TIMOTHY J HUNT, MD ORTHOPAEDIC SURGERY

3475 Torrance Boulevard, Suite F Torrance, California 90503 (310) 626-4831 • FAX (310) 626-4833

December 13, 2018

Hearing Request
Administrative Director
Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, California 94612

and -

Hearing Request
Department of Industrial Relations
Officer of the Director
Anti-Fraud Unit
1515 Clay Street, Suite 1700
Oakland, CA 94612

WRITTEN REQUEST FOR HEARING

Gentlepersons:

I have received the Notice of Provider Suspension – Workers' Compensation, dated December 5, 2018, from George Parisotto, Administrative Director, Division of Workers' Compensation.

As directed by the correspondence, I am requesting a hearing which will stay the suspension pending the outcome of the hearing.

ADDRESS:

My current mailing address is:

3475 Torrance Blvd. Suite F Torrance, CA 90503.

LEGAL & FACTUAL REASONS WHY L.C. 139.21 (A) (1) APPLIES:

I do not believe Labor Code section 139.21 (a) (1) accurately applies to my situation with regards to the plea I entered to the United States District Court for the Central District of California.

Page Two

Although I entered a plea, I am not yet convicted or sentenced, and may not be for several months to years, per the Assistant United States Attorney. While I am cooperating with all legal entities and will ultimately someday receive some type of sentence, I feel that I am already being punished by this suspension, which essentially precludes me from competing in the Open Labor Market. I have served the Workers' Compensation industry for 20 years, and have tried to put the welfare of my patients first. To suspend me from the Workers' Compensation industry also interrupts the continuity of care I am trying to provide my patients. My plea agreement indicates that: "These stipulated facts are not meant to indicate that the defendant provided any patients with substandard medical care or that any treatment he provided or prescribed was not medically necessary."

My California medical license remains intact at present and I have not yet been excluded from any federal healthcare programs. I believe this suspension is premature, and I would welcome the opportunity to further explain in person the circumstances that ultimately led to my plea agreement.

I respectfully request the Hearing to appeal the Suspension.

Timothy J Hunt, MD.

Twy former -

Orthopaedic Surgeon

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:
3475 Torrance Boulevard, Suite F, Torrance, CA 90503
On12/14/2018, I served the attached _Request for Hearing
on the parties listed below 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
Torrance, California addressed as follows:
Hearing Request Administrative Director Division of Workers' Compensation 1515 Clay Street, Suite 1800 Oakland, California 94612
Hearing Request Department of Industrial Relations Officer of the Director Anti-Fraud Unit 1515 Clay Street, Suite 1700 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) Dec 13, 2018, at Jourance, California.
Type or print nameJane McCoy
Signature Jane McCoy

Timothy J. Hunt, M.D.

3475 Torrance Blvd. #F Torrance, California 90503

DETT T000 2270 무단부도 10

REQUESTED



1024

94612-1486

\$6.70

Dept. of Industrial Relations
Officer of the Director
anti-Grand Unit
Street, Suite 1700
1515 Clay Street, Suite 1700
Oakland, Ca 946/2
Oakland, Ca 946/2

RECEIVED

DEC 2 0 2018

Department of Industrial and

9451281465 0037