

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

In Re: PROVIDER SUSPENSION

ORDER OF SUSPENSION

SCOTT DODD ANDERSON,

Respondent.

WHEREAS, Labor Code section 139.21(a)(1)(B) requires the Administrative Director to suspend any physician, practitioner, or provider from participating in the workers' compensation system as a physician, practitioner, or provider who has been suspended, due to fraud or abuse, from the federal Medicare or Medicaid programs; and

WHEREAS, Scott Dodd Anderson was suspended, due to fraud or abuse, from the federal Medicare or Medicaid programs; and

WHEREAS, Labor Code section 139.21(a)(1)(C) requires the Administrative Director to suspend any physician, practitioner, or provider from participating in the workers' compensation system as a physician, practitioner, or provider whose license, certification or approval to provide health care services has been surrendered or revoked; and

WHEREAS, on or about October 9, 2014, Scott Dodd Anderson's license, certification or approval to provide health care services was surrendered or revoked by the Medical Board of California, Department of Consumer Affairs; and

WHEREAS, on or about January 31, 2017, the Administrative Director mailed to Scott Dodd Anderson 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

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 Scott Dodd Anderson that the suspension would start thirty (30) calendar days after the date of mailing of written notice, unless Scott Dodd Anderson

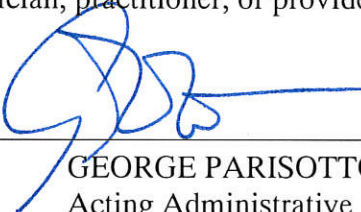
1 submitted a written request for a hearing within ten (10) calendar days of the date of mailing of the
2 notice; and

3 WHEREAS, Scott Dodd Anderson did not submit a written request for hearing within ten (10)
4 calendar days of the date of mailing of the notice; and

5 WHEREAS, the Administrative Director is required to suspend any physician, practitioner, or
6 provider pursuant to Labor Code section 139.21 and Title 8, California Code of Regulations section
7 9788.2, after thirty (30) days from the date the notice was mailed, unless the physician, practitioner, or
8 provider submits a written request for a hearing within ten (10) calendar days of the date of mailing of
9 the notice;

10 **IT IS HEREBY ORDERED** that Scott Dodd Anderson is hereby suspended from participating
11 in the workers' compensation system as a physician, practitioner, or provider.

12 Date: March 21, 2017

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15 GEORGE PARISOTTO
16 Acting Administrative Director
17 Division of Workers' Compensation
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1 **CERTIFICATE OF SERVICE BY MAIL**
2 (C.C.P. section 1013(a), 2015.5)

3 I am over the age of 18 years and not a party to the entitled action. My business address is
4 1515 Clay Street, 18th Floor, Oakland, California 94612.

5 I served the following document(s):

6 **ORDER OF SUSPENSION**

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

8 **By Certified Mail:**

9 Scott Dodd Anderson
10 2025 Mission Avenue
11 Carmichael, CA 95608

12 **By Hand Delivery/Personal Service:**

13 Paige Levy, Chief Judge
14 Division of Workers' Compensation
15 1515 Clay Street, 17th Floor
16 Oakland, CA 94612

17 The documents were served by the following means:

18 **BY U.S. CERTIFIED MAIL.** I enclosed the documents in a sealed envelope or package
19 addressed to the person(s) at the address(es) listed above and:

20 Placed the envelope or package for collection and mailing, following our ordinary business
21 practices. I am readily familiar with the firm's practice for collection and processing correspondence
22 for mailing. Under that practice, on the same day that correspondence is placed for collection and
23 mailing, it is deposited in the ordinary course of business with the U.S. Postal Service, in a sealed
24 envelope or package with the postage fully prepaid.

25 **HAND DELIVERY/PERSONAL SERVICE.** I personally delivered the documents to the
26 person(s) indicated at the address(es) above by leaving the documents at the specified office address
27 with a receptionist or an individual in charge of the office in an envelope or package clearly labelled
28 to identify the person(s) being served.

I declare under penalty of perjury under the laws of State of California that the above is true
and correct. Executed on March 21, 2017, at Oakland, California.


CATHY FUJITA-LAM