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**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
BEFORE THE ADMINISTRATIVE DIRECTOR**

In Re: PROVIDER SUSPENSION

ORDER OF SUSPENSION

CARLOS ARGUELLO,

Respondent.

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WHEREAS, Labor Code section 139.21(a)(1)(A) requires the Administrative Director to suspend any physician, practitioner, or provider from participating in the workers' compensation system as a physician, practitioner, or provider if the individual has been convicted of any felony or misdemeanor described in Labor Code section 139.21(a)(1)(A); and

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WHEREAS, on or about July 19, 2016, Carlos Arguello pled guilty to or was found guilty of one or more felonies or misdemeanors described in Labor Code section 139.21(a)(1)(A) in the United States District Court, Southern District of California; and

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WHEREAS, on or about January 17, 2017, the Administrative Director mailed to Carlos Arguello a written notice of the right to a hearing regarding the suspension and the procedure to follow to request a hearing, as provided in Labor Code section 139.21(b)(2) and California Code of Regulations, title 8, section 9788.1; and

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WHEREAS, pursuant to Labor Code section 139.21(b)(2) and California Code of Regulations, title 8, section 9788.1(d) the written notice advised Carlos Arguello that the suspension would start thirty (30) calendar days after the date of mailing of written notice, unless Carlos Arguello submitted a written request for a hearing, within ten (10) calendar days of the date of mailing of the notice; and

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WHEREAS, Carlos Arguello did not submit a written request for hearing within ten (10) calendar days of the date of mailing of the notice; and

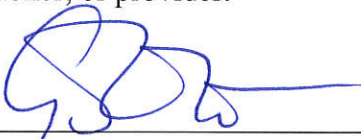
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WHEREAS, the Administrative Director is required to suspend any physician, practitioner, or provider pursuant to Labor Code section 139.21 and Title 8, California Code of Regulations section

1 9788.2, after thirty (30) days from the date the notice was mailed, unless the physician, practitioner, or
2 provider submits a written request for a hearing, within ten (10) calendar days of the date of mailing of
3 the notice;

4 **IT IS HEREBY ORDERED** that Carlos Arguello is hereby suspended from participating in the
5 workers' compensation system as a physician, practitioner, or provider.

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7 Date: February 17, 2017

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10 GEORGE PARISOTTO
11 Acting Administrative Director
12 Division of Workers' Compensation
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CERTIFICATE OF SERVICE BY MAIL
(C.C.P. section 1013(a), 2015.5)

I am over the age of 18 years and not a party to the entitled action. My business address is 1515 Clay Street, 18th Floor, Oakland, California 94612. I served the following documents:

ORDER OF SUSPENSION

on the following person(s) at the following address(es):

By Certified Mail/Return Receipt Requested:

Carlos Arguello
1084 Second Avenue
Chula Vista, CA 91911

By Hand Delivery/Personal Service:

California Department of Industrial Relations
Anti-Fraud Unit
1515 Clay Street, 17th Floor
Oakland, CA 94612

Paige Levy, Chief Judge
Division of Workers' Compensation
1515 Clay Street, 17th floor
Oakland, CA 94612

The documents were served by the following means:

BY U.S. CERTIFIED MAIL/RETURN RECEIPT REQUESTED. I enclosed the documents in a sealed envelope or package addressed to the person(s) at the address(es) listed above and placed the envelope or package for collection and mailing, following our ordinary business practices. I am readily familiar with the firm's practice for collection and processing correspondence for mailing. Under that practice, on the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service, in a sealed envelope or

PERSONAL SERVICE. I personally delivered the documents to the person(s) by leaving the documents at the specified office address with the person in charge of the office in an envelope or package clearly labeled to

comply with the laws of State of California that the above is true and correct, on this 17th day of February, 2017, at Oakland, California.


CATHY FUJITA-LAM

70114 2120 0004 3852 6629

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE RECEIVED

FEB 17 2017

DWC LEGAL UNIT

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Carlos Arguello
Street or PO Box: 1084 Second Avenue
City, State: Chula Vista, CA 91911

PS Form 3800, October 2012