



FILED
 DEPARTMENT OF HEALTH
 DEPUTY CLERK
 CLERK *Alicia Staffin*
 DATE 9/15/06
 M. Rony François, M.D.,
 M.S.P.H., Ph.D.,
 Secretary

Jeb Bush
 Governor

**UNIFORM NON-DISCIPLINARY CITATION
 BOARD OF MEDICINE**

Issued to: **Ashok Mohanlal PATEL, M.D.**
110 Clearwater Largo Road
Largo, FL 33770
 License No.: **ME 0066214**

Citation Number: **ME 2006-09754**
 Case Number: **2006-09754**
 Date of Violation: **April 13, 2006**
 Profession: **Physician**

RECEIVED
SEP 05 2006
 Compliance Management Unit

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on April 13, 2006, the above referenced subject did violate S. 458.331(1)(g)(nn), F.S., by failing to timely provide copies of medical records, in violation of Section 456.057, F.S.; and excessively charging copying fees for patient records, in violation of Rule 64B8-10.003, F.A.C. Pursuant to Rule 64B8-8.017, Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$ 500.00 plus costs in the amount of \$ 89.00.

Total amount due \$ 589.00. In addition, certified documentation of reimbursement of the excessive fees charged must be submitted within 60 days of the date this citation is issued.

On behalf of: M. Rony François, M.D., M.S.P.H., Ph.D., Secretary

ISSUED this 14th day of July, 2004

by J.A. Lammert
 J.A. Lammert, Investigation Specialist II

Received Date : 8/31/2006
 Deposit Date : 9/1/2006
 Deposit # : 167028
 Batch Number : 001005225
 Validation # : 908033048
 Check Amount : \$589.00
 PRO_CDE : 1501

If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:

Department of Health, Consumer Services Unit
 4052 Bald Cypress Way Bin C#75
 Tallahassee Florida 32399-3275

You may elect to have these charges prosecuted as a disciplinary action according to section 456.073 Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted pursuant to section 456.073 Florida Statutes, the case will be presented to the appropriate probable cause panel or the Department for a determination of probable cause.

PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:

- (1) I CHOOSE TO ACCEPT THE CITATION
- (2) I CHOOSE NOT TO ACCEPT THE CITATION AND WISH TO HAVE THIS CASE PROSECUTED UNDER SECTION. 456.073, FLORIDA STATUTES.

Signed: *[Signature]* Date: 8/28/06

PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

Division of Medical Quality Assurance, Consumer Services Unit
 4052 Bald Cypress Way, Bin C-75 * Tallahassee, FL 32399-3275
 Telephone Number (850) 245-4339 or Toll Free Call Center 1-888-419-3456
 Visit us online at www.doh.state.fl.us

**IMPORTANT INFORMATION REGARDING
COMPLIANCE WITH THIS NON-DISCIPLINARY CITATION**

This citation automatically becomes a final order of the board if you do not dispute the citation within thirty (30) days of the date the citation was served. All fines and costs are due thirty (30) days from the date the citation becomes a final order. Please attach a copy of the citation with your payment. Payment shall be mailed to the following address:

DOH/MQAMS/Client Services
Post Office Box 6320
Tallahassee, Florida 32314-6320

Any continuing education requirements shall be completed within the timeframe specified in the citation and proof of compliance documented with the Department of Health. Proof of completion must be mailed to:

DOH/HMQAMS/Client Services
Compliance - Bin C01
4052 Bald Cypress Way
Tallahassee, Florida 32399-3251


After this citation becomes a final order, failure to pay the fine and costs specified and provide proof of required continuing education within the timeframe specified on this citation constitutes a violation of a final order of the board, and may subject you to disciplinary action and referral to a collection agency.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon: Ashok Mohanlal PATEL, M.D.

At: Florida Behavioral Medicine
1100 Clearwater Largo Road
Largo, FL 33770

() By Personal Service (X) U.S. Certified Mail, Restricted Delivery, this 9th day of August, 2004.

Signature

Department of Health Representative