

**BEFORE THE MEDICAL LICENSING BOARD OF INDIANA**

**CAUSE NUMBER: 202405-MED-0017**

**IN THE MATTER OF THE LICENSE OF:**

**ASAD ISMAIL, M.D.**

**LICENSE NO: 01050254A (ACTIVE)**

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**ADMINISTRATIVE COMPLAINT**

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Ryan P. Eldridge, pursuant to Ind. Code § 25-1-7-7 and Ind. Code ch. 4-21.5-3, brings this Administrative Complaint before the Medical Licensing Board of Indiana against the physician license of Asad Ismail, M.D. (“Respondent”) for violations of Ind. Code § 25-1-9-4. In support, Petitioner states and alleges the following:

**FACTS**

**Parties**

1. The Office of the Attorney General (“OAG”) is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondent’s license.
2. Respondent is a physician (M.D.) and holds license 01050254A, which was issued by the Board on March 3, 1999, and expires on October 31, 2025.
3. Respondent holds a Controlled Substance Registration (C.S.R.) #01050254B in Indiana, which was issued by the Indiana Board of Pharmacy on March 3, 1999, and expires on October 31, 2025. The C.S.R. location is listed as LifeSprings, Inc. (“LifeSprings”) in Jeffersonville, Indiana.
4. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is North Clark Medical Group, 1802 East 10<sup>th</sup> Street, Jeffersonville, Indiana 47130.

### **Jurisdiction**

5. On April 8, 2021, the OAG received a consumer complaint filed against Respondent, and an investigation was then conducted as authorized by Ind. Code § 25-1-7-5(b)(4).

6. After investigation, the OAG determined that the complaint had merit, and, accordingly, a copy of that consumer complaint is being submitted to the Board herewith as Exhibit A.

7. The OAG having tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

8. Further, at all times relevant, Respondent was a “practitioner” as that term is defined by Ind. Code § 25-1-9-2.

9. As such, the Board has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

### **Respondent’s Misconduct**

10. At all relevant times, Respondent’s C.S.R. has been registered to LifeSprings.

11. In 2020 or prior, Respondent started to work with Total Transformation Health and Life Wellness (“Total Transformation”).

12. On December 1, 2020, Respondent agreed to be the Medical Director for Total Transformation. As part of the relationship, Respondent was “required to oversee and supervise the clinical aspects of Total Transformation[,]” and “he would see and treat patients for medical weight reduction management.”

13. The Total Transformation contract was entered into with Rebecca Philpott, the CEO, Manager, and Health and Life Coach at Total Transformation. Ms. Philpott holds no Indiana healthcare licensure.

14. Under Ind. Code §35-48-3-3(g) states, “A separate registration is required at each principal place of business or practice where the applicant: (1) manufactures, distributes, dispenses, or possesses controlled substances; and (2) employs or contracts with individuals to dispense controlled substances.”

15. Respondent prescribed Phentermine, a Schedule IV controlled substance, to patients at Total Transformation. Respondent failed to obtain a C.S.R. related to Total Transformation despite it being a principal place of business.

16. At Total Transformation, the medical visits and vital signs appear to be completed by Ms. Philpott. For each visit, Ms. Philpott is the primary staff member listed in the records. Other than prescriptions, all signatures for Respondent appear to be stamped in the medical records.

17. All patient interactions and communications appear to primarily occur with Ms. Philpott.

18. For more than two (2) years, Respondent continuously prescribed Phentermine to Patient D.S., Patient J.S., Patient L.E., Patient M.R., and Patient T.B.

19. In addition, for approximately 1.5 years, Respondent continuously prescribed Phentermine to Patient T.S.

**CHARGES**

20. Paragraphs one (1) through nineteen (19) are incorporated by reference.

**COUNT I  
INAPPROPRIATE DELEGATION OF MEDICAL ACTIVITIES  
Ind. Code § 25-1-9-4(a)(6)**

21. Respondent’s actions constitute a violation of Ind. Code § 25-1-9-4(a)(6) in that Respondent has allowed the practitioner's name or a license issued under this chapter to be used in connection with an individual who renders services beyond the scope of that individual's

training, experience, or competence as evidenced by Respondent allowing Ms. Philpott to carry out activities that require a medical or dietician license to complete, when Ms. Philpott holds no Indiana healthcare licensure.

**COUNT II**  
**REASONABLE CARE**  
**844 IAC 5-2-5**

22. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated 844 IAC 5-2-5, a rule regulating physicians in Indiana, which states a practitioner shall exercise reasonable care and diligence in the treatment of patients based upon generally accepted scientific principles, methods, treatments, and current professional theory and practice. Respondent violated 844 IAC 5-2-5 based on his treatment of Phentermine patients and involvement in the process at Total Transformation.

**COUNT III**  
**FAILURE TO OBTAIN A SEPARATE C.S.R.**  
**Ind. Code § 35-48-3-3(g)**

23. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question as evidenced by Respondent's violation of Ind. Code § 35-48-3-3(g). Respondent failed to obtain a C.S.R. for Total Transformation despite Respondent serving as the Medical Director and prescribing Phentermine to multiple patients in the Medical Weight Loss Program.

**COUNT IV**  
**WEIGHT LOSS PRESCRIPTIONS**  
**Ind. Code § 35-48-3-11**

24. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question as evidenced by Respondent's violation of Ind. Code § 35-48-3-11. Respondent's treatment of Phentermine patients was not in compliance with Ind. Code § 35-48-3-11, specifically the actions (such as evaluations) that must be performed by a physician or other licensed prescriber.

**REQUESTED RELIEF**

**ACCORDINGLY**, Petitioner requests that the Board issue an order against Respondent that:

- I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-9-9;
- II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-9-15;
- III. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and,
- IV. Provides any other relief the Board deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA  
Indiana Attorney General  
Attorney No. 18857-49



By:

Ryan Eldridge  
Deputy Attorney General  
Attorney No. 34578-49

**Office of Attorney General Todd Rokita**  
302 West Washington Street  
Indiana Government Center South, 5<sup>th</sup> Floor  
Indianapolis, Indiana 46204-2770  
Email: ryan.eldridge@atg.in.gov  
Telephone: (317)-233-6247

**CERTIFICATE OF SERVICE**

I hereby certify that on the 1st day of May 2024, a true and correct copy of this  
Administrative Complaint was served upon the below-listed party or parties:

Asad Ismail, M.D.  
North Clark Medical Group  
1802 East 10<sup>th</sup> Street  
Jeffersonville, Indiana 47130

Peter Pogue  
Counsel for Asad Ismail, M.D.  
Shultz & Pogue, LLP  
520 Indiana Avenue  
Indianapolis, IN 46202



By:

Ryan Eldridge  
Deputy Attorney General  
Attorney No. 34578-49

**CONSUMER COMPLAINT**Office of the Indiana Attorney General  
(R5 / 12-17)

State Exhibit A

**INSTRUCTIONS:** To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Section 1: Your Information			
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Rev.		Street Address 402 W. Washington Street, Room W072	
Full Name or Organization/Agency Indiana Professional Licensing Agency		City Indianapolis	State IN
If an Organization/Agency provide a Primary Contact Name Christine Maslan Cowdin		County	Daytime Phone [REDACTED]
Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+		Email Address [REDACTED]	
May we contact you by email? If yes, we will not contact you by regular mail		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or your spouse active military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: Who is the Complaint Against?			
Individual/Business Asad Ismail		Name of Individual/Representative you dealt with	
Street Address 1220 Missouri Ave		City Jeffersonville	State IN
County Clark		Daytime Phone	Zip Code 47130
		Email Address	

Section 3: Transaction/Incident Details			
3-A: Date of Transaction/Incident		3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church	
3-C: Where did the Transaction/Incident occur? (check box where applicable)			
<input type="checkbox"/> My home		<input type="checkbox"/> By Internet/Email	
<input type="checkbox"/> At the location of the business		<input type="checkbox"/> By Telephone	
<input type="checkbox"/> Away from the location of the business (work, convention, etc.)		<input type="checkbox"/> By Social Media	
<input type="checkbox"/> By Mail		<input type="checkbox"/> Other _____	
3-D: What was the very first contact between you and the Individual/Business?			
<input type="checkbox"/> I telephoned the individual/business		<input type="checkbox"/> I received information in the mail	
<input type="checkbox"/> I responded to a TV/radio ad		<input type="checkbox"/> I went to the location of the business	
<input type="checkbox"/> A person came to my home		<input type="checkbox"/> I received a phone call from the business	
<input type="checkbox"/> I received information by email		<input type="checkbox"/> I responded to an offer on the internet _____	
3-E: How did you Pay?			
<input type="checkbox"/> Cash		<input type="checkbox"/> Credit Card/Pre-Pay	
<input type="checkbox"/> Check		<input type="checkbox"/> Installment Loan	
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Medicare	
<input type="checkbox"/> Pay-Pal		<input type="checkbox"/> Private Insurance	
<input type="checkbox"/> Wire Transfer		<input type="checkbox"/> Other _____	
3-F: What, if any, is the Dollar amount associated with your loss?		\$	[REDACTED]

Section 4 Actions Taken by Consumer			
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-B: Have you hired a private attorney?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-C: Have you started a court action? If yes, please attach a copy of all court papers.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.		

**Section 4**    *Actions Taken by Consumer - continued*

Yes     No    4-E: Have you complained to the Individual/Business?

Yes     No    4-F: Have you filed a complaint with any other agency? If yes, list other agency:

**Section 5**    *Transaction/Incident Details – attach additional pages if necessary*

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above, please include those details also with your description of the Transaction/Incident.

Please see attached.

**Section 6**    How would you like your Complaint resolved?

**Section 7**    **WHAT HAPPENS NEXT?**

**The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.** This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

**Section 8**    Mail Completed Forms to:

Office of the Indiana Attorney General  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204  
317-232-6330 (phone) • 317-233-4393 (fax)  
www.IndianaConsumer.com

**Section 9**    Consent and Verification

Do you consent to disclosing the following information to the public? →

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The nature of the complaint and the individual/business name
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Your name
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Christine Maslan Cowdin  
Your signature

4.8.2021  
Date



## Cowdin, Christine M

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**From:** Turner, Laura A (PLA)  
**Sent:** Thursday, February 18, 2021 8:48 AM  
**To:** Cowdin, Christine M  
**Subject:** FW: DR.ASAD ISMAIL

Please file a complaint against the doctor.

Laura A. Turner, J.D.  
Board Director  
Indiana Professional Licensing Agency

**From:** Perfect Ten [REDACTED]  
**Sent:** Thursday, February 18, 2021 12:03 AM  
**To:** Group 04 <pla4@pla.IN.gov>  
**Cc:** Busby, Bret (PLA) <BrBusby@pla.IN.gov>  
**Subject:** DR.ASAD ISMAIL

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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Good afternoon, my name is Mary Grinestaff, I am the sole owner of Perfect 10 Salon & Spa, LLC located at 320 Gordon Gutmann blvd. Jeffersonville, IN 47130. I am writing in regards to an incident that has recently taken place involving my business. Dr. Asad Ismail was previously my medical director from 10/4/19-2/1/21. In December we received a fax verification from Walgreens pharmacy for a patient receiving phentermine. We contacted the pharmacy immediately since we did not see this patient in office. The pharmacy advised us that Rebecca Philpott had called the medication in on Dr. Ismail's behalf. Rebecca is a health coach working out of, Fox Realty Group, in located at 1 Quartermaster ct. Jeffersonville IN,47130. I contacted Dr. Ismail immediately who advised he didn't authorize Ms. Philpott to call in this medication. At that point we contacted the pharmacy and advised them that the medication was unauthorized by our Medical Director. We then received 5 more verification requests from Walgreens and Sam's Club the following week, again, we contacted the pharmacy. Dr. Ismail and Rebecca. Rebecca then hired an attorney to advise us that Dr. Ismail was her medical director and she was authorized to call in the rx on his behalf. We contacted Dr. Ismail whom then admitted that he was working with Ms.Philpott and had taken the RX pads from Perfect 10 Salon & Spa, LLC located at 320 Gordon Gutmann Blvd. To write phentermine for her weightloss patients. We contacted Rush Law Office for legal counsel and was advised to make one last attempt to get the rx pads back into the office before taken any further steps. Dr. Ismail responded "I can do whatever I want my DEA# and Name is on them." I advised him that his services with us were terminated immediately. Our new medical director signed on the following week. We have switched our insurance to follow suit with the information provided. We have notified the pharmacies of this information as well. Our reason for contacting you is solely to protect our business. We are not seeing these patients, we have no records of the patients and they are receiving controlled substances on script pads with our business name, location and contact information. If this is not a concern, please accept our apologies, disregard and we thank you for your time. If you have any further questions regarding this matter please feel free to reach out to me directly at [REDACTED] or at the business phone number listed below.

Again, Thank you,  
Mary Grinestaff, OWNER