Today's date: 12/07/2007

Please submit a separate form for each past or current professional liability claim or lawsuit which has been filed against you. (Photocopy this page as needed.) Only a legible and signed narrative which addresses all of the following details will be accepted.

- 1) Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

Date of occurrence: March 30, 1994

Details: L. Harrigan
Balt case # 95-109

See next page

- 2) Date suit or claim was filed: 3/2/95 Name and address of insurance carrier that handled the claim:

Union Memorial Hospital Self Insurance

Gordell, DeVries, Leach & Gray, 46/One South St. Baltimore 21202

- 3) Your status in the legal action (primary defendant, codefendant, other): PRIMARY DEFENDANT

- 4) Current status of suit or other action: Settled out of court

- 5) Date of settlement, judgment, or dismissal: Oct 1996

- 6) If the case was settled out-of-court, or with a judgment, settlement amount attributed to you, please disclose the amount.

(You must enclose a copy of final disposition of case—this includes dismissals.) \$ 250,000

I verify the information contained in this form is correct and complete to the best of my knowledge:

Denise Bayuszik
Signature

12/21/07
Date

Information concerning Malpractice Liability Claim

Date Initiated: March 2, 1995
Date Occurrence: March 30, 1994
Jurisdiction: Baltimore City Circuit Court
Plaintiff 3 - Healthcare Information Readily Id... and Patrick M. Harrigan
Defendants: Denise Bayuszik, M.D.

Facts/Allegations of Suit:

3 - Healthcare Information Rea... 44yo, had a history of menorrhagia and abdominal pain. She underwent a Total Vaginal Hysterectomy on March 30, 1994 by Dr. Bayuszik. Subsequently she developed severe infection with abscesses, necessitating drainage and re-exploration. Bilateral Tubo-ovarian abscesses were found, but it was felt to involve part of the bowel, so a partial right colon resection was done by a general surgeon consulted, with a reanastomosis. A stint in the left ureter was also necessary. Pathology confirmed inflammation surrounding the colon but no perforation noted. The patient had a prolonged hospital stay, and also required several subsequent admissions to repair a fistula that formed at the reanastomosis site.

The plaintiffs alleged that an inappropriate procedure was performed and that there was inappropriate post-operative follow-up with delayed diagnosis and treatment.

Redaction Summary (69 redactions)

4 Privilege / Exemption reasons used:

- 1 -- "Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation." (2 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (8 instances)
- 3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (37 instances)
- 4 -- "National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1)" (22 instances)

Page 1, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 6, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 2 instances

Page 8, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 2 instances

Page 15, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 20, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances

Page 24, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances

Page 39, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 45, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 54, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 55, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 56, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 57, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 58, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 59, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 60, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 61, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 62, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 63, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 64, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 65, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 66, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 67, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 68, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 69, DOH Licensee Social Security Number - RCW 42.56.350(1), 5 instances

Page 73, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 74, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 12 instances

Page 75, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 6 instances

Page 76, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance

Page 77, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance

Page 79, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 80, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances

Page 82, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1),

1 instance
Page 83, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 84, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 85, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance
Page 88, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 90, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 97, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 99, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances