

<b>Commonwealth of Pennsylvania</b> DEPARTMENT OF STATE HARRISBURG, PA 17105		<h1>CITATION</h1>		<b>CITATION NO.</b> 52149		
1. RESPONDENT <b>2012 AUG 13 AM 8:59</b> Satish Kumar Mallik			2. FILE NO. 12-49-02149		<p><b>NOTICE OF RIGHTS AND OBLIGATIONS</b></p> <p>The original of this citation will be filed with the Professional Compliance Office of the Bureau of Professional and Occupational Affairs at the address listed herein. You should receive this citation by certified mail and by first class mail. Please respond only once.</p> <p><b>YOU HAVE THE RIGHT TO HAVE AN INTERPRETER AT YOUR HEARING. YOU MUST NOTIFY US OF THIS REQUEST WHEN YOU RETURN YOUR PLEA.</b></p> <p><b>WITHIN TEN (10) DAYS OF THE RECEIPT OF THIS CITATION, YOU MUST:</b></p> <p>--ADMIT TO THE VIOLATION(S) by signing the appropriate plea below and mailing the entire RESPONDENT'S RETURN copy of this Citation along with an amount equal to the Total Due as specified in Box 11 to the Professional Compliance Office at the address listed in Box 12.</p> <p>--DENY THE VIOLATION(S) by signing the appropriate plea below and mailing the entire RESPONDENT'S RETURN copy of this Citation to the Professional Compliance Office at the address in Box 12. If you deny the violation(s), a formal hearing will be scheduled in Harrisburg at which you may present evidence on your behalf. Failure to appear at the formal hearing will result in the entry of a default judgment against you for the full amount of the Civil Penalty ("Total Due") as specified in Box 11 of this Citation.</p> <p>All payments must be made by certified or cashier's check or money order and made payable to the "Commonwealth of Pennsylvania," and mailed to the address on the reverse side. Please place the Citation Number on your certified or cashier's check or money order.</p> <p><b>PERSONAL CHECKS WILL NOT BE ACCEPTED.</b></p> <p><b>SUBMISSION OF PAYMENT CONSTITUTES AN ADMISSION OF THE VIOLATION</b></p> <p>Failure to respond within the time specified above will result in the entry of a default judgment against you for the full amount of the Civil Penalty ("Total Due") as specified on this Citation. Failure to pay a civil penalty could result in additional fines and the revocation, suspension or other disciplinary action against any license which you may hold.</p> <p style="text-align: center;"><b>PLEA</b></p> <p>Place the RESPONDENT'S RETURN copy of the Citation and your certified or cashier's check or money order in an envelope and mail to the address listed in Box 12.</p> <p>I understand this notice of my rights and obligations. Further, I represent that I make this plea knowingly, voluntarily and intelligently. I understand that false statements herein are made subject to the Criminal Penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities. Failure to indicate a plea when forwarding an amount equal to the Total Due as specified on this Citation will result in a plea admitting to all violations being recorded.</p> <p>1. I ADMIT to the violation(s) on this Citation                  _____ 7.23.12                  Signature Date</p> <p>2. I DENY the violation(s) on this Citation                  _____                  Signature Date</p> <p style="text-align: center;"><b>RESPONDENT RETURN FIRST CLASS</b></p>	
3. SEX Department of State 8/24/1964		5. AGE 48		6. LICENSE NO. MD061566L		
7. RECORD ADDRESS 509 Willow Lane		CITY Clarks Summit	STATE PA	ZIP CODE 18411		
8. CHARGE Failure to report to the Board within 60 days of the occurrence of any of those events enumerated in Section 903(1) of the Medical Care Availability and Reduction on Error (Mcare) Act.						
9. STATUTE OR REGULATION VIOLATED 40 P.S. Title			10. FACILITY ADDRESS 509 Willow Lane Clarks Summit, PA 18411			
Violation #1. §1303.903(1)		FINE \$1,000.00				
Violation #2.		FINE				
Violation #3.		FINE				
11. TOTAL DUE		\$1,000.00				
12. SEND PAYMENT TO:		PA. DEPARTMENT OF STATE ATTN: PROFESSIONAL COMPLIANCE OFFICE -- CITATIONS PO BOX 2649 HARRISBURG PA 17105				
13. RECEIPT OF CITATION ACKNOWLEDGED -- SIGNATURE			14. DATE ISSUED July 10, 2012			
I Verify That The Facts Set Forth In This Citation Are True And Correct To The Best Of My Knowledge Or Information And Belief. This Verification Is Made Subject To The Penalties Of Section 4804 Of The Crimes Code (18 Pa.C.S. § 4804) Relating To Unsworn Falsification To Authorities						
15. ISSUER SIGNATURE Lori Doudrick		16. ID NO.		17. REGION Harrisburg		
18. REMARKS Respondent failed to report the medical malpractice lawsuit Houck v Mallik, MD, et al (Lackawanna County CCP, No 3487 Civil 2009) to the PA State Board of Medicine within 60 days. Respondent failed to respond to letters from this office (1st class & certified) dated 8/26/2011 and 10/17/2011.						
READ THE NOTICE OF RIGHTS AND OBLIGATIONS ON THIS CITATION FOR AN EXPLANATION OF YOUR RIGHTS AND OBLIGATIONS FOR SETTLEMENT OF THIS MATTER. YOU <b>MUST</b> ELECT ONE OF THE PLEA OPTIONS AND FOLLOW THE APPROPRIATE DIRECTIONS WITHIN 10 DAYS TO AVOID FURTHER LEGAL ACTION AGAINST YOUR LICENSE.						
SHOULD YOU ELECT TO DEMAND A HEARING ON THIS MATTER, FOLLOW THESE INSTRUCTIONS CAREFULLY. YOUR HEARING DATE WILL BE ON <p style="text-align: center;"><b>October 9, 2012 AT 9:00 A.M.</b></p> ALL HEARINGS ARE HELD IN HARRISBURG IN THE OFFICE OF HEARING EXAMINERS, 2601 NORTH THIRD STREET, HARRISBURG, PA 17105						
PLEASE PLACE THE CITATION NUMBER(S) ON YOUR CERTIFIED OR CASHIER'S CHECK OR MONEY ORDER <b>PERSONAL CHECKS WILL NOT BE ACCEPTED</b>						