



## **EPISODE #241: Medical Board Investigations: Common Triggers and Smart First Steps**

**With guest Guillermo J. Beades, Esq.**

---

**SEE THE SHOW NOTES AT: [www.doctorscrossing.com/episode241](http://www.doctorscrossing.com/episode241)**

---

GB (00:00.046)

You get one complaint from one patient and now you think your license is on the line and how am I going to help the rest of my patients, it can be scary, particularly since sometimes you're dealing with a kangaroo court. It's not always the most fair process, but it's what we have to deal with.

HF (00:22.934)

If you're at the white coat crossroads and questioning your career, you're in the right place. Join us as we explore the many career options for positions within medicine and beyond. You can learn more at [doctorscrossing.com](http://doctorscrossing.com). And now, let's go to Carpe that Dam.

Hey there and welcome to the Doctors Crossing Carpe Diem podcast. I'm your host, Dr. Heather Port, and you're listening to episode number 241. As physicians, we're trained up for a lot, from drawing blood to running a code to even biopsying the brain. What we're typically not prepared for is what to do if we receive a letter from the medical board. Physicians may receive a letter for many reasons, a patient complaint, a concern raised by a family member,

Prescribing pattern, a boundary question, a report from another clinician, or something else entirely unexpected. If you receive one of these letters, it can be very unsettling. You're often unsure what to do first, what not to do, who to talk to, and what your rights and responsibilities actually are. The process can feel confusing and isolating. While many matters are resolved favorably,

[www.doctorscrossing.com/episode241](http://www.doctorscrossing.com/episode241)



There are cases where the outcome can adversely affect your license and ability to practice if you find yourself in this situation. That's why I'm so grateful to be joined today by our expert guest, Guillermo Beates Esquire. Attorney Guillermo Beates is a partner at Friar Levitt and an experienced healthcare attorney who represents physicians and medical board investigations, licensing matters, audits, administrative actions, and other matters.

He works closely with physicians to help them understand the medical board review process, respond appropriately, and navigate these situations thoughtfully from the very beginning. In today's conversation, Guillermo explains what commonly triggers medical board investigations and overview of the process and what physicians can do early on to help protect their license and professional standing. It is my sincere honor and pleasure to welcome Guillermo Bares-Escuar to the podcast.

HF (02:39.192)

Welcome, Guillermo.

GB (02:40.192)

Thank you, Heather. Thank you for having me today.

HF (02:42.192)

I have to say, I've been looking for someone like yourself to come on the podcast for a while because I've had clients who come to me because they're under an investigation and they're wanting to leave potentially because the stress, the uncertainty, not wanting to face some of these situations is driving them potentially out of medicine. Luckily, no one's left. I've seen good favorable resolutions, but a lot of pain and suffering in between. So thank you so much for coming to help us.

GB (03:12.192)

Of course, of course. It's obviously, you know, very disheartening when you practice medicine. You know, you devote all of your time to your patients and then you get one complaint from one patient and now you think your license is on the line and how am I going to help the rest of my patients? It can be scary, particularly since medical boards,



licensing boards of all kinds are given plenary power by the legislature in every state to basically act as

know, judge, jury and executioners of their own. There's no real judicial review. Everything is administrative in nature. And, you know, sometimes you're dealing with a kangaroo court. So it's not always the most fair process, but it's the process that we have and we have to deal with.

HF (04:00.554)

Okay, judge, jury, and executioner, that is scary. And I understand we need oversight. There are some physicians who are bad actors. I think they're quite the exception. And we do need a way to monitor physicians. However, this sounds a bit unfair, as you mentioned. And so what can we do? We want to be as best prepared as possible. I'm curious, Guillermo, how did you get into law and then into this type of law where you're helping physicians.

GB (04:32.554)

So one version of it is, you know, my dad was a prosecutor, you know, assistant attorney general in the province of Entre Rios in Argentina, where I'm from. He's also a judge there. You know, have uncles, great uncles, everyone who's all in the law. So obviously the law was something that I was interested in for a long time. But the other reason is, you know, like a lot of lawyers out there, I wasn't good enough in math and science to go to med school. So I went to law school.

And, you know, I haven't regretted my decision. I eventually found my way back to helping doctors and working with doctors in a way that when I was in law school, I didn't know existed because healthcare was a very foreign thing to think about in 2006 when I graduated. There weren't many programs out there that had more than maybe one course in something esoteric, like maybe HIPAA, you know, but, um,

Now there are programs, you know, schools across the country that actually have healthcare certifications and offer a deep dive, you know, into healthcare. So it's a new, newer area of law.

HF (05:41.484)



Well, you're obviously very intelligent and it's our good fortune that maybe calculus wasn't your jam. So we looked out. diving into this topic for today, I mentioned some of the reasons that might trigger a board investigation, but I know there are more. So I'd love it if you could help us understand some of the different reasons.

GB (06:02.484)

So obviously the most common that you'll see is a complaint from a patient or the relative guardian of that patient. They're concerned about, you know, medical care that was provided, maybe a bill, maybe an interpersonal issue. Those are the most common. The lesser common ones, but that do happen, are sometimes complaints from competitors, you know, or other physicians. I saw that a lot when stem cells were very popular.

I saw providers use stem cells getting reported by orthopedists in other states that were consulting on the care of that patient. Sometimes another provider that also provided stem cell services was complaining about a competitor because they wanted to maybe get them in trouble, put them out of business, whatever it may be. Now we're seeing it, for instance, with wound care products, skin grafting, because it's under the microscope. It's been written about.

It's one of the very few things that has bipartisan support. There's billions of dollars being spent on skin graft products. And we're seeing that some boards are starting to look into it. Some providers are getting reported. Some providers are getting incarcerated. And all of that leads to board discipline. There's also referrals from other state authorities. So for instance, if you're a pediatrician and you...

participate, like in New Jersey here, the Vaccines for Children program, the VFC. VFC, know, investigators will go, we'll check, make sure that, you know, you're not misusing them, you're not wasting them, you're not keeping them in a way that's unsafe, you know, in refrigerator that doesn't have a thermometer in it, whatever the issue may be. What they do is if they find something amiss, they may report you also to the Board of Medical Examiners. We also see this from random inspections. They're very popular pre-COVID.



GB (07:57.812)

Now that we are thankfully long behind COVID, long ahead of it, we've left that behind. Now we're seeing state investigators showing up randomly, looking to make sure that you have contracts with waste disposal companies, everything is clean, that you don't have PHI laying around, that you have employee manuals, that you have compliance officers, that you have copies of everyone's certifications and licenses.

Any of those things that are missing can lead to, again, board investigations, board discipline. And lastly, there's national practitioner data bank reportings and hospital reporting. If you get suspended by a hospital, your privileges get suspended or terminated, those also get reported to the board and a subcommittee of them will investigate.

HF (08:47.812)

Well, that's a very extensive list and some of the things I wasn't even thinking about, so thank you. Would you like to dive in a bit more about patient complaints and things that can happen in that higher bracket of reporting?

HF (09:02.812)

Patient complaints, you know, they're like snowflakes. No two are alike. Some we received that are ridiculous. You know, I once had a complaint about, I think it was a \$10 copay that they didn't think they should have had to pay. I think we closed that case in like two days, which was a record. And then we've had others where they're alleging serious allegations of indiscriminate prescribing, sexual assault. You know, there's, there's very

You know, they really run the gamut. The more serious and credible the allegations, the more likely that they are to lead to a preliminary evaluation committee hearing. That's what they call them in New Jersey. Each state calls them something a little different, which is a hearing before a subcommittee of the board to go in to explain. It's one of those where there's smoke, there's fire. So they want to get a little more information. In the worst case scenario, they get a complaint from a patient that they think, wow, we have to put a stop to this provider. They're a danger. Then you'll see something different. You'll see an order to show cause. And that is a hearing before the full board of medical examiners, the full medical board. And it's basically an order to show cause why your

license should not be suspended. The board has decided they want to suspend you. You have to go in there and save your license. That is where they are the judge, jury, and executioner.

You know, you have a very, very difficult chance of trying to win those cases. You have to really dive deep into it. You have to get your own witnesses. You have to get possibly your own experts. You really have to go in there fighting it, treating it like a trial, like a mini trial. And those are the most difficult, the most time consuming, the ones that really have the most at stake. Because a temporary suspension from the board is anything but temporary. Once they have your license, they have it until, you know, they want it.

I had a client once that had a temporary suspension of his CDS and that temporary lasted five years. So, now, temporary in the eye of the beholder, you know, so it's, these things start many different ways. The more serious, the more you'll see board involvement. But if it's a he said, she said type of situation, those are usually more easily explainable and we've had very good success with.

HF (11:24.094)

Okay, now one of the things we wanted to really tease apart is if you get one of these letters from the board or some notification is how to make sure that you don't get yourself in deeper water because I've definitely talked to physicians who said, they told me that there's this issue with my license and I might have multiple state license and I think.

If I just surrender it in this state, this problem's going to go away. They signed something, but before they know it, they're in more trouble. So could you walk us through a way to approach this when you find out that there's some issue at the board, whatever it is.

GB (12:06.094)

Yeah, so that's a great question because, and honestly, this is, you know, not to plug myself, but you know, this is why you get a healthcare attorney, not just a regular attorney. Because just like, you know, if you're having heart problems, you know, you go to a cardiologist, not someone who, you know, is a podiatrist, you know, you have to go to someone who specializes in your area, you know, this is no different for law. I used to do personal injury when I came out. I wouldn't do personal injury now.



I wouldn't even do a medical malpractice defense case. That's not what we do at our firm. It's not what I do. You go with someone with your specialty. We had the unfortunate case once of a provider in Pennsylvania who surrendered his medical license because he didn't want to pay a \$10,000 fine. He practiced in New Jersey and the attorney that he had said, sister, surrendered. You practice in New Jersey. So who cares if you don't have your license over there. So, surrendered a Pennsylvania license with an attorney. Then that triggered a Pennsylvania Medicaid termination because surrendered Pennsylvania license. Pennsylvania Medicaid termination resulted in a Medicare termination because that's reciprocal. Medicare termination resulted in that doctor not being able to work in a hospital anymore. That was his prime source of income.

Now his whole life changed because he got bad advice from an attorney who said, don't pay that \$10,000 fine, which was a reciprocal penalty to something in another state. Don't pay it. Just surrender your license. I had to get involved, overturn that consent because he consented to give up his license. At the time, the deputy attorney general in Pennsylvania told me, you're not going to get it overturned.

Because we've never had one of these overturned before. just doesn't happen. Because he had an attorney, the attorney should have explained every one of these implications to him. So we did it, we followed the motion, we had a hearing, we got him his license back in Pennsylvania, he paid his fee, he was able to return to practice.

HF (14:23.317)

Thank heaven.

GB (14:25.317)

We're very happy for that, you know, that doesn't always happen though. You know, he got lucky not because we did something I think was extraordinary. I think we did a good job, but he got lucky that he had a board who was willing to give him the benefit of the doubt, listened to our arguments and allowed him to return to practice. That was what saved him. That's why it's another reason, just a little aside, whenever you're choosing an attorney.



You don't always want to go with someone who will advertise themselves as being a pit bull and everything. I've gotten some fantastic results like that one, which we talked about by being kind, by being nice, by explaining things. Similar attorneys who take the scorched earth like pounding the table and yelling at their adversaries, they're some of the least successful attorneys I know. So I've had clients ask me, are you a pit bull? I said, no.

If you want that, you're not going to get a good result either. So I explained to them the benefits of it. So that's just a little FYI when you're picking any type of attorney. could be real estate, could be matrimonial, hopefully not, any one of those.

HF (15:36.374)

It might work well on TV.

GB (15:39.374)

Exactly. I think that's what attorneys are, know, what they see on TV, but that's not really how it works. When you get contacted by the board, triage it like you would in an emergency room. Is it a letter? If it's a letter and it's required and it's requesting your response, that's essentially the board saying, listen, we have one side of the story. We understand there's another side. We want to hear your side first. If it's like, you know, the typical he said, she said type of situation, most of the time, if there's no gross negligence, repeated acts of negligence or anything like that, you can be fairly confident that the board will close the matter without disciplining the provider. At my firm, I've been here for about eight years. We've been able to close, thankfully, knock on wood, 100 % of these written complaints because there's a method to the madness. We know how to respond to these. We don't call Adam and Adam like a pit bull. We explain things. Things work much better that way.

So the first thing you want to do is triage it. If it's a hearing, like a preliminary evaluation committee hearing, an order to show calls where they're trying to suspend you, lawyer up right away. I've got too many situations where I get clients after they did the hearing, which includes multiple board members, prosecuting deputy attorney general, a stenographer taking down everything that's being said. A lot of times you go in there thinking it's a collegial exchange or that they're limited in what they could ask you.

Or that you can go in and explain away something most of the time that leads to some sort of consent order, some kind of discipline, because you said something the wrong way or something you said was taken the wrong way. It's no different than being sued and malpractice and being deposed. You have to have an attorney prepare you for the questions you're going to receive, how to answer them so that you are clear in what you're saying and that something doesn't get taken out of context.

You know, a lot of times, you know, we're trying to clean up what happened. It's not a collegial exchange. These are not your friends. They may work at the same hospital as you, but they're there to investigate. They're not there to walk you through this.

HF (17:47.776)

Now you mentioned that if you receive a letter and they're requesting to hear your side that that's not like this higher level triage where you could be hemorrhaging and your life's on the line and that's something you've been able to resolve favorably 100 % of the time so that's very reassuring for people to know that but then if you're asked to go to a hearing then you definitely need to get help.

GB (18:12.776)

Yeah, definitely to get a lawyer involved in that. The only times that those letters that I told you have sometimes led to hearings is when everything isn't answered correctly or the provider receives it and they're cavalier about it or they ignore it. They say, this is a BS complaint about a bill. I don't need to answer it. The second you get anything from the board, every single board in the United States has the same rule that requires you to cooperate with a board investigation.

You know, I've seen providers get suspended, have their licenses suspended just for not answering a complaint, just for not answering an inquiry, for providing information to the board, not because they did anything wrong. But once you're suspended, that's the domino effect. Goes in the National Practitioner Data Bank. You get de-credentialed by every single insurance company. You get, you know, reciprocal discipline in other states. You have a multi-state license because you do telemedicine. Now you got that time 50, you know, so.

It can really get out of hand really fast. That's why where possible you want to go to an attorney. I know a lot of times, you know, doctors don't want to go to the attorneys for the same reason that people don't want to go to doctors. You'd rather not know, you know, or it might be too expensive, you know, like I get it, but you know, an ounce of prevention is usually better.

HF (19:32.43)

And what is a consent order Guillermo?

GB (19:28.43)

So a consent order is the first type of discipline that the board is gonna try to administer. Basically, it'll have like findings of facts saying, you know, we found the following facts. Based on those facts, you violated these specific board regulations. You agree, that's what's a consent order, you agree that instead of having a trial about this, instead of exercising your rights to an administrative law hearing or us bringing a formal complaint against you, you agree, you consent to the following discipline. And it'll outline. It could be a fine. It could be a suspension. It could be a probation. It could be a surrender of your license, not to be deemed disciplinary, but deemed a revocation. It could be a number of different things that you would agree to. You sign it, the board signs it, your attorney signs it if you have an attorney, and then the matter is over. That's what a consent order is. That's what they like to do...

Try to resolve it with, and that's how most cases are resolved. If you disagree with the board, you don't want to sign the consent order, then they file a formal complaint and you have to go fight it like you would a civil trial.

HF (20:42.944)

What are the situations when the investigation would be made public versus when no one else is going to know about this unless you tell them.

GB (20:53.944)

The situation where it becomes public is once they file a formal complaint or a consent order is entered. There are some states that have private letter agreements where you agree not to do something again, let's say that they found to be incorrect. Might be a billing dispute, might be something that's like not a big deal necessarily, but it's

something that they don't want to see repeat again. So that is when you would get a private letter agreement.

GB (21:22.944)

It's less and less popular these days. Now, multiple states have done away with them. New Jersey has done away with them. So most board discipline is always going to be public in nature. So it's going to get reported to the National Practitioner Data Bank. And from there, it's going to go to everyone who signed up to get reports from them, including insurance companies, hospitals, other boards, et cetera.

HF (21:45.944)

And that's forever?

GB (21:47.944)

Yeah, usually the National Partitioner Data Bank, I want to say 10 years that it stays on there and 10 years that it usually stays on like physician profiles. So it does take some time for that to eventually leave. It's not like in civil or criminal where you can possibly get an expungement or things like that. That is there. And once it's there, it's there for at least 10 years.

HF (22:09.774)

Now, obviously, as we're listening to this, I'm sure some physicians are going through this process or they've been through it or some might be thinking like, yikes, my gosh, this is a minefield out there. But for someone who's going through the process and they might even be thinking, I just don't want to do this. I need to find an unclinical job because this uncertainty is weighing on me. I feel ashamed and the board is taking forever because I know these things can really drag on.

What kind of advice would you give that physician?

GB (22:41.774)

Listen, you work very hard to get that medical degree. There's a lot of time, it's a lot of money, because now, at school it's not cheap. Then on top of that, undergrad, mean, and you sacrifice a lot to get that medical degree. And on top of that, I have residency



and everything. So by the time you're actually practicing as a physician, making a decent salary with all the debt that you have behind you, you can't let this one transient moment in your career define you. Listen, there's times when things go completely upside down. There's a bad malpractice settlement, and now they're questioning your ability to practice. This is not the end. I've had doctors who went to jail, lost their license, came out of jail, went back to practice, and are still fulfilled as providers.

Those are extreme cases. Every single business, like I'm telling you, this is a lawyer, someone who was an associate, now it was a partner, you know, there's always gonna be a lot of pressure and there's always gonna be a lot of stress in whatever job you have. If you love medicine and you work so hard to get that, I wouldn't be quick to walk away from it. I was disillusioned with the law my first few years out. I didn't like plaintiff work, I didn't like...

Some of the attorneys that I had to deal with, you get to the wrong firm, like the wrong practice, it can really disillusion you. That doesn't mean that every practice is like that. Doesn't mean that every law firm is like that. You have to find your right fit. I found my right fit, but it was my third law firm. So when I finally found my fit, it was perfect. If you just don't have the right fit, you can just keep moving on. You know, that's that, that would be my advice.

HF (24:35.774)

I am so happy you said that, Guillermo, because it's so important and physicians need to hear this. And I know I worked with a physician whose license was really in jeopardy and he wanted to give up. And I kept saying, do not give that away. If you want to give it away later, but let it be your choice. And we worked really hard together. And I remember the email that I got when this physician got back to clinical work that first day. And I'm telling you, this was the highlight of my 15 years of doing this. I just can't even describe the feeling, and it was just the best thing ever. And when you're in this dark space, you can have blinders on, and you can just want to get away from it. So thank you so much for sharing that message.

GB (25:21.162)



Of course, you know, this, this usually the board complaint process is, you know, a low light in your career, but you can't let it taint you and make you think that this is what is going forward. That's not like your life going forward.

HF (25:37.162)

Well, this is wonderful and we still have a little bit of time left and I'd love for you to share anything you think we didn't cover or you'd like to address before we wrap up.

GB (25:47.162)

You know, I see a lot of trends emerging because I do this so often. And one of the things that's going to sound really silly, that is very low hanging fruit that boards are starting to discipline doctors about. And as we just discussed, when you get discipline, it's public discipline. So your other boards are going to know about this if you're certified elsewhere, you have licenses in multiple states, hospitals, insurance companies.

Board accreditation, you know, if you're, you know, board certified, I'll say with the American Board of Internal Medicine, they're one of the boards that are pretty strict about having a clean license. If you have any restrictions on your license, they'll take away your board certification. So there's a lot of things to keep in mind. One thing that we're seeing more and more boards cracking down on, believe it or not, is continuing education credits. Every time you certify, every couple of years, you know,

GB (26:45.322)

That you renew your license every couple of years, you're certifying that you have completed all CMEs, including some additional specific CMEs, maybe on, like in New Jersey, we have opioid courses, end of life care, know, cultural competency, I think. Every state has something along those lines. Get your CMEs done in a timely fashion, complete all your requirements. We're seeing boards discipline people just because of CMEs.

And it's public discipline and it goes on your record. now insurance companies know about this. Your hospitals that you have, you know, privileges will know about this. That's one thing that's such low hanging fruit. Please, please, please, please do that. Okay.



Yeah. That's an easy one. Okay. The other one that's not so easy to, to kind of comprehend is that

When you're being approached by an investigator and I've done, I don't do so much of it anymore. Now that I have a partner who's a former AUSA, he handles all the criminal and quasi criminal stuff. But I used to do some white collar work as well in some criminal cases and criminal trials. And one thing that everyone needs to understand is regardless of who the investigator works for the federal government, it could be an FBI agent, could be, you know, state board of medical examiners. Investigators do not have the duty.

Or obligation to tell you the truth. They can actually mislead you as an investigative means. That's like a tactic that they use all the time. You see it in cop shows all the time. They separate two people. One cop says, your friend rolled on you. And they say the same to the other, hoping one of them will tell them the truth. State-born investigators, they'll do that too. They say, just surrender your CDS. Just surrender your DEA.

You know, and it's temporary. You'll get it right back as soon as this investigation's over. That's not true. They have no power to make that statement to you. Even the DEA agent doesn't have the power to say that to you. When you surrender your DEA license, it takes a year to get it back at least once everything is done. So nothing is temporary. Nothing is like that. Don't believe everything an investigator says. If an investigator wants to talk to you, talk with counsel. Okay, if a...

GB (29:03.694)

Anyone with any kind of alphabet soup on their jacket, FBI, DEA, doesn't matter. Get my attorney involved. They have to be part of this. Sometimes they'll walk in with a subpoena. A subpoena is a request for records and they treat it like it's a warrant. You have to pull all these records from me right now. No, I don't. I have 15 days or 30 days to comply with this subpoena. In fact, my lawyer can even go to court and quash this subpoena if it's inappropriate. there's...

So much that is misstated, mis-said, and sometimes even lied to by investigators. Don't think, here's an investigator, and let him believe everything they say, and by the way, let me talk my way out of it, let me convince this investigator. Because the other thing about



dealing with investigators is, think of them like they're a train, you are the last stop, okay? They've already spoken to your patients, they've already reviewed your records.

They've already spoken to colleagues. They've already done all their investigation. They have their conclusions. They need admissions from you, not statements. So they know exactly what you should be saying to them. They know the answers to most of the questions they're asking. Don't volunteer anything to anyone. Lawyer up because once you have people in your practice or worse, they like to come to your home early in the morning, right before you leave, like six or eight in the morning, and they're there.

We just got a couple of questions for you, Doc. Get your attorney involved. That's another thing that we've seen a lot of state investigators. Those are the ones where the investigations are the most contentious. Hire an attorney. You need one at that point.

HF (20:42.322)

Okay, we are forewarned and this is really good information so we need to zip it up. Don't say anything and take this seriously because sometimes we just say, I'll just explain it, it'll be fine and we're already in deep water. All right, so thank you also for letting us know about the CME because that is something we can definitely do. And I just have a little commercial here I wanna.

HF (31:08.376)

Put a plug in for the fact that we now have CME accreditation for two of our most popular resources at the Doctors Crossing, the resume kit and the LinkedIn course. So if you're actively exploring new opportunities or just want to buff up your documents and your LinkedIn, you can save hours of frustration trying to convert your own resume and figure out LinkedIn on your own.

So these courses include step-by-step templates and cheat sheets and videos so you don't have to reinvent the wheel and you can get this category one CME credit. So to have a look at these, just go to the Doctors Crossing website, hit the products tab and you can find out about them. You also can reach out to us at [team@doctorscrossing.com](mailto:team@doctorscrossing.com). We can even give you a sneak preview of what's inside the

[www.doctorscrossing.com/episode241](http://www.doctorscrossing.com/episode241)



course and the kit. So now back to our wonderful guest, Guillermo Beatas. I want to thank you so much for coming on the podcast and please let us know how to get in touch with you and who you're able to help.

GB (32:08.322)

Sure. Well, listen, thank you so much for talking to me about this. I'm very passionate about defending doctors. I also serve as general counsel to the American Academy of Pediatrics, New Jersey chapter. You know, so I help a lot of pediatricians. As a father of two young boys, we bother pediatricians a lot. So I don't mind it when doctors bother me with any kind of little question that they have. It's not a bother to me. I appreciate it. It's my way of paying it forward. And for all the calls that I've made to their hotlines and, you know, nurses lines.

Like you mentioned earlier, I'm a partner at Friar Leavitt. I can be reached at Friar Leavitt directly and go on the website and find me there. It has all my contact information, my direct dial that goes right to my cell phone if you need me anytime, and my email, which I, like everybody else, all the professionals now religiously check. So more than happy to help any doctor going through a board investigation, a state or federal investigation, as well as actually provide our audits because that's actually taken a lot of my time as well. You know, a lot of overpayment demands. It's another reason why a lot of doctors want to quit. They don't want to deal with insurance companies. They don't want to deal with insurance companies taking their money back, having to repay a lot of money. So if you ever have a problem with that, can also reach out to me. We do that nationwide.

HF (33:26.322)

I see you, heard it, and we'll put Guillermo's contact information in the show notes. I just want to ask you Guillermo, you mentioned your license in New York and New Jersey and Pennsylvania and if a physician is not in one of those states, I think you said it's sort of state by state whether you're able to help them, is that correct?

GB (33:43.322)

That's correct. And sometimes if it's one of the lower level issues like reviewing a letter, sometimes some doctors hire me just to say, listen, this is what I'm going to respond to

[www.doctorscrossing.com/episode241](http://www.doctorscrossing.com/episode241)



the board with. Can you edit it or can you just give me your thoughts, redline it? I'll send it myself. Sometimes doctors want to send it themselves and want a lawyer to send it, which is fine. There's no reason not to have an attorney send it, but if you'd rather send it yourself, sometimes our clients prefer that.

And we're happy to redline it for them and help them out that way.

HF (34:17.322)

Okay, perfect. All right, my dear listeners, thank you so much for being here and please, please share this podcast with any physician you know it could be helpful for, which I think could be anyone. And as you know, if you share a podcast with two people and let us know, just give us their initials in the podcast episode, you win a prize. It's actually just a gift, a thank you for sharing the podcast and I know you're going to love this gift. So reach out to us at [teamanddoctorscrossing.com](http://teamanddoctorscrossing.com) and you're a winner.

HF (34:44.438)

And as always, don't forget to Carpe that Diem and I'll see you in the next episode. Bye for now.

HF (34:55.342)

You've been listening to the Doctors Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at [doctorscrossing.com](http://doctorscrossing.com) and check out the free resources tab. You can also go to [doctorscrossing.com/freeresources](http://doctorscrossing.com/freeresources).

And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. Now I hope to see you back in the next episode. Bye for now.