

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation/Petition)
to Revoke Probation Against:)**

**Arudra Bodepudi, M.D.)
Physician's and Surgeon's)
Certificate No. A 73676)
Respondent)**

Case No. 800-2015-012722

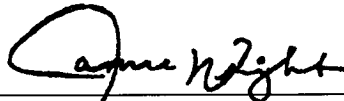
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 25, 2016.

IT IS SO ORDERED: July 26, 2016.

MEDICAL BOARD OF CALIFORNIA



**Jamie Wright, J.D., Chair
Panel A**

1 KAMALA D. HARRIS
Attorney General of California
2 VLADIMIR SHALKEVICH
Acting Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation/Petition to
12 Revoke Probation Against:

13 **ARUDRA BODEPUDI, M.D.**
14 3883 Canyonlands Road
15 Stockton, CA 95209

16 **Physician's and Surgeon's Certificate No. A**
17 **73676**

18 Respondent.

Case No. 800-2015-012722

OAH No. 2015120180

19 **STIPULATED SETTLEMENT AND**
20 **DISCIPLINARY ORDER**

21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
22 entitled proceedings that the following matters are true:

23 PARTIES

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California. She brought this action solely in her official capacity and is represented in this
26 matter by Kamala D. Harris, Attorney General of the State of California, by Jannsen Tan, Deputy
27 Attorney General.

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in
3 Accusation/Petition to Revoke Probation No. 800-2015-012722, if proven at a hearing, constitute
4 cause for imposing discipline upon her Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation/Petition to Revoke Probation without the
6 expense and uncertainty of further proceedings, Respondent agrees that, at a hearing,
7 Complainant could establish a factual basis for the charges in the Accusation/Petition to Revoke
8 Probation, and that Respondent hereby gives up her right to contest those charges.

9 11. Respondent agrees that if she ever petitions for early termination or modification of
10 probation, or if an accusation and/or petition to revoke probation is filed against her, before the
11 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-
12 2015-012722 shall be deemed true, correct and fully admitted by Respondent for purposes of that
13 proceeding or any other licensing proceeding involving Respondent in the State of California.

14 12. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
15 discipline and she agrees to be bound by the Board's probationary terms as set forth in the
16 Disciplinary Order below.

17 RESERVATION

18 13. The admissions made by Respondent herein are only for the purposes of this
19 proceeding, or any other proceedings in which the Medical Board of California or other
20 professional licensing agency is involved, and shall not be admissible in any other criminal or
21 civil proceeding.

22 CONTINGENCY

23 14. This stipulation shall be subject to approval by the Medical Board of California.
24 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
25 Board of California may communicate directly with the Board regarding this stipulation and
26 settlement, without notice to or participation by Respondent or her counsel. By signing the
27 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek
28 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails

1 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
2 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
3 action between the parties, and the Board shall not be disqualified from further action by having
4 considered this matter.

5 15. The parties understand and agree that Portable Document Format (PDF) and facsimile
6 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
7 signatures thereto, shall have the same force and effect as the originals.

8 16. In consideration of the foregoing admissions and stipulations, the parties agree that
9 the Board may, without further notice or formal proceeding, issue and enter the following
10 Disciplinary Order:

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 73676 issued
13 to Respondent Arudra Bodepudi, M.D. is revoked. However, the revocation is stayed and
14 Respondent is placed on probation for 35 months on the following terms and conditions.

15 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
16 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
17 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
18 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
19 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
20 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
21 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
22 completion of each course, the Board or its designee may administer an examination to test
23 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
24 hours of CME of which 40 hours were in satisfaction of this condition.

25 2. **PROFESSIONALISM PROGRAM (ETHICS COURSE).** Within 60 calendar days of
26 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
27 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.
28 Respondent shall participate in and successfully complete that program. Respondent shall

1 provide any information and documents that the program may deem pertinent. Respondent shall
2 successfully complete the classroom component of the program not later than six (6) months after
3 Respondent's initial enrollment, and the longitudinal component of the program not later than the
4 time specified by the program, but no later than one (1) year after attending the classroom
5 component. The professionalism program shall be at Respondent's expense and shall be in
6 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

7 A professionalism program taken after the acts that gave rise to the charges in the
8 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
9 or its designee, be accepted towards the fulfillment of this condition if the program would have
10 been approved by the Board or its designee had the program been taken after the effective date of
11 this Decision.

12 Respondent shall submit a certification of successful completion to the Board or its
13 designee not later than 15 calendar days after successfully completing the program or not later
14 than 15 calendar days after the effective date of the Decision, whichever is later.

15 3. MONITORING - BILLING. Within 30 calendar days of the effective date of this
16 Decision, Respondent shall submit to the Board or its designee for prior approval as a billing
17 monitor(s), the name and qualifications of a billing service who will monitor Respondent's billing
18 or one or more licensed physicians and surgeons whose licenses are valid and in good standing,
19 and who are preferably American Board of Medical Specialties (ABMS). A monitor shall have
20 no prior or current business or personal relationship with Respondent, or other relationship that
21 could reasonably be expected to compromise the ability of the monitor to render fair and unbiased
22 reports to the Board, including but not limited to any form of bartering, shall be in Respondent's
23 field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all
24 monitoring costs.

25 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
26 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
27 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
28 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role

1 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
2 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
3 signed statement for approval by the Board or its designee.

4 Within 60 calendar days of the effective date of this Decision, and continuing throughout
5 probation, Respondent's billing shall be monitored by the approved monitor. Respondent shall
6 make all records available for immediate inspection and copying on the premises by the monitor
7 at all times during business hours and shall retain the records for the entire term of probation.

8 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
9 date of this Decision, Respondent shall receive a notification from the Board or its designee to
10 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
11 shall cease the practice of medicine until a monitor is approved to provide monitoring
12 responsibility.

13 The monitor(s) shall submit a quarterly written report to the Board or its designee which
14 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
15 are within the standards of practice of billing, and whether Respondent is billing appropriately. It
16 shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly
17 written reports to the Board or its designee within 10 calendar days after the end of the preceding
18 quarter.

19 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
20 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
21 name and qualifications of a replacement monitor who will be assuming that responsibility within
22 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
23 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
24 notification from the Board or its designee to cease the practice of medicine within three (3)
25 calendar days after being so notified Respondent shall cease the practice of medicine until a
26 replacement monitor is approved and assumes monitoring responsibility.

27 In lieu of a monitor, Respondent may participate in a professional enhancement program
28 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the

1 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
2 chart review, semi-annual practice assessment, and semi-annual review of professional growth
3 and education. Respondent shall participate in the professional enhancement program at
4 Respondent's expense during the term of probation.

5 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
6 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
7 Chief Executive Officer at every hospital where privileges or membership are extended to
8 Respondent, at any other facility where Respondent engages in the practice of medicine,
9 including all physician and locum tenens registries or other similar agencies, and to the Chief
10 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
11 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
12 calendar days.

13 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

14 5. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
15 prohibited from supervising physician assistants.

16 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
17 governing the practice of medicine in California and remain in full compliance with any court
18 ordered criminal probation, payments, and other orders.

19 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
20 under penalty of perjury on forms provided by the Board, stating whether there has been
21 compliance with all the conditions of probation.

22 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
23 of the preceding quarter.

24 8. GENERAL PROBATION REQUIREMENTS.

25 Compliance with Probation Unit

26 Respondent shall comply with the Board's probation unit and all terms and conditions of
27 this Decision.

28 Address Changes

1 Respondent shall, at all times, keep the Board informed of Respondent's business and
2 residence addresses, email address (if available), and telephone number. Changes of such
3 addresses shall be immediately communicated in writing to the Board or its designee. Under no
4 circumstances shall a post office box serve as an address of record, except as allowed by Business
5 and Professions Code section 2021(b).

6 Place of Practice

7 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
8 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
9 facility.

10 License Renewal

11 Respondent shall maintain a current and renewed California physician's and surgeon's
12 license.

13 Travel or Residence Outside California

14 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
15 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
16 (30) calendar days.

17 In the event Respondent should leave the State of California to reside or to practice
18 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
19 departure and return.

20 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
21 available in person upon request for interviews either at Respondent's place of business or at the
22 probation unit office, with or without prior notice throughout the term of probation.

23 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
24 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
25 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
26 defined as any period of time Respondent is not practicing medicine in California as defined in
27 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
28 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All

1 time spent in an intensive training program which has been approved by the Board or its designee
2 shall not be considered non-practice. Practicing medicine in another state of the United States or
3 Federal jurisdiction while on probation with the medical licensing authority of that state or
4 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
5 not be considered as a period of non-practice.

6 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
7 months, Respondent shall successfully complete a clinical training program that meets the criteria
8 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
9 Disciplinary Guidelines" prior to resuming the practice of medicine.

10 Respondent's period of non-practice while on probation shall not exceed two (2) years.

11 Periods of non-practice will not apply to the reduction of the probationary term.

12 Periods of non-practice will relieve Respondent of the responsibility to comply with the
13 probationary terms and conditions with the exception of this condition and the following terms
14 and conditions of probation: Obey All Laws; and General Probation Requirements.

15 11. COMPLETION OF PROBATION. Respondent shall comply with all financial
16 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
17 completion of probation. Upon successful completion of probation, Respondent's certificate shall
18 be fully restored.

19 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
20 of probation is a violation of probation. If Respondent violates probation in any respect, the
21 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
22 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
23 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
24 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
25 the matter is final.

26 13. LICENSE SURRENDER. Following the effective date of this Decision, if
27 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
28 the terms and conditions of probation, Respondent may request to surrender his or her license.

1 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
2 determining whether or not to grant the request, or to take any other action deemed appropriate
3 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
4 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
5 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
6 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
7 application shall be treated as a petition for reinstatement of a revoked certificate.

8 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
9 with probation monitoring each and every year of probation, as designated by the Board, which
10 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
11 California and delivered to the Board or its designee no later than January 31 of each calendar
12 year.

13
14 ACCEPTANCE

15 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
16 discussed it with my attorney, Jonathan C. Turner. I understand the stipulation and the effect it
17 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
18 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
19 Decision and Order of the Medical Board of California.

20
21 DATED: 6-1-2016 Arudra Bodepudi MD
22 ARUDRA BODEPUDI, M.D.
Respondent

23 I have read and fully discussed with Respondent Arudra Bodepudi, M.D. the terms and
24 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
25 I approve its form and content.

26 DATED: 6-1-2016 J.C. Turner
27 JONATHAN C. TURNER
Attorney for Respondent

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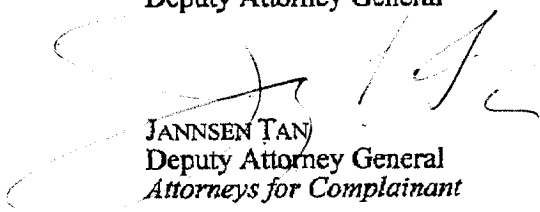
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: June 2, 2016

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
VLADIMIR SHALKEVICH
Deputy Attorney General



JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation/Petition to Revoke Probation No. 800-2015-012722

1 KAMALA D. HARRIS
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2 CONNIE A. BROUSSARD
Supervising Deputy Attorney General
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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation/Petition to Revoke
12 Probation Against:

Case No. 800-2015-012722

**ACCUSATION AND PETITION TO
REVOKE PROBATION**

13 **ARUDRA BODEPUDI, M.D.**
14 5250 Claremont Avenue, Suite 103.
Stockton, CA 95207

15 Physician's and Surgeon's Certificate No. A 73676,

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs (Board).

23 2. On or about December 28, 2000, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 73676 to Arudra Bodepudi, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate will expire on June 30, 2016.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board, under the authority of the following
28 laws. All section references are to the Business and Professions Code unless otherwise indicated.

1 (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 (b) Gross negligence.

4 (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from
6 the applicable standard of care shall constitute repeated negligent acts.

7 (1) An initial negligent diagnosis followed by an act or omission medically appropriate
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

9 (2) When the standard of care requires a change in the diagnosis, act, or omission that
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
12 applicable standard of care, each departure constitutes a separate and distinct breach of the
13 standard of care.

14 (d) Incompetence.

15 (e) The commission of any act involving dishonesty or corruption which is substantially
16 related to the qualifications, functions, or duties of a physician and surgeon.

17 (f) Any action or conduct which would have warranted the denial of a certificate.

18 (g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the
21 proposed registration program described in Section 2052.5.

22 (h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder
24 who is the subject of an investigation by the board."

25 6. Section 2263 of the Code states: "The willful, unauthorized violation of professional
26 confidence constitutes unprofessional conduct."

27 ///

28 ///

1 7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
2 adequate and accurate records relating to the provision of services to their patients constitutes
3 unprofessional conduct."

4 8. Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of
5 the Balanced Budget Act of 1997 (42 USC 1396a(n)(3)(B)) provides:

6 "...

7 “(n)(1) In the case of medical assistance furnished under this title for Medicare cost-sharing
8 respecting the furnishing of a service or item to a qualified Medicare beneficiary, the State plan
9 may provide payment in an amount with respect to the service or item that results in the sum of
10 such payment amount and any amount of payment made under title XVIII with respect to the
11 service or item exceeding the amount that is otherwise payable under the State plan for the item or
12 service for eligible individuals who are not qualified Medicare beneficiaries.

13 “(2) In carrying out paragraph (1), a State is not required to provide any payment for any
14 expenses incurred relating to payment for deductibles, coinsurance, or copayments for Medicare
15 cost-sharing to the extent that payment under title XVIII for the service would exceed the
16 payment amount that otherwise would be made under the State plan under this title for such
17 service if provided to an eligible recipient other than a Medicare beneficiary.

18 “(3) In the case in which a State’s payment for Medicare cost-sharing for a qualified
19 Medicare beneficiary with respect to an item or service is reduced or eliminated through the
20 application of paragraph (2).

21 (A) for purposes of applying any limitation under title XVIII on the amount that the
22 beneficiary may be billed or charged for the service, the amount of payment made under title
23 XVIII plus the amount of payment (if any) under the State plan shall be considered to be payment
24 in full for the service;

25 (B) the beneficiary shall not have any legal liability to make payment to a provider or to an
26 organization described in section 1903(m)(1)(A) for the service; and

27 ///

28 ///

1 (C) any lawful sanction that may be imposed upon a provider or such an organization for
2 excess charges under this title or title XVIII shall apply to the imposition of any charge imposed
3 upon the individual in such case.

4 This paragraph shall not be construed as preventing payment of any Medicare cost-sharing
5 by a Medicare supplemental policy or an employer retiree health plan on behalf of an individual.

6 **DISCIPLINARY CONSIDERATIONS**

7 9. To determine the degree of discipline, if any, to be imposed on Respondent Arudra
8 Bodepudi, M.D., Complainant alleges that on or about February 16, 2012, in a prior disciplinary
9 action entitled In the Matter of the Accusation Against Arudra Bodepudi, M.D. before the
10 Medical Board of California, in Case Number 02-2009-200813, Respondent's license was
11 revoked, revocation stayed, and was placed on probation for four years, with other terms and
12 conditions including but not limited to Clinical Training Program (PACE), Medical Record
13 Keeping Program, Prescribing Practices Course, and other standard terms and conditions for gross
14 negligence and repeated negligent acts in the care and treatment of two patients. Respondent
15 failed to adequately manage and assess symptoms and medication. That decision is now final and
16 is incorporated by reference as if fully set forth herein.

17 **FIRST CAUSE FOR DISCIPLINE**
18 **(Repeated Negligent Acts)**

19 10. Respondent is subject to discipline under sections 2227 and 2234, as defined by
20 section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in her
21 care and treatment of Patients LR, SV, and AAJ² as more particularly alleged hereinafter:

22 **Patient LR**

23 11. Patient LR was a 67-year-old female who saw Respondent in her Stockton office for
24 an initial psychiatric evaluation on or about March 29, 2013. Patient LR reported persistent
25 depressive symptoms, excessive sleep, anxiety, poor energy and fatigue, and some panic attacks.
26 She was taking Paxil 40 mg per day, prescribed by her primary care physician ("PCP").

27 ² Patient and provider names are abbreviated to protect patient confidentiality. Full patient
28 names will be provided upon receipt of a Request for Discovery.

1 Diagnoses given were recurrent major depression, panic disorder with agoraphobia, and
2 personality disorder, unspecified. Respondent's plan was to have psychotherapy with Respondent
3 and to continue Paxil and Ambien. Respondent offered Xanax but Patient LR refused.
4 Respondent documented that relaxation exercises were taught, with recommendation to return in
5 one week. Respondent documented that the visit was for 1 hour. No medication changes were
6 made or recommended. Patient LR was noted to have agreed to the treatment plan. Patient LR
7 alleged that Respondent did not charge her for this visit but told her to pay for multiple sessions to
8 establish a standard assessment and to complete the required documentation. Patient LR was
9 covered by Medicare. Respondent failed to provide Patient LR with her billing practices and
10 clinic policies regarding insurance and payments, as well as the number of sessions required to
11 do an assessment.

12 12. On or about April 4, 2013, Respondent saw Patient LR for a follow up visit.
13 Respondent documented that Patient LR had persistent depressive symptoms, anxiety, and
14 hypersomnia. Patient LR was noted to be reluctant to make medication changes. Patient LR
15 expressed gratitude to Respondent for therapy sessions and stated that they were benefitting her.
16 Respondent engaged in "balance billing"³ when she billed Medicare and also received payment
17 from Patient LR in the amount of \$300.00 cash.

18 13. On or about April 18, 2013 Respondent saw Patient LR for a follow up visit. Patient
19 LR reported improved sleep and energy. Her medication allergies were listed. Generalized
20 anxiety disorder was added to her diagnoses. Respondent noted she informed Patient LR of the
21 medication options. Respondent engaged in "balance billing" when she billed Medicare and also
22 received payment from Patient LR in the amount of \$300.00 cash.

23 14. On or about April 25, 2013, Respondent saw Patient LR for a follow up visit. Patient
24 LR reported feeling better. A detailed description of therapy given is recorded. Patient LR
25 reported improved mood and sleep. Narcissistic and borderline personality traits were noted in

26 _____
27 ³ Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the
28 Balanced Budget Act of 1997, prohibits Medicare providers from balance billing beneficiaries for
Medicare cost-sharing.

1 addition to above diagnoses. Patient LR appeared significantly less anxious, less overwhelmed
2 and appeared to be using the therapy effectively. Respondent engaged in "balance billing" when
3 she billed Medicare and also received payment from Patient LR in the amount of \$300.00 cash.

4 15. On or about May 2, 2013, Respondent saw Patient LR for a follow up visit.
5 Respondent noted that Patient LR reported feeling improved and did not want to make any
6 medication changes. Weekly sessions were recommended as Patient LR appeared psychologically
7 fragile, though not at the point of requiring hospitalization. Respondent engaged in "balance
8 billing" when she billed Medicare and also received payment from Patient LR in the amount of
9 \$300 cash.

10 16. On or about May 9, 2013, Respondent saw Patient LR for a follow up visit.
11 Respondent noted that Patient LR reported feeling improved and did not want to make any
12 medication changes. Respondent engaged in "balance billing" when she billed Medicare and also
13 received payment from Patient LR in the amount of \$300 cash.

14 17. In her letter complaint to the Board dated July 22, 2013 and August 8, 2013, Patient
15 LR alleged that she told Respondent after the second therapy session that she could not afford the
16 private cash sessions. In a subsequent visit with Patient LR's primary care physician (PCP) on or
17 about June 18, 2013, Patient LR's PCP advised her to take a break from seeing Respondent and
18 informed Respondent of this fact, but Respondent allegedly pressured her to continue with the
19 sessions telling her that she could not complete the initial evaluation without additional time with
20 LR.

21 18. Patient LR alleged that after reviewing her Medicare and supplemental insurance
22 records, she then requested from Respondent, by phone and in writing, receipts for cash paid but
23 did not receive the requested receipts. Patient LR alleged that she requested a refund of the
24 "double payment" to Respondent but did not receive a response. Patient LR alleged that
25 Respondent disclosed inappropriate personal information to her. Patient LR alleged that she
26 believes that a medical record documenting her visits with Respondent was not completed until
27 her last 5 sessions when "we backtracked" and documented information "from the beginning."
28 She stated that she assisted Respondent with computer problems during the sessions.

1 19. Respondent wrote an undated letter to Patient LR. Respondent wrote that the letter
2 was in response to her conversation with Patient LR that occurred on August 18, 2013. In her
3 letter, Respondent enclosed money orders for a refund of \$1,200.00 to Patient LR for the "first
4 four visits you paid me." Respondent wrote "I am returning this as Medicare was charged." She
5 stated she saw Patient LR 13 times between March 29 and July 2, 2013. Respondent stated that
6 session notes were "not completed" because Patient LR was "crying so much" during the first 4
7 sessions. A "summary of treatment" was provided. Respondent stated her diagnoses were major
8 depression, recurrent, generalized anxiety disorder, panic disorder with agoraphobia, and "some
9 personality issues". Respondent stated she provided psychotherapy which was effective in
10 reducing Patient LR's symptoms.

11 20. In an interview with a Board investigator on or about May 12, 2014, Respondent
12 stated that Patient LR cried throughout the first sessions and exhibited a high level of emotional
13 intensity. Respondent stated that Patient LR appeared fragile and overwhelmed initially and
14 appeared to require close monitoring. She noted that Patient LR was resistant to medication
15 changes. She stated she saw Patient LR on a frequent basis due to the severity of her symptoms.
16 Respondent stated that after several sessions she felt that she could not provide the therapy
17 required for Patient LR within the time allotted by Medicare. Respondent stated that Patient LR
18 agreed to be seen as a private pay patient and not Medicare, because she liked her approach to her
19 treatment. Respondent noted that Medicare patients pay a \$50.00 co-pay. She stated that LR
20 agreed to pay the co-pay as well as \$300.00 cash for a 45-60 minute visit and that she would be
21 refunded whatever her secondary insurance, AARP, reimbursed. Respondent stated that Patient
22 LR improved with the therapy. Respondent stated that she refunded payments for the first 4
23 sessions to Patient LR after she realized that Medicare had reimbursed for these sessions.
24 Respondent stated she did not send the records to Patient LR as requested, because she felt that
25 Patient LR would not be able to handle it well and it might be detrimental to her, so she provided
26 her a summary of the visits instead. She stated that she did not send Patient LR's record to
27 Patient LR's doctor due to confidentiality concern. She stated she then felt that LR was
28 "harassing" her for the records and for a receipt of money paid to her and she became fearful of

1 Patient LR. She stated she finally refunded all payment because of "the commotion ...I was so
2 disheartened (by her behavior)I'm repulsed by this charging business."

3 21. Respondent's care and treatment of Patient LR fell below the standard of care in that:

4 A. She pressured Patient LR to pay for multiple sessions to establish a standard
5 assessment, and to complete the required documentation;

6 B. Her payment practices and clinic policies regarding insurance and payments, as
7 well as the number of sessions required to do an assessment, should be written and provided to
8 the patient in advance. Her policies in these areas appear inconsistent and unclear;

9 C. She failed to provide receipts of cash payment taken from the patient at the time of
10 the evaluations;

11 D. She engaged in "balance billing;"

12 E. She failed to release records to the referring physician, despite a signed release of
13 information for release of Patient LR's records to her primary care physician.

14 Patient SV

15 22. On or about November 13, 2013, the Board received a complaint from Patient SV.
16 She stated that Respondent made her feel "uncomfortable" during her Social Security Disability
17 psychiatric evaluation, asking intrusive and unnecessary questions, such as about her ex-husband.
18 Patient SV alleged that Respondent included inaccurate information in her medical record,
19 including about her occupation and current medications. She stated that she has post-traumatic
20 stress disorder ("PTSD"), anxiety and panic attacks. Patient SV stated that she filed the complaint
21 with the MBC after she reviewed her disability file because she felt that the questions asked by
22 Respondent about domestic violence and her divorce during the psychiatric evaluation were
23 "inappropriate," and notes that she felt that Respondent made "condescending" remarks about her
24 appearance. Patient SV stated the Social Security Disability ("SSD") report inaccurately noted
25 that she had quit her job, did not need medications, was supposed to be taking Ativan and Zoloft,
26 contained inaccurate information regarding her employment, socializing and taking public
27 transportation. SV stated that Respondent noted that SV lacked anxiety, did not have mood
28 swings and had good appetite, energy, and sleep, though Patient SV stated these points were not

1 discussed. Patient SV stated that Respondent's notes regarding her pain history were also
2 inaccurate.

3 23. The Board investigator requested Patient SV's records from Respondent. On or about
4 March 24, 2014 and subsequently on April 14, 2014, Respondent informed the Board investigator
5 that Patient SV did not match any of her patient's names and that Patient SV was not her patient.

6 24. On or about May 7, 2014, Pacific Health Clinic confirmed that Respondent saw
7 Patient SV for a psychiatric examination at their clinic.

8 25. Respondent, in an interview with the Board, stated that she performed SSD
9 evaluations before, and that she may have seen Patient SV, but Respondent failed to keep any
10 records of her examination of SV.

11 Patient AAJ

12 26. Patient AAJ was a 39 year old female who was seen by Respondent for an initial
13 psychiatric evaluation on July 12, 2013. Patient AAJ reported witnessing a violent event in
14 which her colleague's car was hit by a jealous boyfriend. Police were called. AAJ reported
15 having been threatened by the boyfriend after she made statements to police. Patient AAJ
16 reported persistent PTSD symptoms, including nightmares and flashbacks and anhedonia.
17 Patient AAJ stated that Respondent initially told her that the evaluation would require two
18 sessions. Patient AAJ alleged that Respondent told her that she had not finished the evaluation
19 in two sessions, and needed a third session to complete it. Patient AAJ stated that Respondent
20 told her at first that she would not be charged for the third session as it was required to
21 complete the assessment but then charged her for it.

22 27. Patient AAJ requested her receipts for the July 12 and 15, 2013 office visits. Patient
23 AAJ stated she paid \$350.00 cash for each of these visits. Respondent failed to give Patient AAJ
24 her receipts.

25 28. Respondent failed to adequately document the visit on July 15, 2013. In an undated
26 letter to Patient AAJ, Respondent stated that she was unable to contact Patient AAJ, and as her
27 evaluation was incomplete after the first 2 sessions, she is refunding her \$700.00 paid.

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1 Specifically, Respondent failed to adequately record history, physicals, and treatment notes for
2 patient SV and failed to keep legible and adequate notes for patient AAJ.

3 33. Paragraphs 22 through 30 are repeated here as more fully set forth above.

4 34. Respondent's conduct as described above constitutes unprofessional conduct in the
5 care and treatment of her patients in violation of section 2266 of the Code, and provides cause for
6 discipline against his physician's and surgeon's certificate.

7
8 **CAUSE TO REVOKE PROBATION**
9 **(Obey All Laws)**

10 35. At all times after the effective date of Respondent's probation, Condition 6 of the
11 January 17, 2012, Order of the Medical Board of California in the action entitled *In the Matter of*
12 *the Accusation Against Arudra Bodepudi, M.D.*, Case Number 02-2009-200813, stated:

13 "Respondent shall obey all federal, state and local laws, all rules governing the
14 practice of medicine in California, and remain in full compliance with any court ordered
15 criminal probation, payments and other orders."

16 36. Respondent's probation is subject to revocation because she failed to comply with
17 Probation Condition 6, referenced above. The facts and circumstances regarding this violation are
18 as follows:

19 A. The facts and circumstances alleged in paragraph 10 through 34 above are
20 incorporated here as if fully set forth.

21 B. Respondent's probation is subject to revocation due to her violations of the laws
22 and regulations governing the practice of medicine as alleged above.

23
24 **PRAYER**

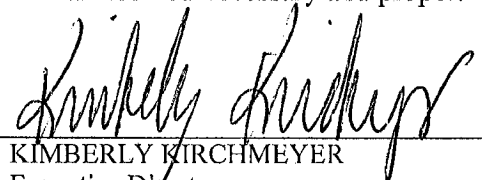
25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
26 and that following the hearing, the Medical Board of California issue a decision:

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1. Revoking or suspending Physician's and Surgeon's Certificate Number A 73676, issued to Arudra Bodepudi, M.D.;
2. Revoking the probation that was granted by the Medical Board of California in Case No. 02-2009-200813 and imposing the disciplinary order that was stayed thereby revoking Physician's and Surgeon's Certificate Number A 73676, issued to Arudra Bodepudi, M.D.;
3. Revoking, suspending or denying approval of Arudra Bodepudi, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
4. Ordering Arudra Bodepudi, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
5. Taking such other and further action as deemed necessary and proper.

DATED: June 22, 2015



KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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