

**BEFORE THE MEDICAL
LICENSING BOARD OF INDIANA
CAUSE NUMBER: 202605-MED-0021**

IN THE MATTER OF THE LICENSE OF:

MARIO PADRON, D.O.

LICENSE NUMBER: 02007370A

)
)
)
)
)



HEARING NOTICE

Pursuant to Ind. Code § 4-21.5-3-20, the Medical Licensing Board of Indiana (“Board”) issues the following Hearing Notice:

- 1) On May 04, 2026, an Administrative Complaint (“Complaint”) was filed before the Medical Licensing Board of Indiana by the State of Indiana (“Petitioner”) against the above-captioned practitioner (“Respondent”).
- 2) A final administrative hearing on this Complaint is scheduled on September 24, 2026 at 8:30am EST in W064, 402 W. Washington Street, Indianapolis, IN 46204. This hearing is to determine whether the Respondent’s license should be disciplined for the violations alleged in the Complaint.
- 3) The hearing will address the allegations of licensing violations as set forth in the Complaint filed on May 4, 2026. A copy of Complaint is attached hereto and incorporated here by reference as **Exhibit A** respectively.
- 4) The Board will be presiding as administrative law judge in this matter. The Board is empowered to hold this administrative hearing pursuant to the authority of Ind. Code ch. 25-1-9 and Ind. Code art. 4-21.5. et seq.
- 5) Any party may be represented by counsel at the party’s own expense. Any attorney for either party must file an Appearance through the [Litigation Webform](#).

- 6) Parties should adhere to the [PLA Administrative Procedure Guidance](#) for formatting requirements and deadlines related to dispositive motions and proposed orders.
- 7) Parties are entitled to a pre-hearing settlement conference with a member of the Board and the Board Director. All parties are required to participate in any scheduled pre-hearing settlement conference. Those parties requesting a pre-hearing settlement conference should do by submitting such request in the following manner:
 - a. Submit request no later than 45 DAYS to the above-referenced hearing date. Submissions received after the 45-day mark may result in administrative continuance of the hearing. If a continuance is required, the hearing will be rescheduled to the next meeting 30 days after the date of the pre-hearing settlement conference.
 - b. Submit motion and proposed order through the Litigation WebForm.
- 8) Pursuant to IC 25-1-9-9a6 and IC 25-1-9-15 Respondent may present evidence during the hearing for the Board to consider regarding Respondent's ability to pay any amounts or costs that may be assessed.
- 9) If a party wishes to utilize exhibits at a hearing, all exhibits must be submitted through the Litigation Webform.
 - a. The State shall label its exhibits numerically (e.g., Ex. 1).
 - b. Respondent shall label his or her exhibits alphabetically (e.g., Ex. A).
 - c. Any exhibits containing confidential material, including protected health information ("PHI"), shall be submitted with all confidential information or PHI redacted and shall be filed and marked "PUBLICLY ACCESSIBLE".

- 10) All final exhibits and witnesses' lists should be submitted in electronic format through the Litigation Webform to the Board and by email or regular mail to the other party NO LATER than 5 BUSINESS DAYS before the hearing.
- 11) If a party believes the hearing will require testimony and disclosure of PHI or other confidential information, parties are required to ensure they take reasonable steps to de-identify all patient information during testimony.
- a. If a party is unable to present its case in chief without discussing PHI or the ability to properly de-identify such information, the party can file a motion to request hearing before a single Administrative Law Judge prior to the final decision made by the entire Board. Motions for change in Administrative Law Judge must be filed 30 days before the above scheduled hearing date. Such motions may cause a continuance of the final hearing and are subject to the Board's discretion for approval.
- 12) If applicable, any party to the proceeding is entitled to an interpreter to assist the party throughout the proceeding pursuant to Ind. Code § 4-21.5-3-16. The party may supply their own interpreter or request that the Board supply an interpreter. Costs for the interpreter are the responsibility of the requesting party. Identification of a party's interpreter or requests to the Board for an interpreter need to be submitted to Clerk@pla.in.gov with the subject line "Interpreter Request" at least 20 DAYS prior to the hearing.
- 13) General questions regarding hearing schedules and procedures shall be sent via e-mail to Clerk@pla.in.gov and must include all other parties to the litigation. This does not include Motions for Continuance as those must be filed through the Litigation Webform.

- 14) A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under Ind. Code § 4-21.5-3-24.
- 15) It is the responsibility of the parties to ensure the Board has updated contact information for each party throughout the proceeding. If Respondent's contact information changes at any time during the proceeding, Respondent should notify the Board and all other parties by submitting an email to Clerk@pla.in.gov. Petitioner's and/or Respondent's counsel shall file an amended appearance for any changes in contact information or change in representation. Failure to update contact information is not a defense for failure to hear and being held in default.

SO ORDERED this 24th day of July 2026.

By:  for
John Strobel, M.D., Board President
Medical Licensing Board of Indiana

DISTRIBUTION

I certify that a copy of this Hearing Notice has been duly served upon:

Mario Padron
[REDACTED]

Respondent

Service by Email

K. Michael Gaerte

Katie Jackson

katie.jackson@dentons.com

michael.gaerte@dentons.com

Counsel for Respondent

Service by Email

Ryan Eldridge

Office of the Attorney General

ryan.eldridge@atg.in.gov

LEclerk@atg.in.gov

Counsel for Petitioner

Service by Email

07/24/2026

Date


Catherine Briney, Litigation Coordinator

Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236
Email: Clerk@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

Exhibit A

**BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NO.: 202605-MED-0021**

IN THE MATTER OF THE LICENSE OF:

MARIO PADRON, D.O.

LICENSE NO: 02007370A (ACTIVE)

)
)
)
)
)

FILED

May 04, 2026

Indiana Professional
Licensing Agency

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 (“Board”), against the osteopathic physician license of Mario Padron, D.O. (“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 an osteopathic physician (D.O.) and holds license 02007370A, which was issued by the Board on July 10, 2023, and expires on October 31, 2027.
3. Respondent holds Controlled Substance Registration (C.S.R.) #02007370B, which was issued by the Indiana Board of Pharmacy on August 22, 2023, and expires on October 31, 2027. The C.S.R. is associated with Indiana University Schol of Medicine – Department of Psychiatry.
4. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 9760 SW 19th Street, Miami, Florida 33165.

Jurisdiction

5. Ind. Code § 25-1-7-2 permits the OAG to receive, investigate, and prosecute complaints concerning regulated occupations.

6. Between January 23, 2025 and March 9, 2025, the OAG received three (3) complaints filed against Respondent. The OAG then conducted an investigation pursuant to Ind. Code § 25-1-7-5(b)(4).

7. A copy of the consumer complaints is being submitted to the Board contemporaneously with this Administrative Complaint.

8. The Board has the power and duty to regulate the practice of medicine in Indiana pursuant to Ind. Code art. 25-22.5.

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

10. The Board therefore has jurisdiction of this case pursuant to Ind. Code § 25-1-7-5(b)(1).

11. After a hearing and a finding Respondent violated Ind. Code § 25-1-9-4, the Board may impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

Respondent’s Misconduct

12. At all relevant times, Respondent worked in a psychiatry residency at Indiana University School of Medicine (“IU”). The residency began on July 1, 2022.

13. While in the residency program, Respondent also owned and operated his own clinic, Focus ADHD LLC. Respondent does not maintain a C.S.R. for this business.

14. While in the residency program, Respondent utilized his personal phone to take photographs of notes and other documentation regarding patients seen at IU. Respondent reportedly took photos to later discuss these items with his supervising physician.

15. While in the residency program, Respondent provided treatment to Patient 1 on two (2) occasions. During these visits, the following occurred:

- a. Respondent discussed matters of a personal and sexual nature with Patient 1.
- b. Respondent discussed illicit drugs with Patient 1.
- c. Respondent provided personal contact information and information about his ADHD clinic to Patient 1.

16. Patient 1 reported her concerns to IU.

17. In 2025 or shortly thereafter, Respondent voluntarily left the residency program and failed to successfully complete the program. Respondent's C.S.R. continues to be connected to IU – Department of Psychiatry.

CHARGES

18. Paragraphs one (1) through seventeen (17) are incorporated by reference.

Count 1 Lewd or Immoral Conduct Ind. Code § 25-1-9-4(a)(5)

19. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(5) in that Respondent has engaged in a course of lewd or immoral conduct in connection with the delivery of services to the public. Specifically, Respondent engaged in inappropriate conversations of a personal and sexual nature with a patient.

Count 2
Professional Incompetence
Ind. Code § 25-1-9-4(a)(4)(A)

20. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(A) in that Respondent has continued to practice although the practitioner has become unfit to practice due to (A) professional incompetence. Specifically, Respondent exhibited professional incompetence in his patient interactions with Patient 1, recommendation to visit his outside clinic, use of a personal phone to store patient information, and failure to update C.S.R. when he left IU.

Count 3
Confidentiality
Ind. Code § 25-1-9-4(a)(3)

21. Respondent's conduct constitutes 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 844 IAC 5-2-2. Respondent failed to protect confidential patient health information when he utilized a personal device to take photographs of notes and other patient information.

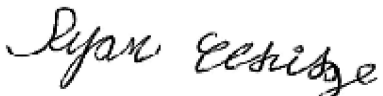
REQUESTED RELIEF

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 P. Eldridge
Deputy Attorney General
Attorney No.: 34578-49

Office of Attorney General Todd Rokita
302 West Washington Street
Indiana Government Center South, 5th Floor
Indianapolis, IN 46204
Email: Ryan.eldridge@atg.in.gov
Telephone: (317)-233-6247

CERTIFICATE OF SERVICE

I hereby certify that on the 4th day of May, 2026, a true and correct copy of this
“Administrative Complaint” was served upon the below-listed party or parties:

Mario Padron, D.O.
9760 SW 19th Street
Miami, Florida 33165
[REDACTED]

Sent Via U.S. Mail and E-mail

Ryan Eldridge

Ryan P. Eldridge
Deputy Attorney General
Attorney No.: 34578-49

**LICENSING ENFORCEMENT and HPU COMPLAINT**

Office of the Indiana Attorney General

(R5/12-17)

State Exhibit 1

Instructions:

Please print clearly or type.

A copy of this complaint form will be submitted to the individual/business listed below in Section 2. The Office of the Indiana Attorney General **cannot** accept complaints from anonymous complainants. If you wish to remain anonymous, please contact the Indiana Professional Licensing Agency. Please note that not providing your name or other identifiable information can limit the ability to thoroughly investigate consumer complaints.

Section 1: Your Information			
Salutation Ms.	Full Name [REDACTED]		
Mailing Address [REDACTED]	City speedway	State IN	Zip 46224
Organization/Agency (if applicable)	County Marion		
Telephone Number [REDACTED]	Email Address [REDACTED]		
Best way to contact you Telephone	Are you or your spouse active military? No		
Is your complaint regarding a healthcare or mental health practitioner? Yes			
If yes, please provide the patient's name (if different than you) and patient's date of birth: [REDACTED]			
If your complaint is regarding a veterinarian or veterinary office, please provide the name and type of animal: N/A			
Section 2: Who is the Complaint against?			
Note: The Office of the Attorney General cannot proceed on a complaint regarding a health care facility without the name of an individual involved in the incident. Please contact the facility if you are unsure of who the appropriate individual was involved in the incident.			
Individual Dr. Mario Padron	Business/Facility (if applicable) IU Health Goodman Hall		
Title/Role psychiatrist resident			
Street Address 355 west 15th street	City indianapolis	State IN	Zip Code 46202

County	Telephone [REDACTED]	Email address		
Website (if applicable)		Social Media Account Names (if applicable)		
Does the individual/facility possess an Indiana professional or healthcare license? Yes If yes, please provide the license number of the individual/facility (if known): 02007370A				
Section 3: What type of profession is the complaint against? (Please select all that apply)				
<u>Professional Licensing</u>		<u>Healthcare Licensing</u> Physicians;Psychology		
Section 4: Transaction/Incident Details				
Date of Transaction/Incident 01/14/2025		Location of Transaction/Incident IU Health Goodman Hall 2nd floor		
Nature of the Transaction/Incident Mental Health Appointment				
Description of Incident Dr. Padron was sexually harassing when he discussed threesomes, his tinder account, and that he had an apartment away from his wife close by. Dr. Padron told me how to take illegal street drugs with my mental health medication to improve the drug affect (ecstasy) and Dr Padron gave me a place to get medication that I don't qualify for due to my medical history , wrote it on a piece of paper and gave it to me which i still have, then said if i couldn't get it, he would get it for me. Gave me his card to his unlicensed clinic outside of IU Health called Focus ADHD. Dr., Padron violated hipaa when he took a picture of my medical file with his personnel cell phone e				
Documents available from the transaction/incident (any documents related to the incident should be submitted with this complaint form): ☐ Other: _____ _____				
Are you represented by counsel? No				
Have you filed a complaint with any other agency? If yes, please provide a copy of that complaint.				

LICENSING ENFORCEMENT and HPU COMPLAINT

Office of the Indiana Attorney General

(R5/12-17)

Yes

IU Health

Section 5: Consent

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

Note: Selecting “no” to any below will not prevent your information from being provided to the individual listed in Section 2.

Yes **The nature of the complaint and the individual/business name**

No **Your name**

No **Your phone number**

Section 6: Mail Completed Form to:

Office of the Indiana Attorney General Consumer Protection Division

Indiana Government Center South, 5th Floor

302 W. Washington Street

Indianapolis, IN 46204

317-232-6330 (phone) ☐ 317-233-4393 (fax)

www.IndianaConsumer.com

Section 7: Verification

I affirm, under the penalties of 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).


Your Signature

January 23, 2025

Date



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

State Exhibit 2

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.

Case No: 11782040

Section 1: Your Information				
Salutation ☐ Det. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Miss. ☐ Rev.		Street Address [REDACTED] [REDACTED]		
Full Name/Organization/Agency [REDACTED]		City Indianapolis	State IN	Zip Code 46202
If an Organization/Agency provide a Primary Contact Name		County		Daytime Phone [REDACTED]
Age Group ☐ 18-24 ☐ 25-34 ☐ 35-44 ☒ 45-54 ☐ 55-59 ☐ 60+		Email Address [REDACTED]		
		May we contact you by email? If yes, we will not contact you by regular mail		☐ No ☒ Yes
		Are you or your spouse active military?		☒ No ☐ Yes
Section 2: Who is the Complaint Against?				
Individual/Business Dr. .Mario Padron		Name of Individual/Representative you dealt with IN		
Street Address 336 S. Delaware St. Apt 4407		City Indianapolis	State IN	Zip Code 46204
County Marion	Daytime Phone [REDACTED]		Email Address [REDACTED]	
Section 3: Transaction/Incident Details				
3-A: Date of Transaction/Incident 1-14-2025		3-B: If a Transaction, what was the Transaction for? ☒ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church		
3-C: Where did the Transaction/Incident occur? (check box where applicable)				
☐ My home		☐ By Internet/email		
☒ At the location of the business		☐ By telephone		
☐ Away from the location of the business		☐ By Social Media		
☐ By mail		☐ Other		
3-D: What was the very first contact between you and the Individual/Business?				
☐ I telephoned the individual/business		☐ I received information in the mail		☐ I responded to a printed advertisement
☐ I responded to a TV/radio ad		☐ I went to the location of the business		☐ Other, describe below
☐ A person came to my home		☐ I received a phone call from the business		
☐ I received information by email		☐ I responded to an offer on the Internet		
3-E: How did you Pay?				
☐ Cash		☐ Credit Card/Pre-pay	☐ Medicaid	☐ Pay-Pal
☐ Check		☐ Installment Loan	☐ Medicare	☐ Private Insurance
				☐ Wire Transfer
				☐ Other
3-F: What, if any, is the Dollar amount associated with your loss?		\$		
3-G: Vehicle Identification Number (if applicable)				

Section 4 Actions Taken by Consumer

- ☐ Yes ☒ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- ☐ Yes ☒ No 4-B: Have you hired a private attorney?
- ☐ Yes ☒ No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- ☐ Yes ☒ 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: No

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 in the transaction/incident details below when you complained and what action was taken.

To: Indiana Medical Licensing Board

From: [REDACTED]
 Senior Associate Dean for Graduate Medical Education
 Indiana University School of Medicine

Re: Mario Padron, DO, Psychiatry Resident
 Summary Suspension and Resignation

Indiana University School of Medicine Department of Psychiatry received a patient complaint alleging that during an outpatient appointment on January 14, 2025, Dr. Mario Padron engaged in inappropriate communication of a sexual nature with the patient. The patient also reported that Dr. Padron discussed using illicit drugs for himself and offered to get some for the patient. The patient reported that Dr. Padron provided his personal contact information, and multiple times told the patient not to tell "the boss" about these conversations.

Upon receiving the allegations from the patient, an initial investigation was opened to determine whether Dr. Padron violated university policies, acted unprofessionally and/or unethically, violated patient privacy rules, engaged in unauthorized moonlighting and outside activities, among others. Accordingly, Dr. Padron was subsequently placed on summary suspension and removed from all patient duties.

During a meeting with the resident to inform him of the suspension and provide notice of the multiple concerns, Dr. Padron announced his resignation.

Section 6 How would you like your Complaint resolved?

This should be directed to the medical licensing board. I am happy to provide additional information if requested.

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 Attorney General
 Consumer Protection Division
 Government Center South, 5th 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?



- | | | |
|------------------------------|--|--|
| ☐ Yes | ☒ No | The nature of the complaint and the individual/business name |
| ☐ Yes | ☒ No | Your name |
| ☐ Yes | ☒ 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).

Your signature

January 26, 2025

Date



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

State Exhibit 3

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.

Case No: 11787102

Section 1: Your Information				
Salutation ☐ Det. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Miss. ☐ Rev.		Street Address [REDACTED]		
Full Name/Organization/Agency [REDACTED]		City Indianapolis	State IN	Zip Code 46202
If an Organization/Agency provide a Primary Contact Name		County		Daytime Phone
Age Group ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ 60+		Email Address [REDACTED]		
		May we contact you by email? If yes, we will not contact you by regular mail		☐ No ☒ Yes
		Are you or your spouse active military?		☐ No ☐ Yes
Section 2: Who is the Complaint Against?				
Individual/Business Mario Padron		Name of Individual/Representative you dealt with		
Street Address 1060 N. Capitol Ave Suite 3-101		City Indianapolis	State IN	Zip Code 46204
County	Daytime Phone		Email Address	
Section 3: Transaction/Incident Details				
3-A: Date of Transaction/Incident Jan 14, 2025		3-B: If a Transaction, what was the Transaction for? ☐ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church		
3-C: Where did the Transaction/Incident occur? (check box where applicable) ☐ My home ☐ By Internet/email ☒ At the location of the business ☐ By telephone ☐ Away from the location of the business ☐ By Social Media ☐ By mail ☐ Other				
3-D: What was the very first contact between you and the Individual/Business? ☐ I telephoned the individual/business ☐ I received information in the mail ☐ I responded to a printed advertisement ☐ I responded to a TV/radio ad ☐ I went to the location of the business ☐ Other, describe below ☐ A person came to my home ☐ I received a phone call from the business ☐ I received information by email ☐ I responded to an offer on the Internet				
3-E: How did you Pay? ☐ Cash ☐ Credit Card/Pre-pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer ☐ Check ☐ Installment Loan ☐ Medicare ☐ Private Insurance ☐ Other				
3-F: What, if any, is the Dollar amount associated with your loss?		\$		

3-G: Vehicle Identification Number (if applicable)		
Section 4 Actions Taken by Consumer		
☐ Yes ☐ No	4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.	
☐ Yes ☐ No	4-B: Have you hired a private attorney?	
☐ Yes ☐ No	4-C: Have you started a court action? If yes, please attach a copy of all court papers.	
☐ Yes ☐ 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? Jan 21, 2025 yes, he was suspended.	
☐ 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 in the transaction/incident details below when you complained and what action was taken.		
It is alleged that on January 14, 2025, while speaking with a patient at the IU Health Goodman Hall Outpatient Clinic, Dr. Padron engaged inappropriate conduct by discussing your desires to engage in sexual relations with the patient.		
Section 6 How would you like your Complaint resolved?		
Please investigate this complaint.		
Section 7 WHAT HAPPENS NEXT?		Section 8 Mail Completed Forms to:
<u>The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.</u> 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.		Office of Attorney General Consumer Protection Division Government Center South, 5 th 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?



- ☐ Yes ☒ No The nature of the complaint and the individual/business name
☐ Yes ☒ No Your name
☐ Yes ☒ 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).


Your signature

March 9, 2025

Date