

BEFORE THE BOARD OF MEDICINE

DEPARTMENT OF PROFESSIONAL  
REGULATION,

Petitioner,

vs.

MYRTELINA LAUREANO-HALL, M.D.

Respondent.

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**FILED**

Department of Professional Regulation  
AGENCY CLERK

CLERK Melinda H. Wagner

DATE 6/21/88

DPR CASE NO. 0083017  
LICENSE NO. ME 0026179

FINAL ORDER

THIS MATTER came before the Board of Medicine (Board) pursuant to Section 120.57(3), Florida Statutes, on June 3, 1988, in Tallahassee, Florida, for consideration of a Stipulation (attached hereto as Exhibit A) entered into between the parties in the above-styled case. Upon consideration of the Stipulation, the documents submitted in support thereof, the arguments of the parties, and being otherwise advised in the premises, the Board rejected the Stipulation proposed and offered an amendment at the hearing, which amendment was accepted without objection by the parties.

IT IS HEREBY ORDERED AND ADJUDGED that the Stipulation as submitted be and is hereby approved and adopted in toto and incorporated by reference herein with the following:

1. Paragraph 7 of the Stipulated Disposition is amended to set the term of probation as seven years, rather than one.

2. In addition to the terms and conditions included in the Stipulation, Respondent must present at least one lecture per year of probation to a group of physicians on the responsibilities of physicians relating to accuracy of bills submitted. Both Respondent and the group of physicians addressed must submit documentation of the presentation.

Accordingly, the parties shall adhere to and abide by the terms and conditions of the Stipulation as amended.

This Order takes effect upon filing with the Clerk of the Department of Professional Regulation.

DONE AND ORDERED this 15<sup>th</sup> day of June, 1988.

BOARD OF MEDICINE

Emilio D. Echevarria  
EMILIO D. ECHEVARRIA, M.D.  
CHAIRMAN

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by certified mail to Myrtelina Laureano-Hall, M.D., 2535 Okeechobee Boulevard, West Palm Beach, Florida 33409 and Robert G. Amsel, Attorney at Law, 2250 Southwest Third Avenue, Miami, Florida 33129-2095 and by interoffice delivery to Jonathan King, Attorney at Law, Department of Professional Regulation, 130 North Monroe Street, Tallahassee, Florida 32399-0750, at or before 5:00 P.M., this 21 day of June, 1988.

Maureen J. Faircloth

STATE OF FLORIDA  
DEPARTMENT ON PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL  
REGULATION,

Petitioner,

DPR CASE NO. 0083017

vs.

Myrtelina Laureano-Hall, M.D.

Respondent.

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STIPULATION

Myrtelina Laureano-Hall, M.D., hereinafter referred to as "Respondent", and the Department of Professional Regulation, hereinafter referred to as "Department", hereby stipulate and agree to the following joint Stipulation and Final Order of the Board of Medicine, hereinafter referred to as "Board", incorporating this Stipulation and agreement in the above-styled manner.

STIPULATED FACTS

1. For all times pertinent herein Respondent was a licensed physician in the State of Florida, having been issued license number ME0026179.
2. Respondent was charged by an Administrative Complaint filed by the Department and properly served upon Respondent with violations of Chapter 458, Florida Statutes, and the rules enacted pursuant thereto. A true and correct copy of

the Administrative Complaint is attached hereto and made a part hereof by reference thereto as Exhibit A.

3. Respondent neither admits nor denies the matters of fact alleged in the Administrative Complaint attached hereto as Exhibit A.

#### STIPULATED CONCLUSIONS OF LAW

1. Respondent, in her capacity as a licensed medical doctor, admits that in such capacity she is subject to the provisions of Chapter 455 and 458, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts set forth in the foregoing Stipulated Facts, if proven, would constitute violations of Chapter 458, Florida Statutes, as alleged in Counts I and II of the Administrative Complaint.

#### STIPULATED DISPOSITION

1. Respondent shall not in the future violate Chapters 455, 458, or 893, Florida Statutes, or the rules promulgated pursuant thereto or any other state or federal law.

2. Respondent is hereby reprimanded.

3. The Respondent shall pay a fine of \$5000.00, which shall be paid by the Respondent to the Executive Director of the Board of Medicine within sixty(60) days of the filing of the Board's Final Order in this cause.

4. Respondent's license is hereby restricted so that Respondent must henceforth personally inspect and sign all demands for payments submitted to third-party payors.

5. Within sixty(60) days of entry of a Final Order incorporating this Stipulation, Respondent shall submit an affidavit to the Board of Medicine attesting to her familiarity with the Medicaid procedure codes and billing codes utilized in the Medicaid Program and agreeing to maintain familiarity with said codes.

6. Respondent's license shall be suspended for a period of two(2) years said suspension to be stayed contingent upon Respondent's successful completion of all terms of this Stipulation. In the event the Respondent should leave Florida to reside or practice outside of Florida for periods longer than thirty(30) consecutive days, the Respondent shall notify the Board in writing of the dates of departure and return. Periods of residency or practice outside of Florida will not apply to the reduction of the Respondent's suspension period. The Respondent shall advise the Board of any change in her residence and/or office address.

7. Respondent's license shall be placed on probation for a period of one(1) year to run concurrently with the first year of stayed suspension, subject to the following terms of probation:

a. Respondent shall not violate the provisions of Chapter 455, 458, or 893, Florida Statutes.

b. Respondent shall provide quarterly reports to the Board by affidavit, the contents of which are sworn and

subscribed to by Respondent before a notary public as being true and correct, summarizing her practice activities. Such reports shall contain the following:

- 1) Current practice address.
- 2) Current practice setting(s).
- 3) Direct response to the specific violations which resulted in the licensee being placed on probation.
- 4) Specific statement addressing compliance with all other terms and conditions of the Final Order placing the licensee on probation, together with required supporting documentation.

c. In the event the Respondent should leave Florida to reside or practice outside of Florida for periods longer than thirty(30) consecutive days, the Respondent shall notify the Board in writing of the dates of departure and return. Periods of residency or practice outside of Florida will not apply to the reduction of the Respondent's probationary period. The Respondent shall advise the Board of any change in her residence and/or office address.

d. Respondent will appear before the Board at their first meeting after she is placed on probation, the last meeting before her probation terminates and at such other times as directed by the Board and shall answer questions, under oath, as posed to her by the Board members, counsel for the Board, and counsel for Petitioner.

e. Respondent understands that during her period of probation, semi-annual investigative reports will be compiled by the Department concerning her compliance with the terms and conditions of probation and the rules and statutes regulating the practice of medicine. Respondent hereby waives confidentiality with regard to these reports as to the Board only, thus permitting the Board to review the investigative reports notwithstanding any statutory or rule provisions to the contrary. Respondent agrees to pay all reasonable costs of compiling and preparing these investigative reports, including the time spent by investigators to gather necessary information for said reports.

8. Respondent agrees to abide by all terms and conditions of this Stipulation. It is expressly understood that a violation of the terms of this Stipulation shall be considered a violation of Chapter 458, Florida Statutes, for which disciplinary action may be initiated.

9. Respondent shall be present at the time of the Board's consideration of this Stipulation and shall, under oath, answer any questions posed by Board Members, counsel for the Board and counsel for Petitioner.

10. It is expressly understood that this Stipulation is subject to approval of the Board and the Department and has no force and effect unless an order adopting it is entered by the Board.

11. This Stipulation is executed by the Respondent for the purpose of avoiding further administrative action with respect to this cause. In this regard, Respondent authorizes the Board to review and examine all investigative file materials [and any prior orders of the Board] concerning Respondent prior to or in conjunction with consideration of the Stipulation. Furthermore, should this joint Stipulation not be accepted by the Board, it is agreed that presentation to and consideration of this Stipulation and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. In the event that the Board fails to approve this joint Stipulation and a proceeding pursuant to Section 120.57, Florida Statutes, is held resulting in a finding that Respondent is guilty of the alleged charges, Respondent hereby waives any defense to entry of a Final Order by the Board based upon the Board's consideration of this joint Stipulation.

12. Respondent and the Department fully understand that this joint Stipulation and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or the Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A, issued in this cause.

13. Upon the Board's adoption of this Stipulation, Respondent expressly waives all further procedural steps, and expressly waives all rights to seek judicial review of or to



otherwise challenge or contest the validity of the joint stipulation of facts, conclusions of law and imposition of discipline, and the Final Order of the Board incorporating said Stipulation.

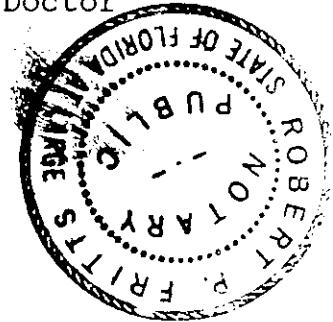
SIGNED this 19th day of April, 1988.

Myrtelina Laureano-Hall  
Myrtelina Laureano-Hall  
Medical Doctor

Sworn to and subscribed  
before me this 19th day  
of April, 1988.

Robert P. Fritts  
NOTARARY PUBLIC

Notary Public State of Florida at Large  
My Commission Expires May 14, 1989  
Bonded by large National Ins. Co.



My Commission Expires:

APPROVED this 2nd day of May, 1988.

TOM GALLAGHER  
TOM GALLAGHER

Bruce D. Lamb  
By: Bruce D. Lamb  
Chief Attorney

STATE OF FLORIDA  
DEPARTMENT OF PROFESSIONAL REGULATION  
BOARD OF MEDICINE

DEPARTMENT OF PROFESSION  
REGULATION

Petitioner,

DPR CASE NO. 0083017

vs.

MYRTELINA LAUREANO-HALL, M.D.,

Respondent.

---

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, Department of Professional Regulation, hereinafter referred to as "Petitioner", and files this Administrative Complaint before the Board of Medicine against Myrtelina Laureano-Hall, M.D., hereinafter referred to as "Respondent", and alleges:

1 Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.30, Florida Statutes, Chapter 455, Florida Statutes, and Chapter 458, Florida Statutes.

2. Respondent is and has been at all times material hereto a licensed physician in the State of Florida, having been issued license number ME 0026179. Respondent's last known address is Hallcrest Medical Center, 2535 Okeechobee Boulevard, West Palm Beach, Florida 33409.

3. From on or about May 28, 1986 until on or about March 20, 1987, an undercover investigation of Respondent's Medicaid billing practices was conducted by the Medicaid Fraud Control Unit.

4. The undercover investigation by Medicaid Fraud Control Unit was initiated as a result of the findings of an analysis of the provider conducted by Surveillance and Utilization Review Subsystem (SURS) of the Department of Health and Rehabilitative Services (DHRS).

5. From on or about May 28, 1986 until on or about December 19, 1986, Special Agent M [REDACTED] B [REDACTED], known to Respondent as patient M [REDACTED] K [REDACTED], received psychiatric counseling services from Respondent at Respondent's Hallcrest Medical Center.

6. On or about May 28, 1986, patient M [REDACTED] K [REDACTED] presented herself for her initial visit with Respondent.

7. On the aforementioned date, Respondent spent approximately 16 minutes with patient M [REDACTED] K [REDACTED] in psychiatric counseling.

8. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient M [REDACTED] K [REDACTED] engaged in psychiatric counseling.

9. Under Medicaid reimbursement rules the maximum payable amount for a 45-50 minute session is \$35.00.

10. Under Medicaid reimbursement rules the maximum payable amount for an initial office visit by a new patient is \$15.00.

11. Respondent fraudulently billed Medicaid for \$20.00 in excess of the entitled fee for the aforementioned session.

12. On or about June 10, 1986 patient M [REDACTED] K [REDACTED] presented herself to Respondent's office for psychiatric counseling.

13. On the aforementioned date, Respondent spent approximately 13 minutes with M [REDACTED] K [REDACTED] in psychiatric counseling.

14. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient M [REDACTED] K [REDACTED] engaged in psychiatric counseling.

15. Under Medicaid reimbursement rules the maximum amount payable for a 45-50 minute session is \$35.00.

16. Under Medicaid reimbursement rules, the maximum amount payable for a session lasting less than 13 minutes is \$10.00.

17. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

18. On or about June 24, 1986, patient M [REDACTED] K [REDACTED] presented herself to Respondent's office for psychiatric counseling.

19. On the aforementioned date, Respondent spent a total of less than 16 minutes with patient M [REDACTED] K [REDACTED].

20. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient M [REDACTED] K [REDACTED] engaged in psychiatric counseling.

21. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 16 minutes is \$20.00.

22. Respondent fraudulently billed Medicaid for \$15.00 in excess of the entitled fee for the aforementioned session.

23. On or about August 13, 1986, patient M [REDACTED] K [REDACTED]

presented herself to Respondent's office for psychiatric counseling.

24. On the aforementioned date, Respondent spent a total of less than 9 minutes with patient M [REDACTED] K [REDACTED].

25. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient M [REDACTED] K [REDACTED] engaged in psychiatric counseling.

26. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 9 minutes is \$10.00.

27. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

28. On or about September 11, 1986, patient M [REDACTED] K [REDACTED] presented herself to Respondent's office for psychiatric counseling.

29. On the aforementioned date, Respondent spent a total of less than 12 minutes with patient M [REDACTED] K [REDACTED].

30. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient M [REDACTED] K [REDACTED] engaged in psychiatric counseling.

31. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 12 minutes is \$10.00.

32. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

33. On or about November 5, 1986, patient M [REDACTED] K [REDACTED] presented herself to Respondent's office for psychiatric

counseling.

34. On the aforementioned date, Respondent spent a total of less than 28 minutes with patient M [REDACTED] K [REDACTED].

35. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient M [REDACTED] K [REDACTED] engaged in psychiatric counseling.

36. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 28 minutes is \$20.00.

37. Respondent fraudulently billed Medicaid for \$15.00 in excess of the entitled fee for the aforementioned session.

38. On or about December 19, 1986, patient M [REDACTED] K [REDACTED] presented herself to Respondent's office for psychiatric counseling.

39. On the aforementioned date, Respondent spent a total of less than 12 minutes with patient M [REDACTED] K [REDACTED].

40. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient M [REDACTED] K [REDACTED] engaged in psychiatric counseling.

41. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 12 minutes is \$10.00.

42. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

43. From on or about June 10, 1986 to December 19, 1986, Special Agent F [REDACTED] M [REDACTED], known to Respondent as patient J [REDACTED] C [REDACTED] received psychiatric counseling services from Respondent

at Respondent's Hallcrest Medical Center as part of the undercover investigation conducted by the Medicaid Fraud Control Unit.

44. On or about June 10, 1986, patient J [REDACTED] G [REDACTED] presented himself for his initial visit with Respondent.

47. On the aforementioned date, Respondent spent a total of less than 12 minutes with patient J [REDACTED] G [REDACTED] engaged in psychiatric counseling.

48. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient J [REDACTED] G [REDACTED] and billed using the procedure code for a 45-50 minute session.

49. The appropriate code for patient J [REDACTED] G [REDACTED] June 10, 1986 office visit is the procedure code used for a new patient which consists of a brief evaluation, history and examination and treatment.

50. Under Medicaid reimbursement rules the maximum amount for a 45-50 minute session is \$35.00.

51. Under Medicaid reimbursement rules the maximum payable amount for an initial office visit by a new patient is \$15.00.

52. Respondent fraudulently billed Medicaid for \$20.00 in excess of the entitled fee for the aforementioned session.

53. On or about June 24, 1986, patient J [REDACTED] G [REDACTED] presented himself to Respondent's office for psychiatric counseling.

54. On the aforementioned date, Respondent spent a total

of less than 13 minutes with patient J [REDACTED] G [REDACTED]

55. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient J [REDACTED] G [REDACTED] engaged in psychiatric counseling.

56. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 13 minutes is \$10.00.

57. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

58. On or about July 11, 1986, patient J [REDACTED] G [REDACTED] presented himself to Respondent's office for psychiatric counseling.

59. On the aforementioned date, Respondent spent a total of less than 3 minutes with patient J [REDACTED] G [REDACTED].

60. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient J [REDACTED] G [REDACTED] engaged in psychiatric counseling.

61. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 3 minutes is \$10.00.

62. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

63. On or about July 29, 1986, patient J [REDACTED] G [REDACTED] presented himself to Respondent's office for psychiatric counseling.

64. On the aforementioned date, Respondent spent a total of less than 9 minutes with patient J [REDACTED] G [REDACTED].



65. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient J ■ G ■ engaged in psychiatric counseling.

66. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 9 minutes is \$10.00.

67. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

68. On or about August 13, 1986, patient J ■ G ■ presented himself to Respondent's office for psychiatric counseling.

69. On the aforementioned date, Respondent spent a total of less than 10 minutes with patient J ■ G ■

70. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient J ■ G ■ engaged in psychiatric counseling.

71. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 10 minutes is \$10.00.

72. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

73. On or about September 9, 1986, patient J ■ G ■ presented himself to Respondent's office for psychiatric counseling.

74. On the aforementioned date, Respondent spent a total of less than 19 minutes with patient J ■ G ■

75. In billing Medicaid for the aforementioned session,

the Respondent represented he spent 45-50 minutes with patient J [REDACTED] G [REDACTED] engaged in psychiatric counseling.

76. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 19 minutes is \$20.00.

77. Respondent fraudulently billed Medicaid for \$15.00 in excess of the entitled fee for the aforementioned session.

78. On or about November 5, 1986, patient J [REDACTED] G [REDACTED] presented himself to Respondent's office for psychiatric counseling.

79. On the aforementioned date, Respondent spent a total of less than 15 minutes with patient Jose Gomez.

80. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient J [REDACTED] G [REDACTED] engaged in psychiatric counseling.

81. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 15 minutes is \$10.00.

82. Respondent fraudulently billed Medicaid for \$25.00 in excess of the entitled fee for the aforementioned session.

83. On or about December 9, 1986, patient J [REDACTED] G [REDACTED] presented himself to Respondent's office for psychiatric counseling.

84. On the aforementioned date, Respondent spent a total of less than 17 minutes with patient Jose Gomez.

85. In billing Medicaid for the aforementioned session, the Respondent represented he spent 45-50 minutes with patient

J ■■■ G ■■■ engaged in psychiatric counseling.

86. Under Medicaid reimbursement rules the maximum amount for a psychiatric counseling session lasting less than 17 minutes is \$20.00.

87. Respondent fraudulently billed Medicaid for \$15.00 in excess of the entitled fee for the aforementioned session.

88. Respondent submitted fraudulent bills to the Medicaid Program in the amount of \$1,200.00.

89. Respondent wrongfully received and retained approximately \$330.00 from the Medicaid Program for false claims for services not rendered.

COUNT ONE

90. Petitioner realleges and incorporates paragraphs one through eighty-nine above as if fully set forth herein this Count One.

91. Respondent made deceptive, untrue or fraudulent representations during the course of treatment of patients M ■■■ K ■■■ and J ■■■ G ■■■

92. Based on the foregoing, Respondent violated Section 458.331(1)(l), Florida Statutes (1985), now Section 458.331(1)(k), Florida Statutes (Supp. 1986), by making deceptive, untrue or fraudulent representations in the practice of medicine or employing a trick or scheme in the practice of medicine.

COUNT TWO

93. Petitioner realleges and incorporates paragraphs one through eighty-nine above as if fully set forth herein this Count

Two.

94. Respondent made or filed a report which he knew to be false.

95. Based on the foregoing, Respondent violated Section 458.331(1)(i), Florida Statutes (1985), now Section 458.331(1)(h), Florida Statutes (Supp. 1986), by making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another to do so. Such reports or records shall include only those which are signed in the capacity as a licensed physician.

COUNT THREE

96. Petitioner realleges and incorporates paragraphs one through eighty-nine above as if fully set forth herein this Count Three.

97. On or about August 19, 1987, Respondent entered a plea of Nolo Contendere to one Count of Petit Theft and one Count of filing a false Medicaid claim less than an aggregate value of \$200.00 in any 12 consecutive months.

98. On or about August 19, 1987, the Fifteenth Judicial Circuit of Florida, in and for Palm Beach County, withheld adjudication and sentencing in Respondent's case #87-249CFA02 and required Respondent to pay restitution in the amounts of \$10,000.00 and \$330.03.

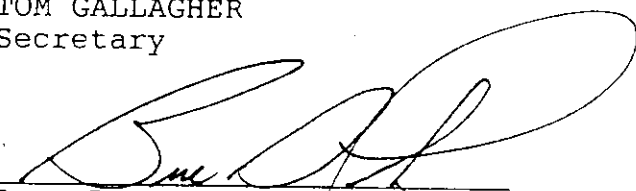
99. The foregoing convictions are of crimes which directly relate to the Respondent's ability to practice medicine.

100. Based on the foregoing, Respondent violated Section 458.331(1)(c), Florida Statutes, by being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of medicine or the ability to practice medicine. Any plea of Nolo Contendere shall be considered a Conviction for purposes of this Chapter.

WHEREFORE, Petitioner respectfully requests the Board of Medicine to enter an Order imposing one or more of the following penalties: revocation or suspension of the Respondent's license, restriction of the Respondent's practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, and/or any other relief that the Board deems appropriate.


SIGNED this 4th day of February, 1988.

TOM GALLAGHER  
Secretary

  
By: Bruce D. Lamb  
Chief Attorney  
Medical Section

COUNSEL FOR DEPARTMENT:

Jonathan R. King  
Staff Attorney  
Department of Professional  
Regulation  
130 N. Monroe Street  
Tallahassee, Florida 32399-0750  
(904) 488-0062

/sdc  
12/28/87

PCP: Ashkar & Hantman 1-30-88

**FILED**

Department of Professional Regulation  
AGENCY CLERK

CLERK Melinda H. Wagner

DATE 2/4/88

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION  
BEFORE THE BOARD OF MEDICINE

**FILED**  
AGENCY FOR  
HEALTH CARE ADMINISTRATION  
DEPUTY CLERK

AGENCY FOR HEALTH CARE  
ADMINISTRATION,  
PETITIONER

CLERK *Brandon H. Moore*

v.

BPR CASE NO.: 0083017  
DATE 6-22-95  
LICENSE NO.: ME 0026179

Myretelina Laureano-Hall, M.D.,  
RESPONDENT

ORDER OF TERMINATION

Upon review of the terms and conditions of the Final Order of the Board of Medicine rendered 6/21/88, the documentation offered on behalf of Respondent, and being otherwise fully advised in the premises, it is hereby

**ORDERED AND ADJUDGED:**

that Respondent completed his/her period of probation on 6/20/95 and has complied with all terms of the Final Order rendered 6/21/88.

**DONE AND ORDERED**

this 19 day of June, 1995.

*Gary E. Winchester Jr. M.D.*  
Gary Winchester, M.D., Chairperson  
Board of Medicine

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing Order has been provided by certified mail to Myretelina Laureano-Hall, M.D. at 6300 South Dixie Hwy #101, West Palm Beach, Florida 33405 and to Robert G. Amsel, Esquire at 2250 SW Third Avenue, Miami, Florida 33129-2095 at or before 5:00 p.m. of this 22 day of June, 1995.

*Marm Harris*  
Marm Harris, Executive Director  
Board of Medicine