

FILED DATE **JAN 08 2015**
Department of Health

STATE OF FLORIDA
BOARD OF MEDICINE
FILED

By *[Signature]*
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

2015 JAN -9 AM 11:08

Petitioner,

DIVISION OF
ADMINISTRATIVE HEARINGS

vs.

DOH CASE NO.: 2009-13497
2011-06111
2011-17799
DOAH CASE NO.: 13-0595PL
14-0514PL
14-0515PL
LICENSE NO.: ME0059800

NEELAM TANEJA UPPAL, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(1), Florida Statutes, on December 5, 2014, in St. Petersburg, Florida, for the purpose of considering the Administrative Law Judge's Recommended Order, Exceptions to the Recommended Order, and Response to Exceptions to the Recommended Order (copies of which are attached hereto as Exhibits A, B, and C, respectively) in the above-styled cause. Petitioner was represented by André Ourso, Assistant General Counsel. Respondent was present but was not represented by counsel. Upon review of the Recommended Order, the argument of

the parties, and after a review of the complete record in this case, the Board makes the following findings and conclusions.

RULING ON EXCEPTIONS

The Board reviewed and considered the Respondent's Exceptions to the Recommended Order and ruled as follows:

1. Respondent's exception in the "Preliminary Statement" is rejected because Respondent failed to identify the legal basis for the exception and appropriate and specific citation to the record as required by Rule 28-106.217(1), Florida Administrative Code.

2. Respondent's exception 1 to paragraphs 8-13; 16-27; 59, 62, and 69 of the Recommended Order is denied because she failed to identify the legal basis for the exception and appropriate and specific citation to the record as required by Rule 28-106.217(1), Florida Administrative Code. Additionally the Respondent's exception is denied based upon reasons stated orally by the Petitioner and based upon the written responses set forth by Petitioner. The Board is without substantive jurisdiction to overturn an evidentiary finding.

3. Respondent's exception 2 to paragraphs 28-35; 37; 40-44, 59, and 65 of the Recommended Order is rejected because Respondent failed to identify the legal basis for the exception and appropriate and specific citation to the record as required

by Rule 28-106.217(1), Florida Administrative Code. Additionally the Respondent's exceptions are denied based upon reasons stated orally by the Petitioner and based upon the written responses set forth by Petitioner. The Board is without substantive jurisdiction to overturn an evidentiary finding.

4. Respondent's exception 3 to paragraphs 46-48, and 65 of the Recommended Order is rejected because Respondent failed to comply with requirements of Rule 28-106.217, Florida Administrative Code. Additionally the Respondent's exception is denied based upon the reasons stated orally by the Petitioner and based upon the written responses set forth by Petitioner. The Board is without substantive jurisdiction to overturn an evidentiary finding.

5. Respondent's exception to the "Application of Law" is rejected because Respondent failed to identify the legal basis for the exception and appropriate and specific citation to the record as required by Rule 28-106.217(1), Florida Administrative Code. Additionally the Respondent's exception is denied based upon the reasons stated orally by the Petitioner and based upon discussion on the record. The Board is without jurisdiction to rule on constitutional challenges.

6. Respondent's exception to the "Findings of Fact for Case 2009-13497" is rejected because Respondent failed to identify

the legal basis for the exception and appropriate and specific citation to the record as required by Rule 28-106.217(1), Florida Administrative Code. Additionally the Respondent's exception is denied based upon the reasons stated orally by the Petitioner, the written responses set forth by Petitioner, and the discussion on the record.

7. Respondent's exception to the "Findings of Fact for Case 2011-06111" is rejected because Respondent failed to identify the legal basis for the exception and appropriate and specific citation to the record as required by Rule 28-106.217(1), Florida Administrative Code. Additionally the Respondent's exception is denied based upon the reasons stated orally by the Petitioner, the written responses set forth by Petitioner, and the discussion on the record.

8. Respondent's exception to the "Findings of Fact for Case 2011-17799" is rejected because Respondent failed to identify the legal basis for the exception and appropriate and specific citation to the record as required by Rule 28-106.217(1), Florida Administrative Code. Additionally the Respondent's exception is denied based upon the reasons stated orally by the Petitioner, the written responses set forth by Petitioner, and the discussion on the record.

9. Respondent's exception to the "Findings of Violations by the Department" and "Argument" is rejected because Respondent failed to identify the legal basis for the exception and appropriate and specific citation to the record as required by Rule 28-106.217(1), Florida Administrative Code. Additionally the Respondent's exception is denied based upon the reasons stated orally by the Petitioner, the written responses set forth by Petitioner, and the discussion on the record.

FINDINGS OF FACT

1. The findings of fact set forth in the Recommended Order are approved and adopted and incorporated herein by reference.

2. There is competent substantial evidence to support the findings of fact.

CONCLUSIONS OF LAW

1. The Board has jurisdiction of this matter pursuant to Section 120.57(1), Florida Statutes, and Chapter 458, Florida Statutes.

2. The conclusions of law set forth in the Recommended Order are approved and adopted and incorporated herein by reference.

PENALTY

Upon a complete review of the record in this case, the Board determines that the penalty recommended by the

Administrative Law Judge be ACCEPTED. WHEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

1. Respondent shall pay an administrative fine in the amount of \$10,000.00 to the Board within one year from the date the Respondent's license to practice medicine is reinstated. Said fine shall be paid by money order or cashier's check.

2. Respondent shall document completion of the medical records course sponsored by the Florida Medical Association (FMA) within one year from the date the Final Order is filed.

3. Respondent shall document the completion of five (5) hours of continuing medical education (CME) in the area of ethics within one year from the date the Final Order is filed. These hours shall be in addition to those hours required for biennial renewal of licensure. Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said CME course(s). Unless otherwise approved by the Board or the Chairperson of the Probation Committee, said continuing education courses shall consist of a formal live lecture format.

4. Respondent's license to practice medicine in the State of Florida is hereby **SUSPENDED** for a period of six (6) months.

5. Following the period of suspension set forth in Paragraph 4 above, Respondent shall be placed on **probation** for a period of **2 years** subject to the following terms and conditions:

a. Respondent shall appear before the Board's Probation Committee at the first meeting after said probation commences, at the last meeting of the Probation Committee preceding termination of probation, triannually, and at such other times requested by the Committee. Respondent shall be noticed by Board staff of the date, time and place of the Board's Probation Committee whereat Respondent's appearance is required. Failure of the Respondent to appear as requested or directed shall be considered a violation of the terms of probation, and shall subject the Respondent to disciplinary action. Unless otherwise provided in the Final Order, appearances at the Probation Committee shall be made triannually.

b. During the first year of the probationary period, Respondent shall not practice except under the **direct supervision** of a **BOARD CERTIFIED** physician fully licensed under Chapter 458 who has been approved by the Probation Committee. The supervisory physician shall work in the same office with the Respondent. Absent provision for and compliance with the terms regarding temporary approval of a supervising physician set forth below, Respondent shall cease practice and not practice

until the Probation Committee approves a supervising physician. Respondent shall have the supervising physician appear at the first probation appearance before the Probation Committee. Prior to approval of the supervising physician by the Committee, the Respondent shall provide to the supervising physician a copy of the Administrative Complaint and Final Order filed in this case. A failure of the Respondent or the supervising physician to appear at the scheduled probation meeting shall constitute a violation of the Board's Final Order. Prior to the approval of the supervising physician by the committee, Respondent shall submit to the committee a current curriculum vitae and description of the current practice of the proposed supervising physician. Said materials shall be received in the Board office no later than fourteen days before the Respondent's first scheduled probation appearance. The attached definition of a supervising physician is incorporated herein. The responsibilities of a supervising physician shall include:

- (1) Submit triannual reports, in affidavit form, which shall include:
 - A. Brief statement of why physician is on probation.
 - B. Description of probationer's practice.
 - C. Brief statement of probationer's compliance with terms of probation.

D. Brief description of probationer's relationship with supervising physician.

E. Detail any problems which may have arisen with probationer.

(2) Review 25% percent of Respondent's patient records selected on a random basis at least once every month.

(3) Report to the Board any violation by the probationer of Chapter 456 and 458, Florida Statutes, and the rules promulgated pursuant thereto.

c. During the second year of the probationary period, Respondent shall not practice except under the **indirect supervision** of a **BOARD CERTIFIED** physician fully licensed under Chapter 458 to be approved by the Board's Probation Committee. Absent provision for and compliance with the terms regarding temporary approval of a monitoring physician set forth below, Respondent shall cease practice and not practice until the Probationer's Committee approves a monitoring physician. Respondent shall have the monitoring physician present at the first probation appearance before the Probation Committee. Prior to approval of the monitoring physician by the committee, the Respondent shall provide to the monitoring physician a copy of the Administrative Complaint and Final Order filed in this case. A failure of the Respondent or the monitoring physician

to appear at the scheduled probation meeting shall constitute a violation of the Board's Final Order. Prior to the approval of the monitoring physician by the Committee, Respondent shall submit to the committee a current curriculum vitae and description of the current practice of the proposed monitoring physician. Said materials shall be received in the Board office no later than fourteen days before the Respondent's first scheduled probation appearance. The attached definition of a monitoring physician is incorporated herein. The responsibilities of a monitoring physician shall include:

(1) Submit triannual reports, in affidavit form, which shall include:

- A. Brief statement of why physician is on probation.
- B. Description of probationer's practice.
- C. Brief statement of probationer's compliance with terms of probation.
- D. Brief description of probationer's relationship with monitoring physician.
- E. Detail any problems which may have arisen with probationer.

(2) Be available for consultation with Respondent whenever necessary, at a frequency of at least once per month.

(3) Review 25 percent of Respondent's patient records selected on a random basis at least once every month. In order to comply with this responsibility of random review, the monitoring physician shall go to Respondent's office once every month. At that time, the monitoring physician shall be responsible for making the random selection of the records to be reviewed by the monitoring physician.

(4) Report to the Board any violations by the probationer of Chapter 456 and 458, Florida Statutes, and the rules promulgated pursuant thereto.

d. In view of the need for ongoing and continuous monitoring or supervision, Respondent shall also submit the curriculum vitae and name of an alternate supervising/monitoring physician who shall be approved by Probation Committee. Such physician shall be licensed pursuant to Chapter 458, Florida Statutes, and shall have the same duties and responsibilities as specified for Respondent's monitoring/supervising physician during those periods of time which Respondent's monitoring/supervising physician is temporarily unable to provide supervision. Prior to practicing under the indirect supervision of the alternate monitoring physician or the direct supervision of the alternate supervising physician, Respondent shall so advise the Board in writing. Respondent shall further

advise the Board in writing of the period of time during which Respondent shall practice under the supervision of the alternate monitoring/supervising physician. Respondent shall not practice unless Respondent is under the supervision of either the approved supervising/monitoring physician or the approved alternate.

e. CONTINUITY OF PRACTICE

(1) TOLLING PROVISIONS. In the event the Respondent leaves the State of Florida for a period of 30 days or more or otherwise does not or may not engage in the active practice of medicine in the State of Florida, then certain provisions of the requirements in the Final Order shall be tolled and shall remain in a tolled status until Respondent returns to the active practice of medicine in the State of Florida. **Respondent shall notify the Compliance Officer 10 days prior to his/her return to practice in the State of Florida.** Unless otherwise set forth in the Final Order, **the following requirements and only the following requirements** shall be tolled until the Respondent returns to active practice:

(A) The time period of probation shall be tolled.

(B) The provisions regarding supervision whether direct or indirect by the monitor/supervisor, and required reports from the monitor/supervisor shall be tolled.

(2) ACTIVE PRACTICE. In the event that Respondent leaves the active practice of medicine for a period of one year or more, the Respondent may be required to appear before the Board and demonstrate the ability to practice medicine with reasonable skill and safety to patients prior to resuming the practice of medicine in the State of Florida.

RULING ON MOTION TO STAY PENALTY

Respondent made an ore tenus motion to stay the penalty in this matter. The Board denied the Respondent's motion to stay the penalty.

RULING ON MOTION TO ASSESS COSTS

The Board reviewed the Petitioner's Motion to Assess Costs and the Respondent objected to these costs for the reasons stated orally. Following discussion, the Board imposed the costs associated with this case in the amount of \$74,323.56. Said costs are to be paid within one (1) year of reinstatement of the Respondent's license to practice medicine.

DONE AND ORDERED this 7 day of January,
2015.

BOARD OF MEDICINE



Chandra Prine, Acting Executive Director
For Nabil El Sanadi, M.D., Chair

NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

NOTICE OF RIGHT TO HEARING REGARDING THE COSTS

This notice constitutes final agency action if no request for a hearing is received by the Board on or before the twenty-first day after the applicant's receipt of the notice. The applicant may request a hearing by filing an appropriate petition with the Executive Director of the Board at 4052 Bald Cypress Way, Bin #C-03, Tallahassee, Florida 32399-3253. The applicant may petition for a hearing involving disputed issues of material fact before an administrative law judge pursuant to Section 120.57 (1), Florida Statutes, or for a hearing not involving disputed issues of material fact pursuant to Section 120.57 (2), Florida Statutes.

A petition for a hearing involving disputed issues of material fact must contain information required by Rule 28-106.201, Florida Administrative Code, **including a statement of all disputed issues of material fact.** The Board may refer a petition to the Division of Administrative Hearings for assignment of an administrative law judge only if the petition

is in substantial compliance with the rule requirements. A petition for a proceeding not involving disputed issues of material fact must contain information required by Rule 28.106.301, Florida Administrative Code, including a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle petitioner to relief.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by **Certified Mail** to NEELAM TANEJA UPPAL, M.D., P.O. Box 1002, Largo, Florida 33779; to Sean Ellsworth, Esquire, 420 Lincoln Road, Suite 601, Miami, Florida 33139; to Lynne Quimby-Pennock, Administrative Law Judge, Division of Administrative Hearings, The DeSoto Building, 1230 Apalachee Parkway, Tallahassee, Florida 32399-3060; and by interoffice delivery to Daniel Hernandez, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3253 this 8th day of January, 2015.

MR. Uppal

7014 2120 0004 1125 2325

Angel Sanders

Deputy Agency Clerk

Sean Ellsworth, Esq.

7014 2120 0004 1125 2332

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,
PETITIONER,**

**v. CASE NO. 2011-17799
DOAH:14-00515PL**

**NEELAM T. UPPAL, M.D.,
RESPONDENT.**

FILED
2015 JAN -9 AM 11:54
**DIVISION OF
ADMINISTRATIVE HEARINGS**

MOTION TO STRIKE AND DISMISS

Neelam Uppal, M.D., Pro se.

hereby moves the Court to dismiss Plaintiff's Complaint with prejudice.

And states the grounds as follows for the DOH
Exceeding its authority
and jurisdiction; acted erroneously; failed to use proper
procedure; acted arbitrarily or capriciously; failed to
act as required by law or rule , and referred the case without
meeting the Burden of Proof requirement as narrated below:

1. Patient PA filed a complaint against her primary doctor,
American Family and Geriatrics. Respondent was the Infectious
disease consultant on the case. The respondent's record were
requested as a witness. The complaint against Dr. Neelam Shah
was dismissed and the DOH is filing a senseless complaint
against the respondent . (See attached letter by the Patient)
The complaint is being filed in bad faith as per Florida Statute
2. 456.073 (11)
The complaint is filed and investigation started with 'legally
3. insufficient' complaint in violation of Florida statute 456.073
(2).
4. Complaint is filed as an act of harassment, retaliation and
tortious interference of business.

- The complaint is filed as an act of Malice.F.S 456.073 (11)
5. The expert has filed a report against the primary care of the
 6. Patient PA and the DOH is erroneously applying it to the Infectious disease consultant on the case in violation of FL statute HB 499 as 'false deceiving and misleading expert opinion.'
 7. The plaintiff is now wanting to do discovery which is required to be done prior to starting an investigation and the probable cause hearing. F.S Ch.456.073 (1)(2).
 8. The case is violation of statute of limitation as the initial incident was more that 6 years ago.
 9. The case is in violation of Florida statute 456.073 (1) as the probable cause was not found within 6 months of the complaint on the contrary Ms. Elana Jones dismissed the case in June of 2012 as not finding any evidence of any violation.(see attached). However, the PSU is re- filing the complaint as exploitation and Double Jeopardy.
 10. Hence, I request Your honor to not waste the time of the court on this continuing malicious prosecution, harassment and tortuous interference with business
 11. Hence, the respondent prays to strike the complaint.
 12. The plaintiff has failed to state a factual or statutory basis for claim. Hence, the case be dismissed for failure to state a claim.
 13. The patient never filed a complaint against the respondent.
 14. Hence, the complaint should be dismissed for lack of standing.
- The complaint was processed insufficiently
Hence, this case should be dismissed with prejudice.

Respectfully submitted,

Neelam Uppal, M.D., Pro se

PO Box 1002,

Largo, FL-33779

727-403-0022

email: nneelul23@aol.com

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,
PETITIONER,**

v.

**CASE NO. 2011-06111
DOAH:14-000514PL**

**NEELAM T. UPPAL, M.D.,
RESPONDENT.**

MOTION TO STRIKE AND DISMISS

Neelam Uppal, M.D., Pro se.

hereby moves the Court to dismiss Plaintiff's Complaint with prejudice.

And states the grounds as follows for the DOH
Exceeding its authority
and jurisdiction; acted erroneously; failed to use proper
procedure; acted arbitrarily or capriciously; failed to
act as required by law or rule , and referred the case without
meeting the Burden of Proof requirement as narrated below:

1. Patient CB filed a complaint stating that she went to the respondent as it was only the respondents's treatment that helped her. Patient CB wrote in her complaint because her Allergy specialist told her to do so against the Respondent, who was the Infectious disease consultant on the case.
2. The complaint is being filed in bad faith as per Florida Statute 456.073 (11)
3. The complaint is filed and investigation started with 'legally insufficient' complaint in violation of Florida statute 456.073 (1).
4. The allegations are untrue and no preliminary inquiry prior to initiating investigation was done by the local DOH pursuant to F.S 456(2)
5. Complaint is filed as an act of harassment, Defamation, retaliation and tortuous interference of business and livelihood. The complaint is filed as an act of Malice.456.073(11)

DIVISION OF
ADMINISTRATIVE HEARINGS

2015 JAN -9 AM 11:55

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7. The expert has filed a report against the Infectious disease consultant on the case in violation of FL statute HB 499 as 'false deceiving and misleading expert opinion.'
8. The plaintiff is now wanting to do discovery which is required to be done prior to the probable cause hearing.
9. The case is violation of statute of limitation as the initial incident was more that 6 years ago.
10. The case is in violation of Florida statute 456.073 (1) as the probable cause was not found within 6 months of the complaint on the contrary Ms. Elana Jones dismissed the case in June of 2012 as not finding any evidence of any violation.(see attached). However, the PSU is re- filing the complaint as exploitation and double Jeopardy.
11. Hence, I request Your honor to not waste the time of the court on this continuing malicious prosecution, harassment and tortuous interference with business and livelihood.
- The respondent prays to strike the complaint.
12. The plaintiff has failed to state a factual or statutory basis for
13. claim and hence it should be dismissed for failure to state a claim.
- The complaint to be dismissed for lack of standing.
14. The complaint was insufficiently processed.
15. The DOH is not working in the interest of the public by
16. supporting Drug addicts and criminals who are filing false and frivolous complaints against doctors as black-mail.
17. Hence, this case should be dismissed WITH PREJUDICE.

Respectfully submitted,

M.D., Pro se

Neelam Uppal,

PO Box 1002,
Largo, FL-33779
727-403-0022

email:

nneelu123@aol.com

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2006-21456

2006-38711

2008-23667

2009-13497

NEELAM TANEJA UPPAL, M.D.,

RESPONDENT.

SETTLEMENT AGREEMENT

Neelam Uppal, M.D., referred to as the "Respondent," and the Department of Health, referred to as "Department" stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 458, Florida Statutes.

STIPULATED FACTS

1. At all times material hereto, Respondent was a licensed physician in the State of Florida having been issued license number ME «LicenseNow».
2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent with violations of Chapter 458, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.
3. Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint for purposes of these proceedings only.

STIPULATED CONCLUSIONS OF LAW

1. Respondent admits that, in his capacity as a licensed physician, he is subject to the provisions of Chapters 456 and 458, Florida Statutes, and the jurisdiction of the Department and the Board.
2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of Chapter 458, Florida Statutes, as alleged in the Administrative Complaint.

DIVISION OF
ADMINISTRATIVE HEARINGS

2015 JAN -9 AM 11:55

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APPROVED this ___ day of _____, 2012.

H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.
State Surgeon General

By: Elana J. Jones
Shirley L. Bates
Assistant General Counsel
Department of Health

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STATE OF FLORIDA
DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK **Anne Sanders**
DATE **OCT 16 2014**

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH CASE NOS. 2009-13497
2011-06111
2011-17799
DOAH CASE NOS. 13-0595PL
14-0514PL
14-0515PL

NEELAM UPPAL, M.D.,
Respondent.

FILED
2015 JAN -9 AM 11:57
DIVISION OF
ADMINISTRATIVE HEARINGS

MOTION TO ASSESS COSTS
IN ACCORDANCE WITH SECTION 456.072(4)

The Department of Health, by and through counsel, moves the Board of Medicine for entry of a Final Order assessing costs against Respondent for the investigation and prosecution of this case in accordance with Section 456.072(4), Florida Statutes (2014). As grounds therefore, the Petitioner states the following:

1. At its next regularly scheduled meeting, the Board of Medicine will take up for consideration the above-styled disciplinary action and will enter a Final Order.
2. Section 456.072(4), Florida Statutes (2014), states, in pertinent part, as follows:

In addition to any other discipline imposed through final order, or citation, entered on or after July 1, 2001, under this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is no board, shall assess costs related to the investigation and prosecution of the case. The costs related to the investigation and prosecution include, but are not limited to, salaries and benefits of personnel, costs related to the time spent by the attorney and other personnel working on the case, and any other expenses incurred by the department for the case. The board, or the department when there is no board, shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto....

3. As evidenced in the attached affidavit (Exhibit A), the investigation and prosecution of this case has resulted in costs in the total amount of \$74,702.75 based on the following itemized statement of costs:

- a. Total costs for Complaints \$326.49
- b. Total costs for Investigations \$7,780.32
- c. Total costs for Legal \$61,358.63
- d. Total costs for expenses \$5,237.30

4. The attached affidavit from an outside attorney (Exhibit B) reflects, from a review of the file, a finding that the Department's attorney time in this case is reasonable and justifiable in the amount of \$60,979.45.

5. Upon review of the file, the Department contends that the costs associated with attorney time spent on this case are reasonable and justifiable.

6. Should Respondent file written objections to the assessment of costs, within ten (10) days of the date of this motion, specifying the grounds for the objections and the specific elements of the costs to which objections are made, Petitioner requests that the Board determine the amount of costs to be assessed based upon its consideration of the affidavit attached as Exhibit A and any timely-filed written objections.

7. Petitioner requests that the Board grant this motion and assess costs in the amount of \$74,323.56 as supported by competent, substantial evidence. This assessment of costs is in addition to any other discipline imposed by the Board and is in accordance with Section 456.072(4), Florida Statutes (2014).

WHEREFORE, the Department of Health requests that the Board of Medicine enter a Final Order assessing costs against Respondent in the amount of \$74,323.56.

[signatures appear on the following page]

Respectfully submitted,



André Ourso, Esquire
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Florida Bar # 91570
(850) 245-4444 Phone
(850) 245-4681 FAX

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Motion to Assess Costs has been provided to Neelam Uppal, M.D., via electronic mail (nneelu123@aol.com), this 16th day of October, 2014.



André Ourso
Assistant General Counsel

A-08

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2009-13497

NEELAM TANEJA UPPAL, M.D.,

RESPONDENT.

ADMINISTRATIVE HEARINGS
DIVISION OF

2015 JAN -9 AM 11:58

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ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health, by and through undersigned counsel, files this Administrative Complaint before the Board of Medicine against Respondent, Neelam Taneja Uppal, M.D., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed physician within the state of Florida, having been issued license number ME 59800.

3. Respondent's address of record is Post Office Box 60357, St. Petersburg, Florida 33784.

4. The Respondent is board certified by the American Board of Internal Medicine with certification in Infectious Disease.

5. On or about October 9, 2008, Patient A.M., a sixteen (16) year old female, presented to Respondent with fatigue, headaches and fevers.

6. On or about October 9, 2008, Respondent diagnosed Patient A.M with skin abscesses on buttocks and lower extremities and with methicillin resistant staphylococcus aureus (MRSA).

7. On or about October 9, 2008 through October 31, 2008, Respondent's plan of treatment for Patient A.M. was intravenous Vancomycin and occasionally Zyvox.

8. Vancomycin is a glycopeptide antibiotic used in the prophylaxis and treatment of infections caused by Gram-positive bacteria.

9. Zyvox is the trade name for linezolid which is a synthetic antibiotic used for the treatment of serious infections caused by Gram-positive bacteria that are resistant to several other antibiotics.

10. On or about October 9, 2008 through October 31, 2008, Respondent failed to document what type of lesions Patient A.M. was suffering from; whether they were open, draining or if there was any

cellulitis (common skin infection caused by bacteria) surrounding the lesions.

11. Respondent failed to incise and drain Patient A.M.'s lesions or failed to document incising and draining the lesions.

12. On or about October 9, 2008 through on or about October 31, 2008, Respondent failed to document the specific staphylococcal infection which had infected Patient A.M.

13. On or about October 9, 2008 through on or about October 31, 2008, Respondent failed to determine the specific staphylococcal infection which had infected Patient A.M.

14. On or about October 9, 2008 through on or about October 31, 2008, Respondent's treatment of Patient A.M. with IV Vancomycin, at the doses and in the intervals indicated in Respondent's medical records for Patient A.M., was inappropriate due to Patient A.M.'s age.

15. On or about October 9, 2008 through on or about October 31, 2008, Respondent's treatment of Patient A.M. with IV Zyvox, at the doses and in the intervals indicated in Respondent's medical records for Patient A.M., was inappropriate due to Patient A.M. being given Zyvox orally.

16. On or about October 9, 2008 through on or about October 31, 2008, Respondent's treatment of Patient A.M. with IV Vancomycin, was

Inappropriate due to Respondent's failure to determine the specific staphylococcal infection which had infected Patient A.M.

17. On or about October 9, 2008 through on or about October 31, 2008, Respondent failed initiate Patient A.M. on treatment with antimicrobial soap or failed to document that treatment with antimicrobial soap was initiated.

COUNT ONE

18. Petitioner re-alleges and incorporates paragraphs one (1) through seventeen (17) as if fully set forth herein.

19. Section 458.331(1)(c)1, Florida Statutes (2008), provides that committing medical malpractice constitutes grounds for disciplinary action by the Board of Medicine. Medical Malpractice is defined in Section 456.50, Florida Statutes (2008), to mean the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure. For purposes of Section 458.331(1)(c)1, Florida Statutes (2008), the Board shall give great weight to the provisions of Section 766.102, Florida Statutes, which provide that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant

surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

20. Respondent failed to meet the required standard of care by in one or more of the following ways:

- a) By inappropriately treating Patient A.M. with IV Vancomycin, at the doses and in the intervals indicated, due to Patient A.M.'s age, on or about October 9, 2008 through October 31, 2008; and/or
- b) By failing to initiate treatment with antimicrobial soap on Patient A.M.; and/or
- c) By failing to incise and drain Patient A.M.'s lesions; and/or
- d) By failing, on or about October 9, 2008 through on or about October 31, 2008, to determine the specific staphylococcal infection which had infected Patient A.M.; and/or
- e) By inappropriately treating Patient A.M. with IV Vancomycin, without determining the specific staphylococcal infection which had infected Patient A.M.

21. Based on the foregoing, Respondent has violated Section 458.331(1)(t)1, Florida Statutes (2008), by committing medical malpractice by failing to practice medicine in accordance with the level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

COUNT TWO

22. Petitioner re-alleges and incorporates paragraphs one (1) through seventeen (17) as if fully set forth herein.

23. Section 458.331(1)(m), Florida Statutes (2008) states that failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations constitutes grounds for disciplinary action by the Board of Medicine.

24. Respondent failed to keep adequate medical records justifying the course of treatment of Patient A.M. in one or more of the following ways:

- a) By failing to document that treatment with antimicrobial soap was initiated; and/or
- b) By failing to document the specific staphylococcal infection Patient A.M. had; and/or

- c) By failing to document incising and draining Patient A.M.'s lesions; and/or
- d) By failing to document what type of lesions Patient A.M. was suffering from; whether they were open, draining or if there was any cellulitis surrounding the lesions.

25. Based on the foregoing, Respondent has violated Section 458.331(1)(m), Florida Statutes (2008), by failing to keep adequate medical records justifying the course of treatment of Patient A.M.

COUNT THREE

26. Petitioner re-alleges and incorporates paragraphs one (1) through seventeen (17) as if fully set forth herein.

27. Section 458.331(1)(c), Florida Statutes (2008), subjects a licensee to discipline, including suspension, for prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice. For purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the physician's professional practice, without regard to his intent.

28. Respondent prescribed, dispensed, administered, mixed, or otherwise prepared a legend drug, other than in the course of his professional practice, from October 9, 2008 through on or about October 31, 2008, in one or more of the following ways:

- a) By inappropriately prescribing, dispensing, administering, mixing, or otherwise preparing, vancomycin, a legend drug, to Patient A.M. due to Patient A.M.'s age; and/or
- b) By inappropriately prescribing, Zyvox, a legend drug, to Patient A.M. to Patient A.M., to be given intravenously due to Patient A.M. being given Zyvox orally; and/or
- c) By inappropriately prescribing, dispensing, administering, mixing, or otherwise preparing, vancomycin, a legend drug, to Patient A.M. prior to determining the specific staphylococcal infection which had infected Patient A.M.; and/or
- d) By inappropriately prescribing, dispensing, administering, mixing, or otherwise preparing, Zyvox, a legend drug, to Patient A.M. prior to determining the specific staphylococcal infection which had infected Patient A.M.


29. Based on the forgoing, Respondent violated Section 458.331(1)(g), Florida Statutes (2008) when she prescribed, dispensed, administered, mixed, or otherwise prepared a legend drug, including any controlled substance, other than in the course of her professional practice by prescribing vancomycin and Zyvox in the manner alleged to Patient A.M.

WHEREFORE, Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 10th day of September, 2010.

Ara M. Viamonte Ros, M.D., M.P.H
Secretary, Department of Health

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: *Branch Gray*
DATE 9-10-10


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SLB/
PCP: September 10, 2010
PCP Members: Leon, Thomas, Levine

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses, and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on Respondent in addition to any other discipline imposed.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2011-06111

NEELAM T. UPPAL, M.D.,

RESPONDENT.

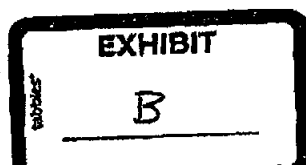
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DIVISION OF
ADMINISTRATIVE HEARINGS

FILED

AMENDED ADMINISTRATIVE COMPLAINT

The Petitioner, Department of Health, by and through the undersigned counsel, and files this Administrative Complaint before the Board of Medicine against the Respondent, Neelam T. Uppal, M.D., and in support thereof alleges:

1. The Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.
2. At all times material to this Administrative Complaint, the Respondent was a licensed physician within the State of Florida, having been issued license number ME 59800.



3. The Respondent's address of record is P.O. Box 60357, St. Petersburg, Florida 33784.

4. The Respondent is board certified in Internal Medicine with a subspecialty In Infectious Disease by the American Board of Internal Medicine.

5. On or about February 28, 2011, Patient C.B., a forty-three (43) year-old female, presented to the Respondent with complaints of food allergies and a request to check her immune system.

6. On or about March 7, 2011, the Respondent saw the patient for a follow up visit to review the patient's blood test and conducted a physical examination. The Respondent diagnosed the patient with a hyper immune system, a systemic Candida infection, and multiple food allergies.

7. Patient C.B.'s symptoms, blood test results and physical examination did not substantiate a diagnosis of systemic Candida Infection, hyper immune dysfunction, combined immunodeficiency or decreased Immune response.

8. The laboratory studies ordered by the Respondent did not support the Respondent's findings of systemic Candida Infection or Immune function combined immunodeficiency or decreased immune response.

9. The Respondent failed to meet the standard of care in that she arrived at one or more diagnoses for which there was insufficient evidence.

10. On or about March 7, 2011, the Respondent's medical records indicate that the patient wanted to be treated intravenously (IV) and that the patient stated that Diflucan did not work on her previously.

11. Diflucan is the trade name for an antifungal antibiotic.

12. On or about March 7, 2011, the medical records indicate that the Respondent treated the patient with Vfend 100 mg tablets or with Diflucan. The Respondent's records are not clear if she was treating the patient with Diflucan or Vfend.

13. Vfend is the trade name for an antifungal medication.

14. On or about March 14, 2011, the Respondent started the patient on IV immunoglobulin.

15. IV immunoglobulin is a blood product used to treat immune deficiencies.

16. On or about March 22, 2011, through March 28, 2011, the Respondent treated the patient with IV AmBisome.

17. AmBisome is an antibiotic antifungal drug used to treat serious fungal infections.

18. After receiving the AmBisome treatment on or about March 24, 2011, Patient C.B. developed a rash on her left arm.

19. The patient informed the Respondent about the rash at her next visit, which was on or about March 25, 2011.

20. On or about March 25, 2011, the Respondent informed Patient C.B. that the rash on her arm was most likely a result of Candida.

21. The medical records for on or about March 25, 2011, indicate that patient had no rashes.

22. The rash could have been a side effect of AmBisome or immunoglobulin. The standard of care was to discontinue both drugs.

23. The Respondent failed to meet the standard of care by continuing the patient on AmBisome or immunoglobulin (or both).

24. On or about March 28, 2011, the patient informed the Respondent that she had a rash. The Respondent stated she would treat the patient with Benadryl in addition to the IV AmBisome, but the patient refused treatment.

25. Benadryl is an antihistamine.

26. There are two records for on or about March 28, 2011. One record states that the Respondent's treatment plan was IV AmBisome and IV immunoglobulin but also states that the patient walked out.

27. Another record dated March 28, 2011 states that the patient did not show up at her appointment and that the patient went to a hospital.

28. On or about March 29, 2011, the medical records indicate that the patient had a blister on her abdomen. The records also indicate that the patient did not show up for treatment but also states that the Respondent had a discussion with the patient.

29. On or about March 29, 2011, Patient C.B. presented to the Respondent's office and was given a prescription for Vfend.

30. Vfend is an antifungal medication used to treat serious, invasive fungal infections.

31. On or about April 4, 2011, Patient C.B. presented to the Respondent. The medical records indicate the patient had a papule on her abdomen. The Respondent treated the patient with IV immunoglobulin.

32. C.B.'s symptoms and medical condition did not substantiate treatment with Diflucan, IV Immunoglobulin, Vfend or AmBisome.

33. The Respondent used medical records with pre-printed findings for an examination on them. The Respondent's use of preprinted physical examination results do not specify if examinations actually occurred.

34. The hand written portions of the Respondent's medical records appeared vague, contradictory or incomplete.

35. Respondent failed to maintain and/or keep complete, legible medical records for patient C.B.

COUNT I

36. The Petitioner realleges and Incorporates paragraphs one (1) through thirty-five (35) as if fully set forth herein.

37. Section 458.331(1)(t)(1), Florida Statutes (2010), subjects a doctor to discipline for committing medical malpractice as defined in Section 456.50. Section 456.50, Florida Statutes, defines medical malpractice as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

38. The level of care, skill, and treatment recognized in general law related to health care licensure means the standard of care specified in Section 766.102. Section 766.102(1), Florida Statutes, defines the

standard of care as the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

39. The Respondent fell below the acceptable standard of care in one or more of the following ways:

- a) The Respondent's examination and evaluation of Patient C.B. was inadequate and inappropriate in that the examination did not support a diagnosis of one of the following conditions: systemic Candida infection, hyperimmune dysfunction, immunodeficiency or decreased immune response;
- b) The Respondent's inappropriately treated the patient with one or more of the following drugs: AmBisome, Immunoglobulin, Vfend or Diflucan although the patient did not have any conditions which would indicate their use.
- c) The Respondent failed to discontinue treatment with AmBisome or immunoglobulin despite the patient having signs of negative side effects.

40. Based on the foregoing, the Respondent has violated Section 458.331(1)(t), Florida Statutes (2010), by committing medical malpractice.

COUNT II

41. The Petitioner realleges and incorporates paragraphs one (1) through thirty-five (35) as if fully set forth herein.

42. Section 458.331(1)(m), Florida Statutes (2010), provides that failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations, constitutes grounds for disciplinary action by the Board of Medicine.

43. The Respondent failed to keep appropriate medical records in one or more of the following ways:

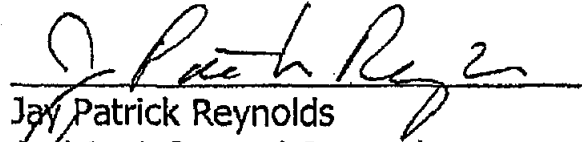
- a) The medical records did not justify one or more of the following diagnoses: systemic Candida infection, hyper immune dysfunction, combined Immunodeficiency or decreased immune response.
- b) The medical records did not justify the Respondent's treatment of the patient.
- c) The medical records had conflicting accounts of the patient's treatment.
- d) By failing to keep and/or maintain C.B.'s complete medical records.

44. Based on the foregoing, the Respondent has violated Section 458.331(1)(m), Florida Statutes (2010), by failing to keep medical records which justify the course of her treatment of Patient C.B.

WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of the Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 8th day of July, 2014.

John H. Armstrong, MD, FACS
Surgeon General & Secretary
of Health



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NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2011-17799

NEELAM T. UPPAL, M.D.,

RESPONDENT.

SECOND AMENDED ADMINISTRATIVE COMPLAINT

The Petitioner, Department of Health, by and through the undersigned counsel, files this Second Amended Administrative Complaint ("Complaint") before the Board of Medicine ("Board") against the Respondent, Neelam T. Uppal, M.D., and alleges:

1. The Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

2. At all times material to this Complaint, the Respondent was a licensed physician within the State of Florida, having been issued license number ME 59800.

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DIVISION OF
ADMINISTRATIVE HEARINGS

EXHIBIT
8

3. The Respondent is board certified in Infectious Disease by the American Board of Internal Medicine.

4. The Respondent's address of record is P.O. Box 1002, Largo, Florida 33779.

5. At all times material to this Complaint, the Respondent's primary practice address was 5840 Park Boulevard, Pinellas Park, FL 33781.

6. The Respondent treated patient P.A. from on or about February 22, 2008, through on or about December 3, 2011.

7. On or about February 22, 2008, P.A., a 35 year old woman at the time, presented to the Respondent with complaints of itching. The Respondent planned to rule out parasites and order lab work.

8. On or about February 23, 2008, P.A. returned to the Respondent with complaints of exhaustion.

9. CML stands for chronic myeloid leukemia.

10. From on or about February 23, 2008, through December 3, 2011, the patient complained of pain, insomnia, vomiting, nausea, an inability to eat, and symptoms of upper respiratory infections.

11. From on or about February 23, 2008, through December 3, 2011, the patient had blood tests which indicated abnormally high readings

for one or more of the following: white blood cells, red blood cells, hemoglobin and hematocrit.

12. On or about March 27, 2008, the patient presented to Respondent with CML and an upper respiratory infection. The Respondent referred the patient to Moffitt.

13. On or about May 18, 2010, the Respondent assessed the patient with a possible diagnosis of fibromyalgia without documented medical justification.

14. On or about September 13, 2010, the patient complained of vaginal bleeding after her hysterectomy. The Respondent planned to discuss P.A.'s condition with her gynecologist.

15. On or about January 21, 2011, the patient presented with complaints of fatigue and continuing cough. The Respondent diagnosed the patient with pneumonia and possible chronic obstructive pulmonary disease. The Respondent treated the patient with an injection.

16. On or about January 21, 2011, the name of the person who administered the injection was not documented.

17. On or about February 28, 2011, the Respondent diagnosed the patient with polycythemia vera (PV). The Respondent failed to document justification for this diagnosis.

18. On or about December 3, 2011, the Respondent diagnosed the patient with pneumonia or bronchitis, but did not keep a copy of the X-ray or the X-ray report justifying this diagnosis.

19. From on or about February 23, 2008, through on or about December 3, 2011, the Respondent failed to keep adequate records of physical examinations.

20. The Respondent failed to adequately document a physical examination and medical history.

21. The Respondent failed to document following up with the patient's physician(s) at Moffitt and she failed to keep medical records provided by those physicians.

22. The Respondent failed to document following up with the patient's oncologist and she failed to keep medical records provided by those physicians.

23. Respondent failed to keep and maintain the complete medical records for patient P.A.

24. Section 458.331(1)(m), Florida Statutes (2007-2011), provides that failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations, constitutes grounds for disciplinary action by the Board of Medicine.

25. Florida Administrative Code Rule 64B8-9.003, Standards for Adequacy of Medical Records, further defines the the paramaters of adequate medical records.

26. Florida Administrative Code Rule 64B8-9.003, titled Standards for Adequacy of Medical Records, provides in part that:

(2) A licensed physician shall maintain patient medical records in English, in a legible manner and with sufficient detail to clearly demonstrate why the course of treatment was undertaken.

(3) The medical record shall contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately, by including, at a minimum, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; reports of consultations and hospitalizations; and copies of records or reports or other documentation obtained from other health care practitioners at the request of the physician and relied upon by the physician in determining the appropriate treatment of the patient.

(4) All entries made into the medical records shall be accurately dated and timed. Late entries are permitted, but must be clearly and accurately noted as late entries and dated and timed accurately when they are entered into the record. However, office records do not need to be timed, just dated.

27. The Respondent failed to keep medical records in one or more of the following ways:

a) The medical records did not contain adequate documentation of physical examinations.

b) The medical record did not contain sufficient documentation of the course and results of treatment accurately.

c) The medical records do not contain documentation of consultations and follow-ups.

d) The Respondent failed to keep and maintain the complete medical records for patient P.A.

28. Based on the foregoing, the Respondent has violated Section 458.331(1)(m), Florida Statutes (2007-2011), by failing to keep and maintain medical records.

WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of the Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 8th day of July, 2014.

John H. Armstrong, MD, FACS
Surgeon General & Secretary



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PCP: April 19, 2013

PCP Members: Dr. Avila, Dr. Thomas, Mr. Dyches

DOH v. NEELAM T. UPPAL, M.D., CASE NO. 2011-17799

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.