

FILED

BEFORE THE BOARD OF MEDICINE Department of Professional Regulation
BOARD CLERK

DEPARTMENT OF PROFESSIONAL
REGULATION,

CLERK Joyce Woods

DATE 4-16-87

Petitioner,

EX: Legal
Board

vs.

CESAR L. RUIZ, M.D.,

DPR CASE NO. 0054467
LICENSE NO. ME 0025258

Respondent.

FINAL ORDER

THIS MATTER came before the Board of Medicine (Board) pursuant to Section 120.57(3), Florida Statutes, on April 3, 1987, in Tampa, 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,

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

This Order takes effect upon filing.

DONE AND ORDERED this 3 day of April, 1987.

BOARD OF MEDICINE

James N. Burt
JAMES N. BURT, 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 Cesar L. Ruiz, M.D.,]3725 Westshire Drive, Tampa, Florida 336]8; and James Alfonso, Esquire, 2522 West Kennedy Boulevard, Tampa, Florida 33609 and by interoffice delivery to Julie Gallagher, Esquire, Department of Professional Regulation,]30 North Monroe Street, Tallahassee, Florida 32399-0750, at or before 5:00 P.M., this 16 day of April, 1987.

A handwritten signature in cursive script, reading "Anthony J. Faircloth", is written over a horizontal line.

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL
REGULATION,

DPR CASE NO. 0054467
DOAH CASE NO. 86-3495

Petitioner,

vs.

CESAR L. RUIZ, M.D.,

Respondent.

STIPULATION

The Petitioner, Department of Professional Regulation, hereinafter referred to as "Petitioner", and Dr. Cesar L. Ruiz, hereinafter referred to as "Respondent", do hereby stipulate to the following.

STIPULATED FACTS

1. At all times relevant hereto, Respondent was a licensed medical doctor in the State of Florida having been issued license number ME 0025258.

2. On June 6, 1986, the Petitioner filed a Four Count Administrative Complaint against the Respondent that charged him with violations of Chapter 458, Florida Statutes. The Administrative Complaint was properly served upon Respondent and a true and correct copy of the complaint is attached hereto as Exhibit A and incorporated by reference.

3. The Medicaid claims at issue in the Administrative Complaint concern claims made for Sunday visits to patients, which Respondent did not make. Respondent initially made hospital rounds seven days a week but discontinued this practice shortly before August 1981. His office staff was not made aware of this change and continued to bill Medicaid for Sunday rounds. The claims forms were signed a member of Respondent's staff, using a rubber stamp of Respondent's signature. Respondent did not personally review the claims forms at issue in the Administrative Complaint.

2. Respondent does not contest the factual allegations contained in the Administrative Complaint and, the Petitioner agrees to voluntarily dismiss Counts ^{Two and} ~~Three~~ of the complaint.

CR
2/23/87

STIPULATED CONCLUSIONS OF LAW

1. Respondent, in his capacity as a licensed medical doctor, admits that, in such capacity, he 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 Administrative Complaint constitute violations of Chapter 458, Florida Statutes, as alleged in Counts One, ~~Two~~, and Four of the Administrative Complaint.

CR
2/23/87

STIPULATED DISPOSITION

1. Respondent shall not in the future violate the provisions of Chapter 455 or 458, Florida Statutes, or the rules promulgated thereunder. In addition, Respondent shall comply with the federal laws and rules that govern any health care program in which he may act as a health care provider.

2. Respondent shall accept a reprimand from the Board of Medicine.

3. Respondent agrees to pay an administrative fine of \$1,000. Said fine shall be paid to the Executive Director of the Board of Medicine within sixty days of the date of the Final Order that imposes the fine.

4. Respondent shall not allow a rubber stamp to be used for his signature on claims he submits (for payment) to any insurance carrier or reimbursement provider. Rather, Respondent shall review and sign such claim forms personally.

5. Respondent agrees that it is incumbent upon Respondent to insure that the terms and conditions of this stipulation are met. Respondent understands and agrees that a violation of the terms of this stipulation shall be considered a violation of a provision of Chapter 458, Florida Statutes, for which disciplinary action may be initiated. Accordingly, if the Probable Cause Panel of the Board of Medicine finds probable cause to conclude that the Respondent has violated the terms and

conditions of the stipulation, and the subsequent Final Order that incorporates same, Respondent's license to practice medicine in the State of Florida may be automatically suspended. In such event, however, Respondent shall have the right to an immediate hearing in accordance with the provisions of Chapter 120, Florida Statutes, to determine the facts upon which such determination was made.

6. Respondent shall appear before the Board when it considers this stipulation and shall answer, under oath, any questions posed by Board members, counsel for the Board, or counsel for the Petitioner,

7. It is expressly understood that this stipulation is subject to approval of the Board and Department has no force and effect until an order based upon it is issued by the Board.

8. This stipulation is executed by 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, and in conjunction with, consideration of this stipulation. Furthermore, should this stipulation be rejected by the Board, it is agreed that presentation and consideration of other documents by the Board shall not unfairly or illegally prejudice the Board from any further participation, consideration, or resolution of these proceedings. In the event that the Board rejects this stipulation and a proceeding pursuant to Section 120.57, Florida Statutes, is held that results 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 the stipulation.

9. The parties agree that should the stipulation be rejected by the Board, the statements contained in the stipulation shall not be used by either party against the other in any subsequent proceedings.

10. Respondent and the Department fully understand that this stipulation, and the subsequent Final Order that incorporates

same, will not preclude additional proceedings by the Board or Department against the Respondent for acts or omissions not set forth in the Administrative Complaint filed in this cause. However, the parties agree that this stipulation does resolve all allegations regarding improper insurance claims forms that were documented in the Department's investigative report in this case.

11. Respondent agrees not to appeal the order of the Board adopts this stipulation and expressly waives all rights to such further procedural steps and judicial review.

SIGNED this 23rd day of FEBRUARY, 1987.

Cesar J. Ruiz, M.D.
CESAR RUIZ, M.D.

Sworn to and subscribed before me this 23rd day of FEBRUARY, 1987.

James C. Alfons
NOTARY PUBLIC

My Commission Expires: My Commission Expires June 2, 1988
Notary Public, State of Florida
Bonds thru Frye and Howard, Inc.

APPROVED this 9 day of March, 1987.

Van B. Poole
VAN B. POOLE SECRETARY

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF MEDICAL EXAMINERS

DEPARTMENT OF PROFESSIONAL
REGULATION,

CASE NO. 0054467

Petitioner,

vs.

CESAR L. RUIZ, M.D.,

Respondent.

ADMINISTRATIVE COMPLAINT

COMES NOW Petitioner, Department of Professional Regulation, hereinafter referred to as "Petitioner," and files this Administrative Complaint before the Board of Medical Examiners against, Cesar Ruiz, 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 0025258. Respondent's last known address is 718 West Buffalo Avenue, Tampa, Florida 33603.

COUNT ONE

3. In November and December 1981, Respondent provided medical treatment to K [REDACTED] B [REDACTED] while B [REDACTED] was a patient at St. Joseph's Hospital and Memorial Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms requesting payment from the Medicaid program for medical services allegedly rendered to the patient. The claim forms requested payment for hospital visits on November 15, 22, and 29 and December 13, 1981. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the designated

dates.

4. In December 1982 and January 1983, Respondent provided medical treatment to L [REDACTED] D [REDACTED] while D [REDACTED] was a patient at St. Joseph's Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program requesting payment for medical services allegedly rendered to the patient. Respondent's claim forms requested payment for hospital visits on December 25, and 26, 1982 and January 1, 2, 9 and 12, 1983. Respondent requested and received received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on designated dates.

5. In September and October 1981, Respondent provided medical treatment to R [REDACTED] D [REDACTED] while D [REDACTED] was a patient at St. Joseph's Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program requesting payment for medical services allegedly rendered to the patient. Respondednt's claim forms requested payment for hospital visits on September 20 and 27 and October 4, 1981. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the designated dates.

6. In February and March, 1982, Respondent provided medical treatment to K [REDACTED] M [REDACTED] while M [REDACTED] was a patient at St. Joseph's Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program requesting payment for medical services allegedly provided to the patient. Respondent's claim forms requested payment for hospital visits allegedly provided February 28, March 2, and May 21, 1982. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the designated dates.

7. In July and August 1982, Respondent provided medical treatment to K [REDACTED] M [REDACTED] while M [REDACTED] was a patient at St. Joseph's Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program

requesting for hospittal visits to the patient. The insurance claim form submitted by Respondent requested payment for medical services allegedly provided on July 4, 11 and August 24, 1982. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the designated dates.

8. In March and April 1982, Respondent provided medical treatment to N [REDACTED] T [REDACTED] while T [REDACTED] was a patient St. Joseph's Hospital and Hillsborough County Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program requesting payment for services allegedly provided to the patient. Respondent's insurance claim forms requested payment for hospital visits on March 7, 14 and 28, 1982. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the designated dates.

9. On or about March 11, 1982, Respondent admitted S [REDACTED] T [REDACTED] to St. Joseph's Hospital, Tampa, Florida. Although Respondent was the admitting physician, the patient was immediately transferred to the care of another physician. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program requesting payment for medical services allegedly provided to the patient. The insurance claim forms requested payment for medical services allegedly provided between March 11 and April 7, 1982. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the desiganted dates.

10. In August and September, 1981, Respondent provided medical treatment to V [REDACTED] V [REDACTED] while V [REDACTED] was a patient at St. Joseph's Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid Program requesting payment for medical services allegedly provided to the patient. The insurance claim forms submitted by Respondent requested payment for services allegedly provided on

August 23, 30 and September 6, 1981. Respondent requested and received payment even though Respondent knew or had reason to know that services were not rendered to the patient on the designated dates.

11. In April 1982, Respondent provided medical treatment to J [REDACTED] H [REDACTED] while H [REDACTED] was a patient at St. Joseph's Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program requesting payment for medical services allegedly provided to the patient. The insurance claim forms submitted by Respondent requested payment for services allegedly provided on April 4, 1982. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the designated date.

12. In August and September, 1982, Respondent provided medical treatment to S [REDACTED] H [REDACTED] while H [REDACTED] was a patient at St. Joseph's Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program requesting payment for medical services allegedly provided to the patient. The insurance claim forms submitted by Respondent requested payment for medical services allegedly provided on September 5, 1982. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the designated date.

13. In October 1982, Respondent provided medical treatment to J [REDACTED] J [REDACTED] was J [REDACTED] was a patient at St. Joseph's Hospital, Tampa, Florida. Subsequently, Respondent submitted health insurance claim forms to the Medicaid program requesting payment for medical services allegedly provided to the patient. The insurance claim forms requested payment for medical services allegedly rendered to the patient on October 24, 1982. Respondent requested and received payment even though Respondent knew or had reason to know that medical services were not rendered to the patient on the designated date.

14. Based upon the preceding, Respondent violated Section

458.331(1)(i), Florida Statutes, by making or filing a report which Respondent knew to be false.

COUNT TWO

15. Petitioner realleges and incorporates paragraphs one through thirteen.

16. Based upon the preceding, Respondent violated Section 458.331(1)(l), Florida Statutes, by making deceptive, untrue, or fraudulent representations in the practice of medicine or employing a trick or scheme in the practice of medicine when such trick or scheme fails to conform to the generally prevailing standards of treatment in the medical community.

COUNT THREE

17. Petitioner realleges and incorporates paragraphs one through thirteen.

18. Based upon the preceding, Respondent violated Section 458.331(1)(o), Florida Statutes, by exercising influence on the patient or client in such a manner as to exploit the patient or client for financial gain of the licensee or of a third party.

COUNT FOUR

19. Petitioner realleges and incorporates paragraphs one through thirteen.

20. Based upon the preceding, Respondent violated Section 458.331(1)(h), Florida Statutes, by failing to perform any statutory or legal obligation placed upon a licensed physician in that Respondent violated Rule 10c-7.30, Florida Administrative Code and Section 409.266(9)(j), Florida Statutes.

WHEREFORE, Petitioner respectfully requests the Board of Medical Examiners 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 4 day of June, 1986.

Fred Roche

FRED ROCHE, SECRETARY
DEPARTMENT OF PROFESSIONAL
REGULATION

[Handwritten signature]

COUNSEL FOR DEPARTMENT:

W. Douglas Beason
Staff Attorney
Department of Professional Regulation
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(904) 488-0062

WDB/lcm

PCP: EE, HRL
5/19/86

FILED
DEPARTMENT OF PROFESSIONAL REGULATION

Melinda Huggins

CLERK

DATE *June 6, 1986*