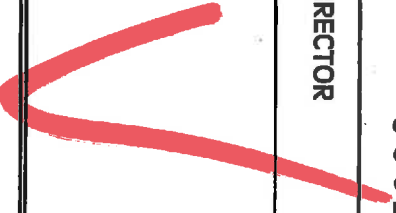


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singlestar</i>	DATE <i>9-4-07</i>
-------------------------	-----------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000133	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input checked="" type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

AUG 31 2007

Washington, D.C. 20201

Director

Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Log: DS

RECEIVED

SEP 04 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Director:

RE: Douglas E. Bertleson

P.O. Box 1030

Pasadena, CA 91102-1030

Medical Doctor

DOB: 7/9/1953

SSN: 519-66-6512

MEDICARE PROVIDER #: WG42625A

MEDICAID PROVIDER #: 00G436250

UPIN: E64335

CA LICENSE #: G42625

SC LICENSE #: 17775

NC LICENSE #: 9600414

VA LICENSE #: 0101051708

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX program as of the effective date of this action.

Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the Special Agent in Charge for Investigations if you receive any such claim.

Sincerely,

Maureen R. Byer

Maureen R. Byer

Director

Exclusions Staff

Office of Investigations