

Benedict Stefan Landgren Mills,
MD

Licensed Physician: #MD2024-1151

11/15/2024

07/01/2025

New Mexico Medical Board
Triennial Renewal Certificate

This is to certify that

Benedict Stefan Landgren Mills, MD

License Number:MD2024-1151

Having complied with the provisions of the Medical Practice Act is hereby granted a
license to practice in the State of New Mexico as a Physician.

Issue Date: 11/15/2024

Date Expires: 07/01/2025*

**A New Mexico medical license that has not been renewed by July 1 of the
renewal year will remain temporarily active with respect to medical practice
until September 30 of the renewal year at which time, the status will be
changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

This license Must Be Conspicuously Posted In Each Practice Location



New Mexico Medical Board
Medical Doctor Intake Application
Application Number: IA-0000105447



Person Information

Licensure Information

Have you even been sanctioned by a Licensing Board in United States? No
Have you been actively practicing for the 3 consecutive years immediately preceding the date of application?

Demographic Information

First Name: Benedict
Middle Name:
Date of Birth:
Personal Email: benedict.landgren@gmail.com
Home Phone:
SSN/ITIN:
Last Name: Landgren Mills
Other Names Used:
Place of Birth: Australia
Gender: Male
Cell Phone:

Business Information

Are you currently employed? Yes
Business Name: Planned Parenthood of the Rocky Mountains
Business Phone: 303.813.7638
DBA Name:
Business Email:

Address Information

Specify your mailing address:
Mailing Street:
Mailing State/Province: CO
Mailing Country: US
Personal
Mailing City: Denver
Mailing Zip Code: 80216

Education Information

Institution Name: Harbor-UCLA
Degree: Ob/gyn residency
Start Date: 06/29/2015
Street: 1000 W Carson St
City: Torrance
Zip/Postal Code: 90502
Education Level: Internship/Residency/Fellowship
Graduation Date: 06/16/2018
Completion Date: 06/29/2018
State/Province: California
Country: United States

Institution Name: Montefiore Medical Center
Degree: Intern
Start Date: 06/16/2014
Street: 111 East 210th Street
City: Bronx
Zip/Postal Code: 10467
Education Level: Internship/Residency/Fellowship
Graduation Date: 06/30/2015
Completion Date: 06/19/2015
State/Province: New York
Country: United States



New Mexico Medical Board
Medical Doctor Intake Application
Application Number: IA-0000105447



Institution Name: Warren Alpert Medical School of Brown University
Degree: M.D.
Start Date: 08/11/2010
Street: 222 Richmond St
City: Providence
Zip/Postal Code: 02903

Education Level: Graduate Education
Graduation Date: 05/25/2014
Completion Date: 05/25/2014
State/Province: Rhode Island
Country: United States

Work History

Employer Name: Montefiore Medical Center
Employer Phone Number: 718-430-3502
Employment Start Date: 06/16/2014
Type Of Practice: Intern
Type Of Discharge:
Street: 111 E 210th St, Bronx
City: Bronx
ZIP/Postal Code: 10467

Title: Intern
Employer Contact Person:
Employment End Date: 06/18/2015
Status Of Practice:
Rank Achieved:
State/Province: New York
Country: United States

Employer Name: Harbor-UCLA
Employer Phone Number: (424) 306-6145
Employment Start Date: 07/01/2015
Type Of Practice: Resident
Type Of Discharge:
Street: 1000 West Carson Street Main Hospital Bldg, 7th Floor | Box 3
City: Torrance
ZIP/Postal Code: 90502

Title: Resident Physician
Employer Contact Person: Cynthia Garrison
Employment End Date: 06/30/2018
Status Of Practice: Inactive
Rank Achieved:
State/Province: California
Country: United States

Employer Name: Planned Parenthood
Employer Phone Number: 505-944-2021
Employment Start Date: 01/01/2022
Type Of Practice: Full
Type Of Discharge:
Street: 7155 E 38th Ave
City: Denver
ZIP/Postal Code: 80207

Title: Contract Physician
Employer Contact Person:
Employment End Date:
Status Of Practice: Active
Rank Achieved:
State/Province: Colorado
Country: United States

Employer Name: Healthy Futures
Employer Phone Number: (303) 991-7700
Employment Start Date: 11/17/2022
Type Of Practice: Full
Type Of Discharge:
Street: 1634 N Downing St
City: Denver

Title: Physician
Employer Contact Person:
Employment End Date:
Status Of Practice: Active
Rank Achieved:
State/Province: Colorado



New Mexico Medical Board
Medical Doctor Intake Application
Application Number: IA-0000105447



ZIP/Postal Code: 80218

Country: United States

Employer Name: Partners in Abortion Care
Employer Phone Number: (301) 932-1222
Employment Start Date: 10/10/2022
Type Of Practice: Full
Type Of Discharge:
Street: 7305 Baltimore Ave Suite 107
City: College Park
ZIP/Postal Code: 20740

Title: Physician
Employer Contact Person:
Employment End Date: 12/15/2023
Status Of Practice: Resigned
Rank Achieved:

State/Province: Maryland
Country: United States

Employer Name: Boulder Abortion Clinic
Employer Phone Number: (303) 447-1361
Employment Start Date: 07/23/2018
Type Of Practice: Full
Type Of Discharge: Terminated
Street: 1130 Alpine Ave
City: Boulder
ZIP/Postal Code: 80304

Title: Assistant Medical Director
Employer Contact Person: Frank
Employment End Date: 09/12/2022
Status Of Practice: Inactive
Rank Achieved: Assistant Medical Director

State/Province: Colorado
Country: United States

Hospital and Health Facility Affiliation History

No records to display.

Licensure information

License Number: A 140251
Pending: No
Issue Date: 01/13/2016

Issuing State: California
Expiration Date: 04/30/2019

License Number: D95831
Pending: No
Issue Date: 10/27/2022

Issuing State: Maryland
Expiration Date: 09/30/2024

License Number: DR.0060865
Pending: No
Issue Date: 06/28/2018

Issuing State: Colorado
Expiration Date: 04/30/2025

Registration Information

Registration Type: National Provider Identification Number
Registration Number: 1497121099
Expiration Date(MM/YYYY):

State: Colorado
Pending: No
Verification Status: Pending



New Mexico Medical Board
Medical Doctor Intake Application
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Registration Type: Federal Drug Enforcement Admin. (DEA)
Registration

State: Colorado

Registration Number: [REDACTED]

Pending: Yes

Expiration Date(MM/YYYY): 03/2025

Verification Status: Pending

Specialty Board

No records to display.

Professional References 1

Name: Kristina Tocce
Title: Medical Director
Email: kristina.tocce@pprm.org
City:
Zip Code:

Organization Name: Planned Parenthood of the Rocky Mountains
Phone No: 303.813.7762
Street Address:
State/Province:
Country: USA

Professional References 2

Name: Diane Horvath
Title: Chief Medical Officer
Email: dhorvath@partnersinabortioncare.com
City:
Zip Code:

Organization Name: Partners in Abortion Care
Phone No: 301-932-1222
Street Address:
State/Province:
Country: USA

Professional References 3

Name: Elissa Serapio
Title: Physician
Email: elissat@gmail.com
City:
Zip Code:

Organization Name: Boulder Abortion Clinic
Phone No: 650-218-7028
Street Address:
State/Province:
Country: USA

Certifications and Licensing Exams

United States Medical Licensing Examination (USMLE)
USMLE Step 1 Date Passed (MM/YYYY): 06/2012
USMLE Step 3 Date Passed (MM/YYYY): 05/2015

USMLE Step 2 Date Passed (MM/YYYY): 10/2013
Do you want to request an exemption:

Professional Liability Insurance

Do you currently have liability insurance?: Yes

Insurance Provider: Affiliates Insurance Reciprocal A RRG
Insurance Issue Date: Mon Jan 01 00:00:00 GMT 2024

Policy Number: MPL-2024
Insurance Expiration Date:



New Mexico Medical Board
Medical Doctor Intake Application
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Coverage: Limit

Providers Address: 30 Main St, Ste 330, Burlington, VT 05401

Professional Practice Questions

- 1 Regardless of the outcome, have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)? No
- 2 Is any license you now hold under investigation or being challenged? No
- 3 Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization? No
- 4 Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked? No
- 5 Have you, for any reason, ever been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program? No
- 6 Have you, for any reason, ever been placed on probation or remediation by a medical school or PGT program? No
- 7 Have you, for any reason, ever taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)? No
- 8 For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges? No
- 9 Have you ever agreed to limit or not to exercise your clinical privileges while under investigation? No
- 10 Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action? No
- 11 Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff? No
- 12 Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider? No
- 13 Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians? No
- 14 Have you ever been denied professional liability insurance coverage? No
- 15 Has your professional liability insurance carrier ever excluded any procedures from your coverage? No
- 16 Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? If yes, please complete the attached Malpractice History form (link to form) for each case. No
- 17 Have you ever been reported to the National Practitioner Data Bank (NPDB)? No
- 18 Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g. convicted, acquitted, dismissed, vacated, sealed, expunged, appealed? (Court Documents) No
- 19 In the past five years, have you been mandatorily enrolled in a Physician Health Program or have you been told that to maintain your license you must enroll in a PHP? No
- 20 Are you currently out of compliance with a judgment and order for child support in New Mexico? No

Payment

Fee Name	Fee Amount
Application Fee	400.00
Total fee amount:	400.00

Uploaded Documents



New Mexico Medical Board
Medical Doctor Intake Application
Application Number: IA-0000105447



Exam Transcript	Landgren Mills, Benedict Stefan-TR-USMLE-2024-07-15-1
Passport Quality Photo	Landgren headshot
Curriculum Vitae	Landgren CV 2023
American Medical Association (AMA) Profile	No files to display.
HSC Profile	Landgren_Mills_Benedict_70419_Examination_20240510 EmploymentBenedictLandgrenMills Letter to NMMB
Background Check	No files to display.
Federation of State Medical Boards (FSMB) Profile	No files to display.

Attestation/Oath

Applicant's Oath

I hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.

Applicant's Name: Benedict Landgren Mills

Date: 02/06/2024

Application Attestation

I attest that will limit my practice to areas in which I am competent to practice. I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC. I have reviewed the completed form and the information it contains is complete and accurate. I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes. I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times.



New Mexico Medical Board
Medical Doctor Intake Application
Application Number: IA-0000105447



This disclaimer outlines the terms and conditions pertaining to the potential revision of payments following the submission of an application, contingent upon the date of submission. By submitting your application, you expressly acknowledge and agree to the following terms:

1. **Payment Structure:** The payment associated with the application is subject to potential revision based on the date of submission after the fact. The exact payment amount applicable at the time of submission shall be outlined in the relevant payment documentation.
2. **Date-Dependent Adjustment:** The payment revision, if applicable, will be determined solely based on the date of submission of the application. Different payment tiers or rates may be established based on specific submission periods.
3. **Notification of Revision:** In the event that a payment revision occurs, the applicant will be duly notified of the revised payment amount before any further processing of the application takes place. Notification will be provided through the contact information provided by the applicant during the submission process.
4. **Acceptance of Revised Payment:** Upon receiving notice of a payment revision, the applicant shall have the option to either accept the revised payment and proceed with the application process, or decline the revision and withdraw the application without any obligation.
5. **Documentation and Records:** All records of payment revisions, notifications, and responses from the applicant will be maintained securely and can be made available upon request.
6. **No Further Claims:** By choosing to proceed with the application after being notified of a payment revision, the applicant waives any right to dispute the revised payment amount, provided that such notification has been given in compliance with this disclaimer.
7. **Entire Agreement:** This disclaimer constitutes the entire agreement between the applicant and the relevant entity regarding payment revisions based on the submission date, superseding any prior understandings or agreements, whether oral or written.

By submitting the application, you affirm that you have read, understood, and agreed to the terms and conditions outlined in this disclaimer. It is recommended that you carefully review this disclaimer and seek legal counsel if you have any concerns before proceeding with the application.

This disclaimer is subject to change without prior notice and is effective as of the date of your application submission.

Applicant's Name: Benedict Landgren Mills

Date: 02/06/2024

Landgren Mills, Benedict Stefan-TR-
US MB Application Document
MBD-00024080

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

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

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MB

Recipient: NEW MEXICO MEDICAL BOARD

Date: 07/15/2024

Examinee: Landgren Mills, Benedict Stefan
Alt Name(s):

Examinee ID: [REDACTED]
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1				
Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/14/2012	Pass	202	(188)	

USMLE STEP 2				
<i>Clinical Knowledge (CK)</i>				
Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/28/2013	Pass	234	(203)	

<i>Clinical Skills (CS)</i>				
Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/05/2013	Pass			

USMLE STEP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/27/2015	Pass	219	(190)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

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

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

To Do



Landgren Mills, Benedict Stefan-TR-
 MB Application Document
 USMLE 2024
MBD-00024080



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

This document was prepared by
 Federation of State Medical Boards of the United States, Inc. (FSMB)
 400 Fuller Wiser Road, Euless, TX 76039-3856 • Telephone (817) 868-4000

Recipient: NEW MEXICO MEDICAL BOARD

Date: 07/15/2024

Examinee: Landgren Mills, Benedict Stefan
Alt Name(s):

Examinee ID: [REDACTED]
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

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

Landgren CV 2023

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View File Details



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Education:

Warren Alpert Medical School of Brown University, MD, May 2014
Brown University, Sc.B. in Biology, with honors, May 2010

Residency

Prelim year in ob/gyn, Albert Einstein College of Medicine at Montefiore Medical Center, July 2014-June 2015
Categorical program in ob/gyn, Harbor/UCLA Medical Center, July 2015-June 2018
- Completed additional robotic-assisted surgery curriculum.

Post-Residency Employment

Assistant Medical Director, Boulder Abortion Clinic, July 2018 to September 2022.

- Trained with Dr. Hem in performing abortions up to 34 weeks in an outpatient setting, including for complex fetal anomalies.
- Implemented extensive protocol changes, including:
 - Mifepristone for cervical ripening.
 - Improved pain control regimen.
 - Eliminating sharp curettage.
 - Eliminating unnecessary barriers to care for patients using recreational drugs.
 - Improving hemorrhage protocols with tranexamic acid.
 - For the majority of my time at Boulder Abortion Clinic, I was the only physician performing procedures.

Worked at multiple abortion clinics, September 2022-present:

- Planned Parenthood of the Rocky Mountains
 - Contract physician performing first- and second-trimester abortions.
- Healthy Futures
 - Helping train other physicians in the practice to increase their gestational age limit from 18 weeks to 22 weeks.
- Partners in Abortion Care
 - Providing all-trimester abortion care.

Honors and Awards

AMA App Challenge Finalist, 2011
Best Medical Student Teaching Award, Harbor-UCLA, 2018

Professional Society Memberships

American College of Obstetricians and Gynecologists, 2010 to present
Medical Students for Choice, 2010 to 2014
- Summer Reproductive Health Externship at Women's Medical Center, 2011

RI Choice Coalition 2011-2012
Planned Parenthood Young Professionals 2012 to present
Physicians for Reproductive Health, 2019 to present

Leadership Experience

Women's Medical Center of Rhode Island Clinic Escort Coordinator, 2011
- Organized medical students and undergraduate patient escort volunteers.
- Previously no escort program existed at that clinic.
Brown Medical Students for Choice, co-leader, 2011-2012
- Organized abortion- and contraception-related educational opportunities for Brown med students, such as vasectomy and MVA workshops, shadowing opportunities at local abortion

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Landgren CV 2023

Benedict.Landgren@gmail.com

View File
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Letter to NME
MBD-00024084

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Rel:

To the New Mexico Medical Board,

I'm writing in response to your May 13th e-mail. You brought up two concerns regarding Boulder Abortion Clinic's (BAC) response to your questionnaire.

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MB

First, my apologies for the delay in this message. I needed some time to look into possible explanations for why Dr. Hern answered these questions the way he did.

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The two questions at hand are:

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5.a For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges?

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6 Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action?

I answered "no" to these questions because I believed, and still believe, that the honest answers to them are "no."

Doc
HSC

For question 5a, privileges do not exist at BAC. BAC is the private practice of Dr. Hern. There is no formal system of granting privileges or altering privileges. I never applied for privileges, was granted privileges, or had my privileges investigated or restricted in any way. Additionally, during my time at BAC I performed the full range of procedures offered at BAC. For most of that time, Dr. Hern and I were the only physicians at BAC, and I performed the great majority of the procedures. My clinical competency to perform those procedures was never in doubt (to my knowledge) and I was never informed of any restriction on my performing those procedures. When patients' procedures were expected to be more challenging, clinic staff and I took steps to ensure that I would be the one performing their procedures, not Dr. Hern.

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For question 6, there was no formal method of discipline or suspension. While Dr. Hern often spoke harshly to me or belittled me, I was never aware of it being categorized as "discipline." I never had my salary or hours reduced, was subject to any formal review process, or any other sanction that I could imagine being called "discipline." I was also never suspended – unless I was on vacation, I saw patients every single week that the clinic was open from the time I started my employment until the day my employment ended. I have requested and reviewed my employment record with BAC, and it contains no record of any discipline or suspension.

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To Do

Dr. Hern removed this binder without my knowledge or permission. This led to an abrupt further



MB Application Document
Letter to Plaintiff
MBD-00024084



To the New Mexico Medical Board,

I'm writing in response to your May 13th e-mail. You brought up two concerns regarding Boulder Abortion Clinic's (BAC) response to your questionnaire.

First, my apologies for the delay in this message. I needed some time to look into possible explanations for why Dr. Hern answered these questions the way he did.

The two questions at hand are:

5.a For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges?

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I answered "no" to these questions because I believed, and still believe, that the honest answers to them are "no."

For question 5a, privileges do not exist at BAC. BAC is the private practice of Dr. Hern. There is no formal system of granting privileges or altering privileges. I never applied for privileges, was granted privileges, or had my privileges investigated or restricted in any way. Additionally, during my time at BAC I performed the full range of procedures offered at BAC. For most of that time, Dr. Hern and I were the only physicians at BAC, and I performed the great majority of the procedures. My clinical competency to perform those procedures was never in doubt (to my knowledge) and I was never informed of any restriction on my performing those procedures. When patients' procedures were expected to be more challenging, clinic staff and I took steps to ensure that I would be the one performing their procedures, not Dr. Hern.

For question 6, there was no formal method of discipline or suspension. While Dr. Hern often spoke harshly to me or belittled me, I was never aware of it being categorized as "discipline." I never had my salary or hours reduced, was subject to any formal review process, or any other sanction that I could imagine being called "discipline." I was also never suspended – unless I was on vacation, I saw patients every single week that the clinic was open from the time I started my employment until the day my employment ended. I have requested and reviewed my employment record with BAC, and it contains no record of any discipline or suspension.

You have requested that I provide a narrative of my departure from BAC. Every week that I was at BAC, I kept notes on the patients I saw, which I compiled to also serve as notes for oral boards preparation in the future. I kept these in a binder in my office, which had a locked door between it and any patient waiting areas. Dr. Hern was aware of its existence and location for several years without raising any objection.



PO Box 92200
Albuquerque, NM 87199-2200
7471 Pan American Freeway NE 87109
Phone (505) 346-0222
Toll free: (866) 908-0070
www.nmhsc.com

Rel:

WORK HISTORY / AFFILIATION VERIFICATION

Re: Benedict Stefan Landgren Mills MD
From: Boulder Abortion Clinic, PC
1130 Alpine Ave
Boulder, CO 80304

SSN: [REDACTED] Year of birth: [REDACTED]
Fax: (303) 449-5473
70419

- Evaluation based on: Observation of Applicant Review of Credentialing/Personnel File
- Category/Position Held: (Active, Associate, Consulting, Ancillary etc.) ACTIVE
- Specialty or Department: PRIVATE MEDICAL PRACTICE OUTPATIENT ASSOCIATION
- Status: (Temporary, Permanent, Provisional) PERMANENT
- Dates of Membership/Employment as Reported by Practitioner: From: 7/1/2018 To: 9/1/2022
In the event the To date is blank, it is assumed this date to be current.
If these dates are not correct, please provide the correct dates: From: _____ To: _____
- Termination: Voluntary Involuntary If involuntary, provide details on a separate sheet.
SEE ATTACHED PAGE
- Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No _____ Yes Please provide details on a separate attached sheet. SEE ATTACHED PAGE
- Has your Executive Committee for any reason ever disciplined this practitioner? No _____ Yes _____
Please provide details on a separate attached sheet. N/A
- Has this practitioner been a member in good standing on your staff? No _____ Yes Please provide details on a separate attached sheet. SEE ATTACHED PAGE

Would Recommend Would Not Recommend Current Staff: Yes No

Comments: All comments on attached page

Signature

Date

Print Name

Title

Please return this information to the attention of:

Hospital Services Corporation
Credentials Verification Services
P.O. Box 92200 Albuquerque, NM 87199-2200
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

Revised: February, 2016

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To Do

To: Credential Verification Services - HSC



MB Application Document
Enrollment Application - Landgren Mills

MBD-00024084



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Albuquerque, NM 87199-2200
7471 Pan American Freeway NE 87108
Phone: (505) 346-0222
Toll free: (866) 908-0070
www.nmhsc.com

WORK HISTORY / AFFILIATION VERIFICATION

Re: Benedict Stefan Landgren Mills MD
From: Boulder Abortion Clinic, PC
1130 Alpine Ave
Boulder, CO 80304
SSN: [REDACTED] Year of birth: [REDACTED]
Fax: (303) 449-5473
70419

- 1. Evaluation based on: Observation of Applicant Review of Credentialing/Personnel File
- 2. Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) ACTIVE
- 3. Specialty or Department: PRIVATE MEDICAL PRACTICE ON PRIVATE ASSOCIATION
- 4. Status: (Temporary, Permanent, Provisional) PERMANENT
- 5. Dates of Membership/Employment as Reported by Practitioner: From: 7/1/2018 To: 9/1/2022

*In the event the To date is blank, it is assumed this date to be current.

If these dates are not correct, please provide the correct dates: From: _____ To: _____

- 6. Termination: Voluntary Involuntary If involuntary, provide details on a separate sheet.
SEE ATTACHED PAGE

- 7. Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No _____ Yes Please provide details on a separate attached sheet. SEE ATTACHED PAGE
- 8. Has your Executive Committee for any reason ever disciplined this practitioner? No _____ Yes _____ Please provide details on a separate attached sheet. N/A
- 9. Has this practitioner been a member in good standing on your staff? No _____ Yes Please provide details on a separate attached sheet. SEE ATTACHED PAGE

Would Recommend Would Not Recommend Current Staff: Yes No

Comments: All comments on attached page

Warren M. Herzen 2/23/24

Signature _____ Date _____

WARREN M. HERZEN DIRECTOR, BOULDER ABORTION

Print Name _____ Title CLINIC

Please return this information to the attention of:

Hospital Services Corporation
Credentials Verification Services
P.O. Box 92200 Albuquerque, NM 87199-2200
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

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New Mexico Medical Board
Examination

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DocCode: 70419

Benedict Stefan Landgren Mills MD

Page 1

MB
MB

SSN: [REDACTED]	DOB: [REDACTED]	Application Received Date: 02/06/2024	Start Date: 02/09/2024
		Release Signature Date: 02/06/2024	Shipped Date: 05/10/2024
		Attestation Signature Date: 02/06/2024	Next Appt:

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Home Address:

1 [REDACTED]
Denver, CO 80216

Mailing Address:

[REDACTED]
Denver, CO 80216

NPI: [REDACTED]

UPIN:

Medicaid:

Medicare:

State Tax ID:

Fed Tax ID:

*** WORK HISTORY**

Healthy Futures
Type: Active

From: 11/2022 To: Present
Verification Received: 02/16/2024

Partners in Abortion Care
Type:

From: 10/2022 To: 12/2023
Verification Received: 02/27/2024

Boulder Abortion Clinic
Type:

From: 7/2018 To: 9/2022
Verification Received: 03/04/2024

*** EDUCATION**

The Warren Alpert Medical School of Brown University
Degree: Doctor of Medicine Type: Graduate
Specialty:

From: 8/2010 To: 5/2014
Graduation: 2014
Verification Received: 02/28/2024

Transcript - Graduate
Degree: Doctor of Medicine Type: Graduate
Specialty: Medicine

From: 8/2010 To: 5/2014
Graduation: 2014
Verification Received: 04/29/2024

Montefiore Medical Center-Wakefield Campus
Degree: Internship Type: Internship
Specialty: Obstetrics/Gynecology

From: 6/2014 To: 6/2015
Graduation: 2015
Verification Received: 05/10/2024

Harbor-UCLA Medical Center
Degree: Residency Type: Residency
Specialty: Obstetrics/Gynecology

From: 7/2015 To: 6/2018
Graduation: 2018
Verification Received: 03/27/2024

*** LICENSES**

State: CA License#: A 140251 Issue Date: 01/13/2016
Status: Expired Lic Type: Medicine

Expiration: 04/30/2019
Verification Received: 02/12/2024

State: CO License#: DR.0060865 Issue Date: 06/28/2018
Status: Current and in good standing Lic Type: Medicine

Expiration: 04/30/2025
Verification Received: 02/10/2024

State: MD License#: D95831 Issue Date: 10/27/2022
Status: Active Lic Type: Medicine

Expiration: 09/30/2024
Verification Received: 02/14/2024

State: NV License#: LL2908 Issue Date: 10/16/2017
Status: Expired Lic Type: Medicine

Expiration: 11/19/2017
Verification Received: 02/22/2024

*** REFERENCES**

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To Do



Credentials Verification Services

Provider Profile Page 1 of 4



New Mexico Medical Board

Landgren Mills Benedict 70419_Exami
MB Application Document
MBD-00024084



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**Credentials Verification Services
Provider Profile**



**New Mexico Medical Board
Examination**

DocCode: 70419 Benedict Stefan Landgren Mills MD

Page 1

SSN: [REDACTED]	DOB: [REDACTED]	Application Received Date: 02/06/2024	Start Date: 02/09/2024
		Release Signature Date: 02/06/2024	Shipped Date: 05/10/2024
		Attestation Signature Date: 02/06/2024	Next Appt:

Home Address:

Denver, CO 80216

Phone: [REDACTED]

Languages spoken by practitioner:

Mailing Address:

Denver, CO 80216

NPI: [REDACTED]

UPIN:

Medicaid:

Medicare:

State Tax ID:

Fed Tax ID:

*** WORK HISTORY**

Healthy Futures

Type: Active

From: 11/2022 To: Present
Verification Received: 02/16/2024

Partners in Abortion Care

Type:

From: 10/2022 To: 12/2023
Verification Received: 02/27/2024

Boulder Abortion Clinic

Type:

From: 7/2018 To: 9/2022
Verification Received: 03/04/2024

*** EDUCATION**

The Warren Alpert Medical School of Brown University

Degree: Doctor of Medicine

Type: Graduate

Specialty:

From: 8/2010 To: 5/2014
Graduation: 2014
Verification Received: 02/28/2024

Transcript - Graduate

Degree: Doctor of Medicine

Type: Graduate

Specialty: Medicine

From: 8/2010 To: 5/2014
Graduation: 2014
Verification Received: 04/29/2024

Montefiore Medical Center-Wakefield Campus

Degree: Internship

Type: Internship

Specialty: Obstetrics/Gynecology

From: 6/2014 To: 6/2015
Graduation: 2015
Verification Received: 05/10/2024

Harbor-UCLA Medical Center

Degree: Residency

Type: Residency

Specialty: Obstetrics/Gynecology

From: 7/2015 To: 6/2018
Graduation: 2018
Verification Received: 03/27/2024

*** LICENSES**

State: CA License#: A 140251

Status: Expired

Issue Date: 01/13/2016

Lic Type: Medicine

Expiration: 04/30/2019

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Expiration: 04/30/2025

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*** REFERENCES**



Credentials Verification Services

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Provider Profile



New Mexico Medical Board