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

In the Matter of the Accusation Against: Mark Wilfred Tamarin, M.D. Physician's and Surgeon's Certificate No. A 38807 Respondent.	Case No. 800-2017-034847

DECISION

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

This Decision shall become effective at 5:00 p.m. on October 18, 2022.

IT IS SO ORDERED October 11, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
CHRIS LEONG
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Attorneys for Complainant

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

In the Matter of the Accusation Against: MARK WILFRED TAMARIN, M.D. Post Office Box 2170 Manhattan Beach, California 90267 Physician's and Surgeon's Certificate No. A 38807 Respondent.	Case No. 800-2017-034847 OAH No. 2021020615 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

2. Mark Wilfred Tamarin, M.D. (Respondent) is represented in this proceeding by attorney Donald B. Marks of 10100 Santa Monica Boulevard, Suite 300, Los Angeles, California 90067.

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3. On July 19, 1982, the Board issued Physician's and Surgeon's Certificate No. A 38807 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-034847, expired on December 31, 2019, and was not renewed.

JURISDICTION

4. Accusation No. 800-2017-034847 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 3, 2020. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2017-034847 is attached as Exhibit A and is incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-034847. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2017-034847, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

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

ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. A 38807, issued to Respondent Mark Wilfred Tamarin, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline

against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2017-034847 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2017-034847 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Donald B. Marks. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: JULY 10, 2021

MARK WILFRED TAMARIN, M.D.
Respondent

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(By correspondence)

I have read and fully discussed with Respondent Mark Wilfred Tamarin, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 7/16/21

DONALD B. MARKS
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 7-16-21

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Chris Leong

CHRIS LEONG
Deputy Attorney General
Attorneys for Complainant

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Exhibit A
Accusation No. 800-2017-034847

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Attorneys for Complainant

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

In the Matter of the Accusation Against: Mark Wilfred Tamarin, M.D. P.O. Box 2170 Manhattan Beach, California 90267 Physician's and Surgeon's Certificate A 38807, Respondent.	Case No. 800-2017-034847 **ACCUSATION**

PARTIES

1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California (Board).

2. On July 19, 1982, the Board issued Physician's and Surgeon's Certificate Number A 38807 to Mark Wilfred Tamarin, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and expired on December 31, 2019.

JURISDICTION

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

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STATUTORY PROVISIONS

4. Section 2001.1 of the Code states:

Protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

5. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the Board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the Board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the Board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the Board.

(4) Be publicly reprimanded by the Board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the Board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the Board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the Board pursuant to Section 803.1.

6. Section 2234 of the Code, states:

The Board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

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

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more

negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

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

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the Board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the Board.

7. Section 2236 of the Code states:

(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

(b) The district attorney, city attorney, or other prosecuting agency shall notify the Medical Board of the pendency of an action against a licensee charging a felony or misdemeanor immediately upon obtaining information that the defendant is a licensee. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action is pending that the defendant is a licensee, and the clerk shall record prominently in the file that the defendant holds a license as a physician and surgeon.

(c) The clerk of the court in which a licensee is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the board. The division may inquire into the circumstances surrounding the commission of a crime in order to fix the degree of discipline or to determine if the conviction is of an offense substantially related to the qualifications, functions, or duties of a physician and surgeon.

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and Section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

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8. Section 118 of the Code provides:

(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such a withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any such ground.

(b) The suspension, expiration, or forfeiture by operation of law of a license issued by the board in the department, or its suspension, forfeiture or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

(c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

9. Section 490 of the Code states:

(a) In addition to any other action that a Board is permitted to take against a licensee, a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

(b) Notwithstanding any other provision of law, a board may exercise any authority to discipline a licensee for conviction of a crime that is independent of the authority granted under subdivision (a) only if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the licensee's license was issued.

(c) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a Board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code.

(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos* v. *Department of Real Estate* (2006) 142 Cal.App.4th 554, and that the holding in that case has placed a significant number of statutes and regulations in question, resulting in potential harm to the consumers of California from licensees who have been convicted of crimes. Therefore, the Legislature finds and declares that this section establishes an independent basis for a board to impose discipline upon a licensee, and that the amendments to this section made by Chapter 33 of the Statutes of 2008 do not constitute a change to, but rather are declaratory of, existing law.

10. Section 493 of the Code states in relevant part:

(a) Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

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11. California Code of Regulations, title 16, Section 1360 states:

For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act.

FACTUAL ALLEGATIONS

12. On or about June 6, 2017, in the case entitled the *United States of America v. Mark Wilfred Tamarin,* U.S District Court Case No. CR 17-344 DSF, an indictment was filed against Respondent alleging health care fraud and wire fraud, in violation of 18 U.S.C. sections 1343 and 1347, respectively, as more particularly set forth below.

13. At all times relevant to this Accusation:

a. Medicare was a federal health care benefit program, affecting commerce, that provided benefits to individuals who were over the age of 65 or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services ("CMS"), a federal agency

operating under the authority of the United States Department of Health and Human Services ("HHS").

b. Individuals who qualified for Medicare benefits were referred to as Medicare "beneficiaries." Each Medicare beneficiary was given a Health Identification Card containing a unique identification number ("HICN").

c. Health care providers who provided medical services that were reimbursed by Medicare were referred to as Medicare "providers."

d. CMS contracted with private companies to certify providers for participation in the Medicare program and monitor their compliance with Medicare standards, to process and pay claims, and to perform safeguard functions, such as identifying and reviewing suspect claims. During the time relevant to this Accusation, the contracted private company with responsibility for processing and paying Medicare claims for services rendered in California was Palmetto GBA, LLC, which was located in South Carolina.

e. To obtain reimbursement from Medicare, a provider had to apply for and obtain a provider number. By signing the provider application, the provider agreed to (a) abide by Medicare rules and regulations and (b) not submit claims to Medicare knowing they were false or fraudulent or with deliberate ignorance or reckless disregard of their truth or falsity.

f. If Medicare approved a provider's application, Medicare assigned the provider a Medicare provider number, which enabled the provider to submit claims to Medicare for services rendered to Medicare beneficiaries.

g. Medicare reimbursed providers only for services, including physical therapy, that were medically necessary to the treatment of a beneficiary's illness or injury, were prescribed by a beneficiary's physician or a qualified physician's assistant acting under the supervision of a physician, and were provided in accordance with Medicare regulations and guidelines that governed whether a particular service or product would be reimbursed by Medicare.

14. At all times relevant to this Accusation, Urological Medical Associates, a medical group doing business as Advanced Urology Medical Offices ("AUMO"), was a partnership of

urologists with its primary office located in Westchester, in Los Angeles County, California. AUMO had additional offices in Culver City, Los Angeles, and Torrance, California.

15. At all times relevant to this Accusation, Respondent was a medical doctor, licensed in the State of California, who specialized in urology. In or about 2004, Respondent was required by the Board to complete additional training in the area of patient record keeping.

16. At all times relevant to this Accusation, Respondent was a Medicare provider, with a Medicare provider number that enabled him to submit claims to Medicare for services rendered to Medicare beneficiaries.

17. From in or about July 2001 through in or about April 2013, Respondent, through his professional corporation, Mark Tamarin, M.D., Inc., was a partner in AUMO, with his primary office at AUMO's Westchester location, within California. During the time that Respondent was an AUMO partner, AUMO was authorized to, and did, submit claims to Medicare for services rendered, and purportedly rendered, to Medicare beneficiaries by Respondent.

18. At all times relevant to this Accusation, Kindred Hospital, located at 5525 West Slauson Avenue, Los Angeles, California ("Kindred Hospital"), was a long term acute care facility. During the time that Respondent was an AUMO partner, AUMO submitted claims to Medicare for services rendered, and purportedly rendered, by Respondent to Medicare beneficiaries hospitalized at Kindred Hospital.

19. The June 6, 2017 indictment alleged a fraudulent scheme as follows. Beginning in or about January 2009 and continuing through in or about January 2013, Respondent knowingly and with intent to defraud, devised and participated in a scheme to defraud Medicare as to material matters, and to obtain money and property from Medicare by means of material false and fraudulent pretenses, representations, and promises, and the concealment of material facts.

20. The fraudulent scheme was carried out in substance as follows:

A. Respondent caused AUMO to bill Medicare for services he did not provide. For example:

i. Respondent caused AUMO to bill Medicare for services purportedly provided by Respondent at Kindred Hospital during times when Respondent was actually at AUMO' s Westchester office;

ii. Respondent caused AUMO to bill Medicare for services purportedly provided by Respondent at AUMO and Kindred Hospital when it was physically impossible for Respondent to have provided all the services billed during the limited times he was actually at the locations at which the services purportedly were rendered;

iii. Respondent caused AUMO to bill Medicare for services purportedly provided by Respondent to multiple patients at the same time.

B. Respondent caused AUMO to bill Medicare for medically unnecessary services, including, in particular, medically unnecessary comprehensive examinations, renal ultrasounds, and Post Voiding Residual tests, as well as medically unnecessary daily visits (from Monday through Friday) to patients at Kindred Hospital.

C. Knowing that the services being billed had not actually been provided and were not medically necessary, Respondent caused AUMO to submit to Medicare claims for reimbursement for these services that were materially false and misleading in that they represented that the services had been provided and were medically necessary.

D. To conceal that he was causing AUMO to bill for medically unnecessary services and services not actually rendered Respondent falsified patient chart entries to make it appear that the services were provided and were medically necessary. In doing so, among other things:

i. Respondent wrote patient notes to cover full pages so those pages could be inserted in patient files after the fact in an effort to conceal that they had not been entered in the patient file in chronological order with services actually rendered.

ii. Respondent duplicated similar treatment information in Counts one through nine in patient notes for multiple patients even though some of those patients had differing plans of care that did not support Respondent's treatment notes.

iii. Respondent duplicated similar information in multiple entries in patient notes that contradicted notes for the same patient prepared on an ongoing basis by other treating physicians.

21. The June 6, 2017, indictment alleged Respondent's use of the wires in the fraudulent scheme as follows. On or about the dates set forth below, the June 6, 2017, indictment alleged that Respondent for the purpose of executing and attempting to execute the fraudulent scheme described above, caused the following claims for payment for medical services to be transmitted by wire in interstate commerce from AUMO in Los Angeles County, California, to Palmetto GBA, LLC, in South Carolina:

COUNT	DATE CLAIM FILED	ITEM WIRED
ONE	July 6, 2012	Claim seeking payment in the amount of $85.00 for services purportedly provided to patient R.B. on or about June 5, 2012
TWO	July 6, 2012	Claim seeking payment in the amount of $85.00 for services purportedly provided to patient W.E. on or about June 11, 2012
THREE	July 6, 2012	Claim seeking payment in the amount of $85.00 for services purportedly provided to patient W.A. on or about June 22, 2012
FOUR	August 3, 2012	Claim seeking payment in the amount of $85.00 for services purportedly provided to patient Y.I. on or about July 17, 2012
FIVE	October 5, 2012	Claim seeking payment in the amount of $85.00 for services purportedly provided to patient C.S. on or about September 13, 2012
SIX	November 7, 2012	Claim seeking payment in the amount of $85.00 for services purportedly provided to patient M.C. on or about October 2, 2012
SEVEN	November 7, 2012	Claim seeking payment in the amount of $85.00 for services purportedly provided to patient D.E. on or about

		October 9, 2012
EIGHT	November 7, 2012	Claim seeking payment in the amount of $210.00 for services purportedly provided to patient P.B.Jr. on or about October 29, 2012
NINE	November 8, 2012	Claim seeking payment in the amount of $85.00 for services purportedly provided to patient T.D.III on or about September 6, 2012

22. In Count ten of the June 6, 2017, indictment, a further fraudulent scheme by respondent was alleged as follows. Beginning in or about January 2009 and continuing through in or about January 2013, in Los Angeles, Respondent knowingly, willfully, and with intent to defraud, executed and attempted to execute a scheme to defraud Medicare as to material matters and to obtain money and property from Medicare by means of material false and fraudulent pretenses, representations, and promises, and the concealment of material facts, in connection with the delivery of, and payment for, health care benefits items and services. The fraudulent scheme was carried out, in substance, as set out above.

23. On or about November 15, 2012, Respondent knowingly and willfully executed and attempted to execute the fraudulent scheme described above by preparing patient chart entries stating that on or about November 15, 2012, between 6:30 am and 9:30 am, he provided services at Kindred Hospital to patients A.N., C.S., P.B., Jr., T.M., and E.M., which patient chart entries Respondent knew to be false in that he had not provided the services reflected in the chart entries at the specified date and times.

24. In the case entitled *United States of America v. Mark Winfred Talbot*, U.S. District Court Case No. CR 17-344 DSF, on or about July 18, 2019, Respondent was found guilty by a jury of Counts 1, 2, 3, 5, 6, 9 and 10, referenced above in the June 6, 2017 indictment, and accordingly convicted of health care fraud and wire fraud in violation of 18 U.S.C. sections 1343 and 1347, as alleged in the respective counts of the June 6, 2017 indictment. On or about February 24, 2020, Respondent was sentenced to 71 months in federal prison based on his conviction and ordered to pay $344, 736.72 in restitution and a fine of $20,000.

FIRST CAUSE FOR DISCIPLINE

(Conviction of a Substantially Related Crime)

25. By reason of the facts set forth in paragraphs 12 through 24 above, Respondent is subject to disciplinary action under section 2236, subdivision (a), and section 490 of the Code, as well as California Code of regulations, title 16, section 1360, in that he has been convicted of offences which are substantially related to the qualifications, functions, or duties of a physician and surgeon.

26. Respondent's acts and/or omissions as set forth in paragraphs 12 through 24, above are incorporated herein, whether proven individually, jointly, or in any combination thereof, constitute the conviction of crimes substantially related to the qualifications, function or duties of a physician and surgeon, pursuant to section 2236, subdivision (a), and section 490 of the Code, as well as California Code of Regulations, title 16, Section 1360.

SECOND CAUSE FOR DISCIPLINE

(Dishonesty)

27. By reason of the facts set forth in paragraphs 12 through 24 above, Respondent. is subject to disciplinary action under section 2234, subdivision (e), of the Code in that he has committed acts of dishonesty.

28. Respondent's acts and/or omissions as set forth in paragraphs 12 through 24, above are incorporated herein, whether proven individually, jointly, or in any combination thereof, constitute dishonesty, pursuant to Section 2234, subdivision (e), of the Code.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

29. By reason of the facts set forth in paragraph 12 through 28 above, Respondent is subject to disciplinary action under Section 2234 of the Code in that Respondent engaged in unprofessional conduct.

DISCIPLINARY CONSIDERATION

In the case entitled *In the Matter of the Accusation Against Mark Tamarin, M.D.*, Medical Board of California Case No. 17-2000-114341, effective April 28, 2004, Respondent was

publicly reprimanded for poor record keeping in violation of Business and Professional Code section 2266.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 38807, issued to Mark Wilfred Tamarin, M.D.;

2. Revoking, suspending or denying approval of Mark Wilfred Tamarin, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Mark Wilfred Tamarin, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: April 3, 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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