

From: [Kelly, Helen \[KSBHA\]](#)
To: [Erickson, Deborah \[KSBHA\]](#)
Subject: FW: New Physician License: Ghazaleh Moayed
Date: Friday, February 4, 2022 12:04:29 PM
Importance: Low

Thank you,

Helen Kelly

Special Projects

Kansas State Board of Healing Arts
800 SW Jackson, LL – Suite A
Topeka, Kansas 66612
Email: Helen.Kelly@ks.gov
Phone 785.296.5206
Fax 785.296.0852
<http://www.ksbha.org/main.shtml>

This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

From: IMLCC Support <imlccsupport@imlcc.com>
Sent: Friday, February 4, 2022 11:54 AM
To: KSBHA_Licensing <KSBHA_Licensing@ks.gov>
Subject: New Physician License: Ghazaleh Moayed
Importance: Low

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Greetings! You have a new Physician qualified to practice on your Board.

INSTRUCTIONS:

Please click the link to download and review the physicians documentation to issue a license.

https://imlcc.crm.dynamics.com/main.aspx?appid=9e5f479e-0f6c-494e-99c7-abb5e5e1c74d&pagetype=entityrecord&etn=new_physicianlicense&id=8de8d46b-e385-ec11-8d21-00224808a9df

Please issue a license per your system.

When you have issued a license please click on the link again and complete the Medical License form for the records.

Thank you!

IMLCC

Application for Expedited Licensure

I have read and understood the [Qualifications](#) to practice medicine in the Compact states. I attest that I am qualified and understand that pursuant to the IMLCC's rules, all fees are non-refundable. **Yes**

If you have questions please call your State of Principle License

I understand that inaccurate or missing information may be grounds for rejection of my application.

Please carefully review the [Application documents](#) before applying. **Yes**

I have reviewed the criteria to select a State of Principal License (SPL) and confirm eligibility to designate a Compact state as my SPL. **Yes**

I have a full and unrestricted license in a Compact State **Yes**

SPL ALABAMA BOARD OF MEDICAL EXAMINERS License # DO-1678

AND at least one of the below must APPLY (Please select all that apply)

- | | |
|--|-----|
| a. Your primary residence is in the SPL (State of Principal License) | No |
| b. At least 25% of your practice of medicine occurs in the SPL | Yes |
| c. Your employer is located in the SPL | No |
| d. You use the SPL as your state of residence for U.S. federal income tax purposes | No |

Please provide below information:

Residence Street address _____

Residence City State Zip _____, _____, _____

Please describe your practice and location in the SPL selected I provide telemedicine obstetrics and gynecology care through Gennev for 25% of my practice and I am the Alabama provider for Gennev.

Please be prepared to provide documentation to the designated SPL for further verification. If you have any question please contact your SPL.

You or your employer may be asked for additional documentation about your Employment.

Name of Employer _____ Employer Contact Phone _____

Employer Street address _____

Employer City State Zip _____, _____, _____

Please provide your Tax ID # (SS#, EIN) _____ (must be most recent return) Please be prepared to provide documentation to the designated SPL for further verification.

Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes

Medical School University of North Texas, Texas College of Osteopathic Medicine Date of Degree Issued 5/19/2012 Medical Degree Received: D.O.

Have you passed each component or step of the USMLE, or the COMLEX-USA within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes (if in question contact your SPL)? Yes

Which licensing exam did you pass? NBOME

Have you successfully completed graduate medical education approved by the ACGME or the AOA? Yes

Residency Program Texas Tech Health Sciences Center El Paso Completion Date 6/30/2016

What is the specialty of the program Obstetrics and Gynecology

Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? (Board eligibility does not qualify) Yes

Name of Specialty Board Certification American Board of Obstetrics and Gynecology

Lifetime No If not lifetime, Expiration Date 12/31/2021

Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? No

Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? No

Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? No

Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? No

PRACTITIONER PROFILE

Prepared for: Kansas State Board of Healing Arts As of Date:4/7/2022

PRACTITIONER INFORMATION

Name: Moayed, Ghazaleh Kinney
 Alternate Name(s): Moayed-Esfahani, Ghazaleh
 DOB: **CONFIDENTIAL**
 Medical School: University of North Texas Health Science Center
 Fort Worth, Texas, UNITED STATES
 Year of Grad: 2012
 Degree Type: DO
 NPI: 1639435662

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1639435662	Individual			04/27/2020

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	DO-1678	01/23/2017	12/31/2022	03/22/2022
		FSMB License Status: Active		
COLORADO	0001541	02/04/2022	04/30/2023	04/04/2022
		FSMB License Status: Active		
GEORGIA	91133	02/06/2022	02/28/2023	03/17/2022
		FSMB License Status: Active		

PRACTITIONER PROFILE

Prepared for: Kansas State Board of Healing Arts As of Date:4/7/2022
 Practitioner Name: Moayedi, Ghazaleh Kinney

HAWAII	DOS-1714	01/14/2016	06/30/2022	03/30/2022
		FSMB License Status: Active		
IOWA	DO-05982	02/05/2022	02/01/2024	04/01/2022
		FSMB License Status: Active		
MAINE OSTEO	DO3355	02/06/2022	02/29/2024	04/06/2022
		FSMB License Status: Active		
MINNESOTA	70854	02/07/2022	02/28/2023	04/05/2022
		FSMB License Status: Active		
MISSISSIPPI	29860	02/14/2022	06/30/2022	04/01/2022
		FSMB License Status: N/A		
NEW HAMPSHIRE	22382	02/07/2022	06/30/2024	03/29/2022
		FSMB License Status: Active		
OKLAHOMA OSTEO	6926	06/11/2020	06/30/2022	03/30/2022
		FSMB License Status: Active		
TEXAS	BP10044667	07/01/2012	06/30/2016	03/01/2022
		FSMB License Status: Terminated		
TEXAS	R6051	02/16/2018	02/28/2023	03/01/2022
		FSMB License Status: Active		
VERMONT OSTEO	162.0000064	03/07/2022		04/04/2022
		FSMB License Status: Active		
WASHINGTON OSTEO	OP61272288	02/09/2022	02/23/2023	03/31/2022
		FSMB License Status: Active		
WISCONSIN	1708-321	02/11/2022	10/31/2023	04/01/2022
		FSMB License Status: Active		

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Address	Last Reported
FM9563532	OKLAHOMA CITY,OK 73103	01/05/2022
FM7880924	DALLAS,TX 75243	01/05/2022

PRACTITIONER PROFILE

Prepared for: Kansas State Board of Healing Arts As of Date:4/7/2022
 Practitioner Name: Moayedi, Ghazaleh Kinney

ABMS® CERTIFICATION HISTORY

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

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2021	12/31/2022		Recertification	03/31/2022
Expired	Time Limited	12/31/2020	12/31/2021		Recertification	03/31/2022
Expired	Time Limited	02/25/2019	12/31/2019		Initial	03/31/2022
Expired	Time Limited	12/31/2019	12/31/2020		Recertification	03/31/2022

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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

PHYSICIAN'S CORE DATA SHEET

(Must be the physician's accurate information to avoid delay or rejection)

Full Legal Name Ghazaleh , Kinney , Moayedi ,

Other names used (maiden, birth) Ghazaleh , , Moayedi-Esfahani

CONFIDENTIAL

Where do you wish to receive mail. Office

Physician's cellular or alternative telephone number **CONFIDENTIAL**

Physician's office or practice telephone number of public record (512) 643 - 4760

CONFIDENTIAL Gender: Female

Applicants personal email address **CONFIDENTIAL**

Email address delegated by applicant to receive correspondence **CONFIDENTIAL**

Social Security Number: XXX-XX-XXXX

Physician's National Provider Identifier Number 1639435662

**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN IMLC LETTER OF QUALIFICATION
AND MEDICAL LICENSES IN IMLC MEMBER STATES**

I, Ghazaleh Kinney Moayed (full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States (“Application”), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof, furnished or to be furnished with respect to my application, are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact (“Compact”) and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as potential prosecution under appropriate federal and state laws.

I hereby apply to ALABAMA BOARD OF MEDICAL EXAMINERS (state) as my State of Principal License (“SPL”) for a Letter of Qualification (“LOQ”) to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me, to furnish to the SPL 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 SPL, or any of its agents or representatives, to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission (“Commission”), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me, of any and all liability of every nature and kind, arising out of an investigation made by the SPL.

I also hereby apply to the Compact Member States’ medical boards (“Member Boards”) I have designated in this Application. Additionally, I further authorize the SPL to process and release my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind, arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application, if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a LOQ, revocation, or other disciplinary sanctions of my license(s) or permit(s) to practice medicine, in one or more Compact Member States.

Applicant Signature

Ghazaleh Moayed

Type Applicant’s Name Ghazaleh Moayed

Applicant’s NPI 1639435662

Date 11/1/2021

Letter of Qualification

Date: 1/5/2022

Name: Ghazaleh Kinney Moayed

CONFIDENTIAL

Dear Dr.: Ghazaleh Kinney Moayed

RE: Your application for IMLC Letter of Qualification

The ALABAMA BOARD OF MEDICAL EXAMINERS (“Board”), on behalf of the State of Principal Licensure (“SPL”) you selected, has received and reviewed your application for a Letter of Qualification (“LOQ”) for licensure through the Interstate Medical Licensure Compact (“IMLC”).

Based upon the information you submitted with your application, data in the Board’s files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) (“Member Boards”) for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board’s continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL



Type Name Ashley Jehle
Title of Authorized SPL Credentialing Specialist
Date 1/5/2022



MOAYEDI, GHAZALEH - CONTINUOUS QUERY RESPONSE

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

Practitioner Name: MOAYEDI, GHAZALEH
Date of Birth:
Home Address:
Social Security Number:
License: OSTEOPATHIC PHYSICIAN (DO), NO LICENSE, KS

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B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 02/04/2022 - 02/28/2023*
 * Unless enrollment is canceled by the entity prior to this date
Statutes Queried: Title IV; Section 1921; Section 1128E
Entity Name: KANSAS STATE BOARD OF HEALING ARTS (DBID ending in ...11)
Authorized Submitter: DEBORAH ERICKSON, LICENSE ANALYST, (785) 296-1386

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/04/2022

The following report types have been searched:

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

----- **No Reports Found Based on the Subject Information Submitted** -----



CERTIFICATE OF LIABILITY

RECEIVED

DATE (MM/DD/YYYY)

4/7/2022

By KSBHA at 9:40 am, Apr 07, 2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 200 Jefferson Park Whippany NJ 07981	CONTACT NAME: PHONE (A/C, No, Ext): 800-350-8005		FAX (A/C, No): 973-921-2876
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Underwriters at Lloyd's, London			15642
INSURED Dr. Ghazaleh Moayed The Feminina Group, Inc. DBA Genneve 444 Overlake Dr E Medina WA 98039	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1783624219

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Medical Professional Liability Tech E&O Cyber Liability			CONFIDENTIAL	11/12/2021	11/12/2022	Aggregate Limit Limit of Liability Ded	\$3,000,000 \$1,000,000 \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance for Dr. Ghazaleh Moayed

CERTIFICATE HOLDER**CANCELLATION**

The Feminina Group, Inc.
 85 Atlantic St, S
 Suite 203
 Seattle WA 98134

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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From: [Ghazaleh Moayed](#)
To: [Barnes, Lori \[KSBHA\]](#)
Cc: [Katherine Robinson](#)
Subject: Re: Information Needed for Compact Licensure
Date: Thursday, April 7, 2022 7:52:42 AM
Attachments: [COI Feminina.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning!

CONFIDENTIAL

Ghazaleh Moayed, DO, MPH, FACOG
she/her/hers



CONFIDENTIAL

On Tue, Mar 29, 2022 at 2:53 PM Ghazaleh Moayed wrote:
Ok great, Katherine can send over our current one!

CONFIDENTIAL

Ghazaleh Moayed, DO, MPH, FACOG

sent from mobile device

On Tue, Mar 29, 2022, 2:50 PM Barnes, Lori [KSBHA] <Lori.Barnes@ks.gov> wrote:

CONFIDENTIAL

Sincerely,

Lori Barnes

Licensing Specialist

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Ste A

Topeka KS 66612



RECEIVED
By Deborah Erickson at 6:25 am, Feb 07, 2022

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/3/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

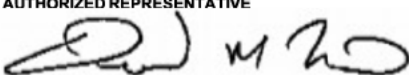
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 200 Jefferson Park Whippany NJ 07981	CONTACT NAME: PHONE (A/C, No, Ext): 800-350-8005 FAX (A/C, No): 973-921-2876 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Dr. Ghazaleh Moayed The Feminina Group, Inc. DBA Genneve 444 Overlake Dr E Medina WA 98039	INSURER A: Underwriters at Lloyd's, London NAIC # 15642	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1822711826 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Professional Liability Tech E&O Cyber Liability			CONFIDENTIAL	11/12/2020	11/12/2021	Aggregate Limit \$3,000,000 Limit of Liability \$1,000,000 Ded \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Insurance for Dr. Ghazaleh Moayed

CERTIFICATE HOLDER The Feminina Group, Inc. 444 Overlake Dr. E Medina WA 98039	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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From: [Katherine Robinson](#)
To: [Ghazaleh Moayed](#); [Erickson, Deborah \[KSBHA\]](#)
Subject: Re: Information Needed for Compact Licensure
Date: Friday, February 4, 2022 3:19:37 PM
Attachments: [image001.png](#)
[Certificate.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Deborah,

I am happy to attach Dr. Moayed's COI.
Please let me know if you need anything else from me.

Respectfully,

Katherine Robinson

Director, Health Administration and People
Gennev

- [334-450-9886](tel:334-450-9886)
- katherine@gennev.com
- <https://gennev.com>

Image



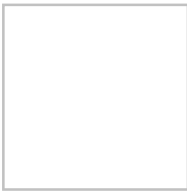
From: Ghazaleh Moayed **CONFIDENTIAL**
Sent: Friday, February 4, 2022 1:57 PM
To: Erickson, Deborah [KSBHA]; Katherine Robinson
Subject: Re: Information Needed for Compact Licensure

Hello Deborah -

CONFIDENTIAL

All the best,

Ghazaleh Moayed, DO, MPH, FACOG
she/her/hers



On Fri, Feb 4, 2022 at 12:53 PM Erickson, Deborah [KSBHA] <Deborah.Erickson@ks.gov> wrote:

Dr. Moayed,

CONFIDENTIAL

Sincerely,

Deborah Erickson

Licensing Analyst

Kansas State Board of Healing Arts

800 SW Jackson, LL – Suite A

Topeka, Kansas 66612

Email: deborah.erickson@ks.gov

Phone 785.296.1386

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