

*Pars Surgery Inc.*  
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October 12, 2017

**RE: Hearing Request**

Department of Industrial Relation  
Div. of Workers' Compensation  
1515 Clay Street, Suite 1800  
Oakland, California, 94612



Dear Sir/Madam,

I received your "Notice of Provider Suspension" dated October 06, 2017, on October 10, 2017.

I believe that section 139.21 (a)(1)(A) based on which my participation was suspended, does not apply to my conviction. None of the three subcategories are applicable to my unfortunate conviction case. Additionally, my conviction is in the appeal process.

I am asking for a hearing pursuant to CA Code of Regulations, title 8, section 9788.2(b) and any other bases for a hearing in front of hearing officer.

I appreciate your assistance in this case.

Respectfully,

Hossain Sahlolbei, M.D.

Proof Of Service By Mail

I declare that: Elba Saude

I am (resident of/employed in) the county of Riverside California. I am over the age of eighteen years, my (business/residence) address is:

326 w Hobsonway  
Blythe, CA 92225

On 10-12-2017, I served the attached Hearin Request on the Div., Workers Com in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at Blythe, California addressed as follows

200 E Murphy St., Blythe, CA 92225

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on (date) 10-12-2017, at Blythe California.

Type or print name Elba Saude

Signature Elba Saude