To Whom It May Concern:

I am writing this letter in response to the Notice of Provider Suspension I received a few days ago. I am writing this letter to dispute this. The information below is a detail of the labor code I am accused of violating. I am neither a physician, a practitioner nor a provider. I am an individual citizen, therefore can't see how this pertains to me.

LABOR CODE · LAB
DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS [60 - 176]
(Division 1 enacted by Stats. 1937, Ch. 90.)

CHAPTER 5. Division of Workers' Compensation [110 - 139.6]
(Heading of Chapter 5 amended by Stats. 2002, Ch. 6, Sec. 23.5.)

139.21.
(a) (1) The administrative director shall promptly suspend, pursuant to subdivision (b), any physician, practitioner, or provider from participating in the workers' compensation system as a physician, practitioner, or provider if the individual or entity meets any of the following criteria:

(A) The individual or entity has been convicted of any felony or misdemeanor and that crime comes within any of the following descriptions:

(i) It involves fraud or abuse of the federal Medicare or Medicaid programs, the Medi-Cal program, or the workers' compensation system, or fraud or abuse of any patient.

(ii) It relates to the conduct of the individual's medical practice as it pertains to patient care.

(iii) It is a financial crime that relates to the federal Medicare or Medicaid programs, the Medi-Cal program, or the workers' compensation system.

(iv) It is otherwise substantially related to the qualifications, functions, or duties of a provider of services.

(B) The individual or entity has been suspended, due to fraud or abuse, from the federal Medicare or Medicaid programs or the Medi-Cal program.

(C) The individual’s license, certificate, or approval to provide health care has been surrendered or revoked.

(D) The entity is controlled by an individual who has been convicted of a felony or misdemeanor described in subparagraph (A).

(E) The changes made to clauses (i) and (iii) of subparagraph (A) and subparagraph (B) during the 2017–18 Regular Session of the Legislature do not constitute a change in, but are declaratory of, the existing law.

I feel this was a mistake, and would like to have this dropped. If a hearing is necessary, then I am requesting one be held.

Sincerely,

Erin Hoover

02-10-2018
Proof Of Service By Mail

I declare that:

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

2131 Charter Magee Ave.
Long Beach CA 90815

On 2/10/18, I served the attached hearing request on the Admin. Director 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

ствт addressed as follows ________

Hearing Request
Administrative Director
Division of Workers Comp.
1515 Clay St., Suite 1800 Oakland CA 94612

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) 2/10/18, at Long Beach California.

Type or print name Scott Hoover

Signature ____________________________