



Bill Green <billriley1357@gmail.com>

Federal,State Conspiracy to prevent acknowledgement of illegal acts

Bill Green <billriley1357@gmail.com>

Sat, Apr 19, 2014 at 7:18 PM

To: department@fbi.gov, barbara.warnick@ssa.gov, carolyn.colvin@ssa.gov, teddallas@maryland.gov, benjaminardin@senator.gov, barbaramilkulski@senator.gov, news@mailnbcnetwork.com, pr@myabc7.com, "injusticexposed@gmail.com" <injusticexposed@gmail.com>, nightly@nbc.com, efish@fsmb.org, dcarlson@fsmb.org, cigu@clintonglobalinitiative.org, wl-usa@sunshinepress.org, webmaster@icj-cij.org, Crystal Cooper <media@aclu.org>, "wikileaks@supporters.com" <wikileaks@supporters.com>, press@openleaks.org, rexjoy@verison.net

If you are opposed to the corruption PLEASE DOWNLOAD this NOW! I would beg you to send this to anyone herein or otherwise as it appears the only resolution is to get the public involved .All claims can be verified and are the sole responsibility of myself

I am 55 yrs.old. I worked in construction for 20+yrs.before I became perminatitly disabled.I have never been convicted of a crime reguardless of 2 convictions the government placed on my judicial record which can easily be disputed

In 2008 the x-mayor of Hagerstown MD.(a land developer now)and fed..employee of sec.8 housing conspired and stole thousands of dollars from me.When I got the evidence to file a suit I was arrested on 49 charges.The state knew they were fabricated and handed me over to the Feds. At that point 39 charges where dropped,that dosent happen if your truly guilty.

When Fed.Judge Fredrick Motz (Balto.MD and 3 Fed.Public Defenders) could not convince me into signing a plea to do prison time because there was no evidence I was convicted and spent 3 1/2 yrs. in prison. There was no trial .I waited 3 yrs. for a polygraph I passed! My request for a Speedy and Public Trial never happened,the Fourth Circuit refused all my motions and my attorneys waited 3 yrs. to file any .A clear violation of Federal Rule and Code . I was beaten by the guards and at one point refused water for 4-5 days .I had crawl to a toilet and drink My case was DISMISSED.One Atty.told my brother to lie in court,an attempt to have me declaired incompetant therefore loosing my rights.

In 2012 when I attempted to get justice all my medically necessary care was stopped,illegaly.I was arrested and convicted by Dist.Court Judge Francis Price in Cumberland MD for trespassing in ER when I couldent walk because they refused me meds.Basically for being disabled.

Ive been fighting for my health care enduring Pain and Suffering Loss of Liberty under duress and a quality of life.These events fall under Mental and Physical Torture .

Many medical diagnoseses have been falsified and I have the proof.

The following list has received this information numerous times and more info not in here via;email,fax,phone,certified mail and request by others attempting to advocate for me.My mail has been stolen,my phones tapped,my computer rearranged,etc. Ive had to secure much information to avoid loss therefore I cannot provide all proofs.It will be noted as N/A at this time.

No one herein has done anything to protect my legal rights covered by Federal and State Laws.The Constition or Medical Civil Rights(Title VI CRA of 1964,Hill-burton Act which states I must be provided service especially with the ability to pay)

Also covered in HHS Bill of Rights Archives under Section 504(Rehabilitation Act of 1973)Public entities and those receiving federal funding must "Provide services,programes and activities in the most integrated settings appropriate to the needs of qualified individuals with disabilities.

Individuals with disabilities must not be excluded from or denied the opportunity to receive benefits or services from certain programs.

American Disabilities Act(ADA Title II of 1999)states weather or not the org.receives federal financial assistance.This is important to note per.receipt of refusal to advocate for me by the ;

**** Office Civil Rights HHS Region III Manager Cert N/A

Leon

Rodrigeuz HHS/OCR Director [202-690-6392](tel:202-690-6392)

Barbara J Holland [215-861-4441](tel:215-861-4441)

Room 509 F

150 S Independence Mall West
Public Ledger Bld. Ste.372
Philadelphia PA.19106-3499

200 Independence Ave.SW
Washington DC.20201

HHS /OIG Hotline Operations Cert.#70060810000228761846 on 10-24-13 Intergovernmental External Affairs
Consumer Protection Unit Ombudsman;877-696-6775, 800-447-8477 Paul Diogurdi Director
PO Box 23489 Hubert H. Humphery Bld.
Washington DC.20026-3399 200 Indpendance Ave.SW
Washington DC 20201 Fax

800-223-8164

US Commission Civil Rights Cert.#70060810000228761839 on10-24-13
Medical Civil Rights 202-514-2000,202-376-7700
1331 Pennsylvania Ave.NW 800-552-6843,202-376-8513
Washington DC.20746-7700

Consumer Protection Unit
Maryland Attorney General

Cert.#70060810000228761983

****Disability Rights Network Cert.# N/A **** Asst. Atty.Gen.Frank Erardi on
10-24-13
Sheryl Bates Harris 202-408-9514 200 St.Paul Pl.16th Fl. 410-576-6300 -
12-3-13 Baltimore MD.21202-2022 Fax 410-576-
900 2nd. Street NE Ste.211
6571 12-13-13
Washington DC 20002

****Department of Justice 202-514-2000,888-736-5551 DOJ Office of Professional Responcibility
Civil Rights Civil Liberty Complaints Cert.# N/A 202-514-3365
950 Pennsylvania Ave.NW
Washington DC

**Senator Barbara Milkusky 410-962-4510, fax410-962-476 Senator Barbara Milusky 410-962-4512 fax 410-
462-4760
508 Hart Senat Office Bld. 901 S. Bond St.Ste.310
120 Constition Ave.NE Baltimore MD.21231
Washingtin DC.20501

Senator Rosenburger (MD) Congressional Aid Cummings (MD)
House of Deligates 410-841-3697 Specialist Hope Williams 410-685-9199
Jackie Greenfield Qlty. Improvement 410-664-2646 on 1-20-14

Senator Lisa Gladdon on 1-22-14 Several of these referred me to Mrs Cammarta 410-528-1840 Consumer
Protection Health Advocate Edu.who has done nothing but to tell me to stop
4th House of Deligates calling disregarding
my Bill of Rights to Speedy Resolutation

FBI Baltimore
2600 Lord Baltimore Dr.Ste.2
Baltimore Md.21244 Case # 240pm 10-15-13

Dept.Health Mental Hygene Maryland HMH 800-243-3425
Unit 94 PO Box2571
Baltimore MD.21213

****Constituent Service Office 443-423-6020
Mr Tobias 410-767-5783, Tina Mullins 410-402-8201 410-455-7510 fax 410-358-2252
201 W.Preston St.
Baltimore MD.21201

Maryland Dept of Ageing 12-20-13
4777.410-455-7510
611 Central Ave. Ombudsman 410-396-3144
Baltimore MD.21204 410-887-2840

****CMS Novitas Solutions
Tammy Bennitt 717-526-6842
2020 Technology Pkwy.
Complaints
Mechanicsburg PA.17050

****Maryland Health Care & Quality Rick Wheatley 410-402-8140
Spring Grove Bland Bryant Bld.
55 Wade Ave.
Catonsville MD.21228-4663

I was sent to Rock Glen Nursing and Rehabilitation Ctr. from St.Agnes Hospital in Baltimore MD.for 20 days of rehabilitation for the confirmed atrophy in my legs having been refused Pain Mgt. at that Hosp.on Aug.2 2013 .
Ive been here 8 months now suffering after proving the pain meds they gave me where fake.When I produced the proof to

Smart Pain Mgt.3421 Benson Ave.and Seton Pain Mgt.3350 Wilkins Ave.both in Cattonsville MD.who knew the meds where fake from there Urine Toxolgy Tests they dismissed me without reason.

Sinai Hosp.,University Hosp.St.Agnes Hosp. Baltimore Pain Mgt. to name a few refuse to take me,a clear violation of the Bill of Rights and many other laws.

My Medical Record states Im Established and the* Medication is Medically Necessary it also shows I return all unused narcotic meds.Ref.legal definiton* and Bill of Rights

Contrary to what Natallie Montag states in my record who is not identified or ever seen me as a patient on my record Ive never had a substance abuse problem or sought out counseling nor was there a Urine Toxolgy sample given on Sept.26,2012 as she put in my last visit to Comprehensive Pain Mgt. in Columbia MD.where I was illegally dismissed.The test I voluntarily took at

St. Joseph Hosp. in Oct.2012 after proving Allegany Co. Health Dept. falsified there test states the test is unconfirmed and cant be used for legal reasons.Thats the test used to dismiss me Jeffrey Michael 10 N.Rock Glen RD.Baltimore MD 21229-410-340-3198 or my MPOA Rex Michael 153 Country Pk.Dr.,Winchester VA.22602-540-662-1599

If you want proof in form of 70 pages + in a pdf file I have and you can accept over 20kb send me your email Ill send it if govt dosnt shut me down.

Ive been refused Pain Mgt.and a doctor these past 2 months and adequate B/P meds .I am stage 2 Systolic High Blood Pressure (170s/1teens nearly every day) Its apparent no doctors want to be implicated and this center wants me to crawl out of here on the ground.My Lumbar Spine is permanetly fractured(L-2) and I also suffer from Sevear Digenerative Bone Disease (o/A)

I have hundreds of documents This issue is classified as 42USC1986,87. A massive conspiracy by the federal government.This issue started after I attempted to contact Wikileaks in Aug.2012 .

The Federal Bar said the only chance for justice is to get these events known Please forward to confirming addresses ;

footage@CBSnews.com

leaks@openleaks.org

department@fbi.gov

leaks@jumbroleaks.com

corruptcourt@gmail.com

info@counter CorruptionNetwork.com

djschemo@100r.org

legal@publicintellgance.net

I am denied any govt. email address .

Im required to take 50mcg Fentanyl,and 3 Oxycodone per day.I wore 50mcg Fentanyl and 5mg.Oxycodone every 8 hrs.for 2 1/2 months having taken 8 urine toxolgy test and 1 blood test all negative for any narcotics.My B/P reaccured and I had a constant headach from the bone disease.

This is a brief summary Please help before we all loose every right,a few minutes on a computer.

**** Board of Physicans DHMH 410-764-

Maureen Summons,Christine Farrelly Acting ex.dir.
4201 Patterson Ave.
Baltimore MD.21215-2299 fax 410-358-2252

**** The Delmarva Foundation
Columbus Giles Asst.Dir.Toni Griffin Benificary

6940 Columbia Gateway Dr.Ste.420
Columbia MD.21046-2788

OCRmail@hhs.gov Leon Rodrigeuz,director

EmilyBarson@hhs.gov asst.dir.interngovernmental external affairs

publicaffairs@hhs.gov

samjohnson@us.gov house subcommittee soc.sec

askdoj@usdoj.gov Elana Tyrangiel off.legal.policy 202-514-4601

CarolynColvin@ssa.gov commissioner 202-514-4609

ThomasPerez@us.gov atty.gen.civil rights,compliance,judication

globalleaks-talk@lists.globaileaks.org Wikileaks could only respond Whats your

4/19/2014

Gmail - Federal, State Conspiracy to prevent acknowledgement of illegal acts

THANK YOU Jeffrey Michael

Leak Website: Please Post

2-28-14

You may edit, every thing is factual and supported with evidence omitted to preserve its integrity.

This kind of illegal acts / misconduct by the American gov. is happening to many Americans and other governments. Its only revealed after the fact. At great expense to my health and welfare I have the moral fortitude to report it. The American people should be made aware.

To everyone it behoof you to know the federal govt has been dumming the American public for years. The federal govt has impowered its self to denie, disregard or redefine the federal, state and Constitution of the U.S.

I have been Physically and Mentally tortured since 2008. I was convicted and refused Medically Necessary medication for 3 1/2 years in several Fed. Prisons, with out a trial. My attorneys conspired with the federal judge, there attempts to force me to sign a Plea after fabricating evidence failed my case was dismissed. In 2013 I was jailed for 4 1/2 months for being disabled. The internet server 'Coda' changed then erased my e-mail site. My phones where tapped, my mail stolen. My Bill of Rights ignored. I continue to suffer.

Since I have evidence I was placed on the federal watch list.

This too is evident on YouTube on Channel: Civil RS, Video: us torture jeffrey michael. The Paragrph I writed 3 years to take was dismissed, they said it was inconclusive (a machine cannot distinguish that) A senator said theres no record of being in a federal prison yet I have mail addressed to me from the D.O.J., my ID# 43388-037

Americans put these people in office, with a few minutes of time you can clear them up, use your computers.

SHOW THE WORLD, NO ONE IS ABOVE THE LAW, WE ARE A DEMOCRACY. FORWARD THIS TO FACE BOOK, TWITTER ANY LEAK SITE OR INTERNATIONAL LLC. WHO CANT BE INTIMMATED.

All this because an X-Magor, corrupt judges and in famous police dept in Itagerstown MD.

This govt will take controll of you through the medical care system. If not for me, do something for your children, or your grand children.

Stay toned.

God Bless,

Introduction

The following are issues that have occurred by the Federal Government attempting still to stop me from revealing the false imprisonment, Pain and Suffering in 2008 for 3½ years. That case was dismissed.

A small portion of that is posted on YouTube under Channel: Civil RS under Video: U.S. torture, jeffrey michael

The 42 U.S.C. 86.87 (Massive Conspiracy) was initiated by the federal govt who now has the state of Maryland involved. It started in 2008. This is as of 2013 after I illegally lost my Pain Mgt care through falsified records created by many health care providers in Maryland. An effort to stop me after the YouTube posting.

Every health care provider is now conspiring, ignoring federal, state and medical laws.

These issues lead to fraud against insurance companies, the tax payers of Maryland, also implicating many care providers contributing to my Pain and Suffering etc.

The laws and my record are clear. There was never any issue to my Established Care or the necessity of the medication before 2008.

I will continue to post hundreds of documents so you are aware of the lack of moral fortitude in Maryland's health care.

Be aware the Federal Government wants you to know they are Above the Law.

Jeffrey Michael Rm 120 B
10 N. Rock Glen Rd.
Baltimore MD. 21229
410-340-3198

URGENT!

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The White House

total pes.

Assistant Secretary for Civil Rights (OSCAR)
/ Office Compliance, Jeddication

① fax: 202-720-8376

Senator Barbara Mikulsky, MD.
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120 Constitution Avenue N.E.
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④ fax: 617-565-3908

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③ fax: 800-223-8164

Michael Astrue, Commissioner
6401 Security Blvd. SSA
Woodlawn, MD. 21235

⑤ fax: 202-395-6974

Molly McGrath Tierney
Baltimore City D.S.S.
2000 Broadway Street
Baltimore MD. 21213-7295

⑥ fax: 443-378-4613

Please, since the HHS Bill of Rights affords me Speedy Resolut
ation, and my contacts herein over the past 17 months have
done nothing. A contact or phone call by your authority about
my suffering, etc would be greatly appreciated.

Dr. Daniel Howard refuses to make Pain Mgt appt. these past 7 weeks

Jeffrey Michael 2-28-14

M.P.O.A.

Rex Michael 540-662-1599

To Whom it may Concern:

Theres no doubt by the factual evidence herein and evidence I retain, I am involved in 42 U.S.C. 86, 87 All the Federal, State and local Org. have refused this evidence and few laws herein, so far. I've implicated the entire HHS in the state of Maryland as per: there Duty of Care, obligations, herein as the ostensible agencies where and continue to be Fiduciary with the duty to act under my established medical record. I continue to suffer.

Many slanderous accusations have been made by people in the health care industry who have no specific practice or litigmate documentation. Few health care providers have used these statements to deny me service which is also illegal. As a matter of record all disputes can be confirmed.

I have been refused my rights to advocacy or legal aid and cannot acquire any because of my medical condition.

Many officers of the courts, health care providers, medicare and medicaid have not provided any adequate action.

Its apparent I must seek assistance from the World Wide Web to include Wikileaks organizations I have no problem exposing every name, date and organization involved. I have been arrested for being disabled.

All have disputed the meaning supported by the Federal and State governments of Established Patient, Care and The Medication is Medically Necessary. Medical Code:

- ① A patients history and evaluation sufficient to support a diagnosis.
- ② A diagnosis and treatment plan for the diagnosis
- ③ Monitoring the patient for the primary condition that necessitates the drug, side effects and results of the appropriate drug, already established.
- ④ A record of the drugs prescribed, administered, or dispensed including the type of drugs prescribed, administered or dispensed as Case Law creating negligent actions, malpractice referring to Jurisprudence.

My Medical Condition (Swear diagnosis)

Fracture of (L2) Lumbar Spine :

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The L2 vertebra is the second uppermost of the (5) lumbar vertebra toward the lower end of the spinal column, within the lower back.

Like the other lumbar vertebra, it is among the largest of the bones in the spinal column, with a substantial, cylindrical centrum (ventral body) that is wider than it is deep to support the body's weight and the substantial vertical compression at the point in the spine.

The spinous process is likewise massive to support the efforts of stabilizing muscles that create balance, flexion, and extension in the lower back. Additionally, the spinous process is fairly rectangular and extends more or less horizontally from the rest of the bone. The rest of the vertebral arch includes wide, strong laminae, very large pedicles notched above and below, long and thin transverse processes and a triangular central vertebral foramen (that is larger than that of the L1 vertebra) for passage of the spinal cord. A superior process presents a facet that articulates with the L1 vertebra above, and an inferior articular process and facet articulates likewise with the superior process of the L3, with each process emanating from the vertebral arch between the pedicle and transverse process. The vertebral processes lack foramina, which differentiates the lumbar vertebrae from the other true vertebra.

Nerve Pain :

The ventral root (motor root) of each spinal nerve consists of axons from motor neurons whose cell bodies are found within the grey matter of the spinal cord. A ventral root and dorsal root unite to form a spinal nerve which passes outward from the vertebral canal through an intervertebral (bone opening). A posterior branch (posterior ramus) of each spinal nerve turns towards the posterior to innervate muscles and skin of the back. The main portion of the nerve, the anterior branch (anterior root) continues forward to supply muscles and skin on the front and sides of the trunk and limbs. The spinal nerves in the thoracic and lumbar

regions have a parath or visceral branch, which is part of the autonomic nervous system.

Severe Degenerative Bone Disease:

Osteoarthritis also known as degenerative arthritis or degenerative joint disease or Paget's disease of the bone. When bone surfaces become less well protected by cartilage, the hard but slippery tissue that covers the ends of bones where they meet at the joints, bone may be exposed and damaged. The pain is usually attributed to sensitized nociceptors and can lead to bone spurs, joint stiffness, inflammation and pain.

Skelital System:

The cervical spine in your neck is made up of (7) bones which are separated by discs filled with a cushioning gel-like substance. The discs stabilize your neck and allow it to turn smoothly from side to side and bend forward and back. Over time, these natural shock absorbers become worn and can start to degenerate. **THE SPACE BETWEEN THE VERTEBRA NARROWS AND NERVE ROOTS BECOME PINCHED.** This process is known as cervical degenerative bone disease.

As degenerative bone disease progresses, the neck becomes less flexible and you may feel pain.

When a disc breaks open or bulges out putting pressure on the spinal cord or nerve roots it is known as a herniated disc.

When one of these conditions presses on one or more of the many nerves running through your spinal cord you can develop pain in neck, back, shoulders, legs, hands, feet and or joints in your body. A degenerative process can cause radiating pain as well as numbness and weakness. That discomfort can have a major impact on your Quality of Life.

My Established Care stating the Medication is Medically Necessary is a result of trying all other options. The full amount of care is protected by federal law in the Bill of Rights.

Federal, State, Medical, Common Laws, Duty of Care

5 of 8-B

Department Health and Human Services (HHS)

Bill of Rights

February 1998 President Clinton directed the Dept. HHS along with the depts. of Labor, Defense, and Veterans Affairs and the Office of Personnel Management to use their regulatory and administrative authority to bring their health programs into compliance with the Bill of Rights responsibilities.

The proposed regulations give HHS a variety of monitoring and enforcement tools, including suspension of payments, civil monetary penalties, and termination from the Medicare and Medicaid programs.

Access to Emergency Services

Patients have the right to access to emergency health services when and where the need arises. Health plans should provide payment when a patient presents himself to any emergency dept. with acute symptoms of "sufficient severity" including severe pain that a "prudent layperson" could reasonably expect the absence of medical attention to result in placing that consumers health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

Care without Discrimination

Patients have the right to considerate respectful care from all members of the health care industry at all times and under all circumstances. Patients must not be discriminated against in the marketing or enrollment or in the health care provision of case services, consistent with the benefits covered in their policy and/or as required by law, based on race, ethnicity, national origin, religion, sex, age, current anticipated mental or physical disability.

The Right to Speedy Complaint Resolution

Patients have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.

Medicare and Medicaid Compliance with Bill of Rights

While many of the protections articulated in the Bill of Rights are most relevant to individuals in managed care, such as those related to choice of providers and access to specialists, other protections such as complaints and appeals apply to beneficiaries not enrolled in managed care.

These regulations also expand patients ability to choose their treatment decisions, and complaints and appeals. These regulations also expand patients ability to choose their health care providers and to have ready access to specialists.

Specific Rights

Choice of Providers and Plans

The interim final rule for Medicare and Medicaid managed care regulations assure provider network adequacy, by requiring that **MEDICALLY NECESSARY SERVICES** be available 24 hours a day 7 days a week, to enrollees. Provide consumers with complex or serious medical conditions an adequate number of direct access visits to specialists under plan of treatment.

Complaints and Appeals

The interim final rule for Medicare and the proposed regulations for Medicaid managed care require establishment of meaningful processes for resolution of complaints and appeals

Delmarva Foundation

Established Patient: Every Doctor, Hospital, Health Dept who participates in Medicare in the United States must abide with the established Care.

Medicare

Medical Review Related Denials, New Patients Versus Established Patients.

An established patient is one who has received professional services from a physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

7018-B

In the instant when a physician is on call or covering for another physician, the patient's encounter will be classified as it would have been by the physician who is not available.

Medical Terms, Codes, Federal and State Law

- ① Established Patients: may not require any physical examination for each prescription, depending on good medical practice
- ② Medically Necessary: A covered health service or treatment that is mandatory to protect and enhance the health status of a patient and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.
- B Provides for the diagnosis or direct care and treatment of the condition, illness or injury
- c Not primarily for the convenience of a plan member or provider
- D The most appropriate level or type of service or supply that can safely be provided to the plan member

Adverse:

The definition of adverse reactions does not include all adverse events observed during the use of a drug. It is limited to those events for which there is some basis.

Common Law:

- ① Duties of care and skill (Sarbanes-Oxley Act of 2002)
- ② Case Law: Legally Binds, Precedent
- ③ Specialists in the field are generally held to standards of care that are higher than those for General Practitioners. A specialist or anyone undertaking to perform procedure ordinarily done by a specialist will be held to the level of performance applied to that speciality which is professional misconduct or lack of skill in providing medical treatment or service (Negligence Action)
- ④ Medicare part A; treatment of a diagnosis reasonable duty 42 U.S.C § 1395c
- ⑤ Fiduciary: The duty to act primarily for my benefit
- ⑥ Public Liability:

Public liability is part of the law of tort which focuses on civil wrongs
Once a breach of duty of care has been established.

Federal Statute and Code

Federation of state medical boards

- ① Unprofessional conduct includes the following (ss) Prescribing, dispensing of, furnishing a prescription medication or a prescription device as defined in section 32.1901 to a person unless the licensee first conducts a physical examination of that person or has previously established a patient-doctor relationship whether in this state or elsewhere.
- ② Roberts v. Galen 525 US 249, 119 S Ct 685, 142 L Ed 2d 648 (1999)
- ③ U.S.C.A. § 794
- ④ The interagency disabilities board,
Code Health: General Health sec 5-701 through 5-709 Article §§ 10-1101-10-1104
"Covered entities" shall mean to the extent they provide
- ⑤ Duty of Care (redirect from duty tort law)
In tort law a duty of care is a legal obligation which is imposed on us.
It is the first element that must be established to proceed.
- ⑥ Established: Medical Coding
To promote the independence, specific diagnosis treatment of hospital care being required.
Websters Dictionary: By law, Confirmed
Negligence law
Conduct that falls below the legally established standard violating a standard of care.
Malpractice
Physicians who make unskilled or negligent treatment that injures the patient.

COMPREHENSIVE PAIN CENTER



Name: Mr. Jeffrey Michael

Date: 09-26-2012 *

Encounter Type: Established Patient

Reason for Visit: 1 month med mgt

Problem List: Asthma, Bipolar Disorder, Head ache, post-laminectomy syndrome, lumbar, Nausea, Arthritis, Low Back Problems, Depression.

Severe Degenerative Bone Disease O/A Diagnose 2008

This is my Primary Disability Obviously defined, Procter L-2 Nerve Damage

Allergy

Muscle Relaxers , Sulfa, Aspirin .

Current Medication

OxyContin 40mg

oxycodone 15 mg tablet 1 Twice a Day PRN for 30 Days , Dispense 60

fentanyl 50 mcg/hr Transderm Patch 1 Transdermal Patch Every 3 days for 30 Days , Dispense 10 Transdermal Patch

oxycodone 30 mg tablet 1 Tablet Three times a Day PRN for 30 Days , Dispense 90 Tablet

Moliprin 5 mg tablet 4 Tablet Twice a Day PRN for 30 Days , Dispense 60 Tablet

Vitals: Height Inches 71.00. Pain Scale (Low) 5/10. Pain Scale (High) 7/10.

History of Present Illness

back pain

The patient reports that his pain has worsened since last visit. And reports that his function/activity level has remained unchanged since last visit. He appears to be in a happy and healthy mood. The patient claims that all medications are being taken as prescribed and there are no apparent issues with medication abuse. Adverse side-effects from the current regimen of medication: none. He wishes to increase his medication dosage. The current medication *regiment is medically necessary as discontinuing the treatment would have an adverse effect on the patient. He medical condition beyond pain management has changed since last office visit. Pt claims his mental stress has increased d/t the activities he is forced to do. The patient is currently being followed by his primary care physician for all current medical problems. He reports that he has recently had no pertinent medical exams/tests. . Currently participating in no therapy of any kind. Pt claims he refuses mental health. The patient describes his pain as aching. And is made worse by activity. The patient's pain is made better by nothing. . Associated symptom of the chief complaint: none. The patient wishes to make a change in his treatment. Pt would like a doctor closer to him. All of his questions were answered at this time and he was asked if there was anything else that the Comprehensive Pain Center could do.

Comes in again claiming that he is still fighting the government, and still claiming all the wrong doing. Despite this he comes in with a report from St Joseph Hosp urine tox screen with THC in it. Will need to dc from the program. Appears that he is still going to Allegany Health Dept for his ongoing substance abuse treatment.

False

Family History

Diabetes: Father.

No changes in family medical hx since 0-3-09-2012.

St. Joseph Hosp. results Positive/ Unclear/confirmed Can't be used.

Social History

Patient is currently No. Disabled Do you Smoke? Yes. If Yes, how many packs per day? 1 packs per day. Do you drink alcoholic beverages? No.

SUPPORTIVE

COORDINATED

MULTIDISCIPLINARY

Review of Systems

Cardiovascular: He denies any chest pain/angina problem. Respiratory: He denies shortness of breath. Gastrointestinal: He reports of abdominal pain. Reports excess stomach acid. Reports Constipation Taking prevacaid with relief. Neurological: He does not suffer from headaches. He denies any feelings of dizziness. Psychological: He reports of depression.

Lab Order

Order No: SCL00371 Dated: 09-26-2012 Lab: Comprehensive Pain Center In-house Laboratory Toxicology: Urine Toxicology Panel

No Lab Order made no verification available

Assessment

Back Disorder Unsped

53 yo male with OA in multiple joints, low back pain, and headache. He has been incarcerated for the past 3+ years with little medical care, per the pt. Primary c/o remained the same of low back pain that is usually isolated to L side of back but past month R side has occ shooting pains. Denies UE radiculopathy. However, overall pain from last OV has increased and function has decreased. Still says his pains are worsening despite the increase in his fent patch last visit. He does admit being more active with all the pursuits with the evidence he is gathering against the government. Pt visibly upset b/c feels government is not aiding him appropriately. Pt rambled on about falsified x-rays and MRIs once again. Today pt complaining that the addictions center he went to tampered with and contaminated his urine. Abnormal urine for THC several times and will dc from practice.

Plan

Continue to follow up with PCP for all other medical concerns. Pt asked to call with any questions or concerns. Pt asked to continue with all medications, diet and activity. Pt encouraged to eat appropriately, get exercise, and an adequate amount of sleep. Ongoing pain management with ongoing substance abuse follow ups. Discussed his abn urine tox from St Joseph hosp with THC in it as well. Cont to deny any use. Also POS urine tox in the office today was also positive for THC. F/u w/ 3-6 mo outpatient therapy as recommended by addictions counselor Still complaining about his issues with the government. Fent Patch 50mcg. Refill all other medications. As per Alkesh Patel

False

Follow Up: Not Required PRN

Prescription

fentanyl 50 mcg/hr Transderm Patch 1 Transdermal Patch Every 3 days for 30 Days , Dispense 10 Transdermal Patch oxycodone 30 mg tablet 1 Tablet Three times a Day PRN for 30 Days , Dispense 90 Tablet Valium 5 mg tablet 1 Tablet Twice a Day PRN for 30 Days , Dispense 60 Tablet

Contributors: Matsunaga Mark Montag Natalie

Confirmation of falsified statements are obtainable (Highlighted areas) Assumption of falsified info contributed by Natalie Montag who has no title. Or ever seen me as a patient.

[Signature]

Mark Matsunaga, M.D.

This progress note has been electronically signed by Matsunaga, Mark on 09-26-2012



This is an archive page. The links are no longer being updated.

April 12, 1999

Contact: HCFA Press Office
(202) 690-6145

THE PATIENTS' BILL OF RIGHTS IN MEDICARE AND MEDICAID

Overview: *On March 26, 1997, President Clinton created the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and charged it with recommend[ing] such measures as may be necessary to promote and assure health care quality and value and protect consumers and workers in the health care system." As part of that charge, the President asked the Commission to develop a "Patients' Bill of Rights" in health care.*

In February 1998, President Clinton directed the Department of Health and Human Services (HHS), along with the departments of Labor, Defense, and Veterans' Affairs and the Office of Personnel Management, to use their regulatory and administrative authority to bring their health programs into compliance with the Bill of Rights and Responsibilities.

HHS' Health Care Financing Administration (HCFA) has begun the work to establish new requirements for managed care plans participating in the Medicare program. It is also working to strengthen protections for beneficiaries enrolled in Medicaid managed care. In November 1998, HHS issued a report to the Vice President showing that it is moving aggressively to strengthen existing patient protections under Medicare and Medicaid.

When these regulations are fully implemented, Medicare and Medicaid will have among the strongest patients' protections in the country. The proposed regulations give HHS a variety of monitoring and enforcement tools, including suspension of payments, civil monetary penalties, and termination from the Medicare and Medicaid programs.

BACKGROUND: THE PRESIDENT'S ADVISORY COMMISSION ON CONSUMER PROTECTION AND QUALITY IN THE HEALTH CARE INDUSTRY AND THE PATIENTS' BILL OF RIGHTS

In November 1997, President Clinton's Advisory Commission on Consumer Protection and Quality on the Health Care Industry, in an Interim Report, issued the Patients' Bill of Rights and Responsibilities. The Commission's Final Report, "Quality First: Better Health Care for All Americans," was issued in March 1998.

Co-Chaired by Secretary of Health and Human Services Donna E. Shalala and Secretary of Labor Alexis M. Herman, the Commission had 34 members, including broad-based representation from consumers, businesses, labor, health care providers, health plans, and health care quality and financing experts.

The Patients' Bill of Rights and Responsibilities has three goals: to strengthen consumer confidence that the health care system is fair and responsive to consumer needs; to reaffirm the importance of a strong relationship between patients and their health care providers; and to reaffirm the critical role consumers play in safeguarding their own health. The Commission articulated seven sets of rights and one set of responsibilities:

- **The Right to Information.** Patients have the right to receive accurate, easily understood information to assist them in making informed decisions about their health plans, facilities and professionals.
- **The Right to Choose.** Patients have the right to a choice of health care providers that is sufficient to assure access to appropriate high-quality health care including giving women access to qualified specialists such as obstetrician-gynecologists and giving patients with serious medical conditions and chronic illnesses access to specialists.
- **Access to Emergency Services.** Patients have the right to access emergency health services when and where the need arises. Health plans should provide payment when a patient presents himself/herself to any emergency department with acute symptoms of sufficient severity "including severe pain" that a "prudent layperson" could reasonably expect the absence of medical attention to result in placing that consumer's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
- **Being a Full Partner in Health Care Decisions.** Patients have the right to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators. Additionally, provider contracts should not contain any so-called "gag clauses" that restrict health professionals' ability to discuss and advise patients on medically necessary treatment options.
- **Care Without Discrimination.** Patients have the right to considerate, respectful care from all members of the

health care industry at all times and under all circumstances. Patients must not be discriminated against in the marketing or enrollment or in the provision of health care services, consistent with the benefits covered in their policy and/or as required by law, based on race, ethnicity, national origin, religion, sex, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment.

- **The Right to Privacy.** Patients have the right to communicate with health care providers in confidence and to have the confidentiality of their individually-identifiable health care information protected. Patients also have the right to review and copy their own medical records and request amendments to their records.
- **The Right to Speedy Complaint Resolution.** Patients have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.
- **Taking on New Responsibilities.** In a health care system that affords patients rights and protections, patients must also take greater responsibility for maintaining good health.

MEDICARE AND MEDICAID COMPLIANCE WITH THE PATIENTS' BILL OF RIGHTS

While many of the protections articulated in the Bill of Rights are most relevant to individuals in managed care, such as those related to choice of providers and access to specialists, other protections such as complaints and appeals apply to beneficiaries not enrolled in managed care.

Medicare covers nearly 40 million individuals, of whom approximately 6.5 million, or 17 percent are currently enrolled in managed care arrangements. Medicaid covers an estimated 40 million people, of whom about half are in a managed care arrangement for some or all of their health care at some point during a year.

HHS has moved aggressively to strengthen existing patient protections under Medicare and Medicaid. On June 26, 1998, the Health Care Financing Administration (HCFA) published an Interim Final rule establishing new requirements for managed care arrangements participating in Medicare. On September 29, 1998, HCFA published a Notice of Proposed Rulemaking (NPRM) strengthening protections for Medicaid beneficiaries enrolled in managed care arrangements. Generally, the Medicare protections became effective on or before January 1, 1999, and will be fully implemented by no later than December 31, 1999. States will be required to implement all new protections within one year from the effective date of the final regulation for Medicaid, which is expected to be issued by mid-1999.

When these regulations are fully implemented, Medicare and Medicaid will have among the strongest patients' protections in the country. Specifically, HHS has been able to come into compliance for managed care enrollees with critical patient protections such as information disclosure, access to emergency services, patient participation in treatment decisions, and complaints and appeals. These regulations also expand patients' ability to choose their health care providers and to have ready access to specialists.

In a few areas, however, both Medicare and Medicaid currently lack the statutory authority to achieve full compliance with the Patients' Bill of Rights. For example, current legislative authority also does not permit full implementation of the right to medical record confidentiality. HHS has, however, separately submitted a report to the Congress laying out the parameters for federal legislation to protect the confidentiality of health records. Additionally, while Medicare and Medicaid managed care enrollees are currently protected to the full extent of the Patients' Bill of Rights with regard to respect and non-discrimination, the rules that prohibit discrimination under fee-for-service address some, but not all, categories of protection and providers included in the right as recommended by the Commission.

The proposed regulations give HHS a variety of monitoring and enforcement tools including suspension of payments, civil money penalties, and termination from the Medicare and Medicaid programs. HHS will take all necessary actions to enforce the protections included in the Medicare and Medicaid regulations.

Specific Rights

Information Disclosure. Under proposed regulations, Medicare and Medicaid will require plans to provide critical information to consumers, both annually and upon request, that will enable them to make more informed choices about their health plans. Medicare's web site, www.medicare.gov, offers the "Medicare Compare" database to help beneficiaries evaluate different plans and decide which options are best, including comparative information about the quality of care provided to patients and about the level of satisfaction among patients with the care that they receive.

Choice of Providers and Plans. The Interim Final rule for Medicare and the proposed Medicaid managed care regulations assure provider network adequacy, by requiring that medically necessary services be available 24 hours a day, 7 days a week to enrollees. The Interim Final rule and the proposed rule also reflect the recommendations of the Commission by requiring that participating plans offer women access to qualified women's health specialists for routine preventive care, and provide consumers with complex or serious medical conditions an adequate number of direct access visits to specialists under a plan of treatment. As has been the case since the start of these programs, Medicare and Medicaid beneficiaries who obtain their care on a fee-for-service basis can choose any provider who agrees to participate in these programs.

Access to Emergency Services. The Interim Final rule for Medicare and the proposed regulations for Medicaid guarantee that emergency services will be covered when and where the need arises, in exact compliance with the Patients' Bill of Rights. Plans would not be permitted to require preauthorization in order for an enrollee to obtain emergency services. In addition, the regulations articulate a standard for post-stabilization services that is applicable to both Medicare and Medicaid managed care enrollees. This policy identifies the obligation of the plan to pay for care provided after an emergency situation is stabilized, particularly when the plan fails to authorize such care on a timely basis.

Participation in Treatment Decisions. The Interim Final rule for Medicare and the NPRM for Medicaid reflect existing and new policies that are consistent with this right, including information about treatment options and advance directives, physicians' financial disclosure and prohibition against "gag rules." Health plans will be required to provide patients with easily understood information and the opportunity to decide among all treatment options--including no treatment--consistent with the informed consent process. Managed care organizations and providers are required to discuss the use of advance directives, or "living wills" with patients and their families and to abide by the wishes as expressed in an advanced directive, except where state law permits a provider to conscientiously object. Physicians are required to disclose to Medicare and Medicaid any financial arrangements that create incentives for limiting care. Plans are prohibited from penalizing or otherwise restricting the ability of health care providers to communicate with and advise Medicare and Medicaid patients about medically-necessary treatment options.

Respect and Nondiscrimination. Under the Interim Final rule for Medicare and the proposed regulations for Medicaid, managed care enrollees are protected to the full extent of this right as articulated in the Bill of Rights, with regard to services, marketing and enrollment. Under fee-for-service, however, Medicare and Medicaid protections against discrimination are largely a function of federal anti-discrimination rules that apply to recipients of federal funds. These rules address some, but not all, categories of protection and providers included in the Bill of Rights. As a result, the fee-for-service aspects of Medicare and Medicaid are in only partial compliance with this right.

Confidentiality of Health Information. The Interim Final regulations for Medicare and the proposed regulations for Medicaid require Medicare+Choice and Medicaid health plans to safeguard the privacy of any information that identifies a particular enrollee by ensuring that information from the plan (or copies of records) be released only to authorized individuals, that unauthorized individuals cannot gain access to or alter patient records, and that original medical records must be released only in accordance with federal or state law, court orders or subpoenas. In Medicaid, plans are required to establish procedures to address the confidentiality and privacy of minors, subject to applicable federal and state law.

While current federal laws and related regulations protect certain written records from disclosure outside of Medicare and Medicaid, such protections do not extend to all written records, nor to verbal communications between enrollees and providers. Protection of communication between patients and providers is a matter of state law, many of which do not afford the protections included in this right. Moreover, not all providers under Medicare and Medicaid are subject to federal laws on privacy. The Secretary's Privacy Recommendations to Congress (September 1997), if enacted, would bring all beneficiary information obtained by Medicare and Medicaid providers and plans, as well as the programs and their contractors, into compliance with this right as articulated in the Bill of Rights.

Complaints and Appeals. The Interim Final rule for Medicare and the proposed regulations for Medicaid managed care require establishment of meaningful processes for resolution of complaints and appeals. Similar processes already exist for resolution of disputes arising in fee-for-service settings.

Internal Appeals. Both the Interim Final rule for Medicare and the NPRM for Medicaid define rigorous standards for the establishment of internal (plan-level) appeal processes, with explicit timeframes for both prior authorizations and resolution of appeals at the plan level. Both the Medicare and Medicaid regulations establish a process for expedited review of prior authorizations and resolution of appeals by plans in emergency or urgent care situations. Extensions for both the standard and expedited timeframes are possible only under limited circumstances.

External Appeals. The Bill of Rights proposes that an appeal process include an independent system of external review, in order to ensure its fairness and accuracy. Medicare has long had this protection which includes a provision for expedited decisions in time-sensitive areas. Individuals who are dissatisfied with the determination of the independent external review entity have the right to pursue their claim for Medicare benefits further through an administrative review, including review by the Departmental Appeals Board and, ultimately, federal court.

The appeals process for Medicaid, as articulated in the NPRM, differs from the Bill of Rights in two significant ways. The Bill of Rights calls for the establishment of a sequential process of internal (plan-level) and external review. Under the proposed rule, however, states would be permitted to design their appeals systems so that individuals would appeal either sequentially or simultaneously to the state's fair hearing process, which otherwise serves as the independent external review entity. Second, the state fair hearing process, which serves a docket of programs and issues much broader than Medicaid managed care, currently has timeframes that are not consistent with the timeframes established by the NPRM for internal review by Medicaid managed care plans; in addition, there is no provision for expedited review.

###



NEIGHBORCARE - ANNAPOLIS JCT, MD
6990B SNOWDRIFT ROAD
ALLEN TOWN, PA 18106

SSA Fraud
Case# 20838

STATEMENT OF ACCOUNT

PAGE: 1 of 2



836 0202

F 800-864-7959
RETURN SERVICE REQUESTED

34624

Phone: 877-670-6322

You may also view/pay your bills at:
<https://myomniview.omnicare.com>

MICHAEL JEFFERY
10 N ROCK GLEN RD
BALTIMORE, MD 21229-3250

*called 10-15-13
Explained Medicaid to
JAMAR 0146559*

Medicaid has to submit claim for payment

ACCOUNT NO: 185-128
INVOICE NO: PH822683
DX NO: ANJDX
INVOICE DATE: 09/30/13
FACILITY: 185 ROCK GLEN NURSING & REHA
PATIENT NO: 128
PATIENT NAME: MICHAEL, JEFFERY
AMOUNT DUE: 34.44
TAX: 0.00

DUE DATE:	10/25/2013
AMOUNT DUE:	34.44

34624*TWC0YR0CF003088
3WC026YHT:1.2



KEEP TOP PORTION FOR YOUR RECORDS - RETURN BOTTOM STUB WITH PAYMENT

PATIENT	FACILITY
MICHAEL, JEFFERY	185 ROCK GLEN NURSING & REHAB
ACCOUNT NUMBER	INVOICE DATE
185-128	09/30/13

DATE	RX NO.	TRANS	DESCRIPTION	PHYSICIAN	NDC NO.	QUANT	AMOUNT	TYPE
08/13/13	R38813247	CREDIT	Medicare D Plan: SILVERSCRIPT MEDICARE	HOWARD	00093-0811-05	26	-9.83	RX
08/13/13	R38813247	CHARGE	NORTRIPTYLINE HCL 25MG CAPSULE	HOWARD	00093-0811-05	26	0.87	RX
08/30/13	R39047670	CHARGE	NORTRIPTYLINE HCL 25MG CAPSULE (COPAY)	HOWARD	53746-0271-01	2	0.03	RX
08/31/13	R39047672	CHARGE	SULFAMETHOXAZOLE-TRIMETHOPRIM 400MG-80MG TABLET (RP:SULFAMETH/TRIMETH SS) (COPAY)	HOWARD	53746-0272-05	1	0.03	RX
09/03/13	R38916221	CHARGE	SULFAMETHOXAZOLE-TRIMETHOPRIM 800-160MG TABLET (COPAY)	HOWARD	64679-0929-06	30	1.01	RX
09/06/13	R38931406	CHARGE	LISINOPRIL 10MG TABLET (COPAY)	HOWARD	00904-5053-59	56	3.52	OTC
09/06/13	R38931402	CHARGE	SUDGEST 30MG TABLET (RP:PSEUDOEPHEDRINE HCL)	HOWARD	65862-0017-05	14	0.23	RX
09/13/13	R38962536	CHARGE	AMOXICILLIN 500MG CAPSULE (COPAY)	HOWARD	64679-0941-06	30	1.01	RX
09/14/13	R38967787	CHARGE	LISINOPRIL 20MG TABLET (COPAY)	HOWARD	00378-9122-98	5	0.50	RX
			FENTANYL 50MCG/HR PATCH TD72 (COPAY)					

Messages

Finance Charges may be assessed at a MONTHLY PERIOD RATE OF 1.50% (ANNUAL RATE OF 18.00%) based upon an unpaid balance outstanding 30 days or more.

PREVIOUS BALANCE	CHARGES	FINANCE CHARGE	TOTAL CHARGES	PAYMENTS & CREDITS	AMOUNT DUE
35.91	-1.47	0.00	34.44	0.00	34.44

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE.

34624*TWC0YR0CF003088

550234C

Please check if above address is incorrect and indicate change on reverse side.

ACCOUNT NO: 185-128
INVOICE NO: PH822683
DX NO: ANJDX
INVOICE DATE: 09/30/13
FACILITY: 185 ROCK GLEN NURSING & REHAB
PATIENT NO: 128
PATIENT NAME: MICHAEL, JEFFERY
AMOUNT DUE: 34.44

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER _____

SIGNATURE _____ EXP DATE _____

MAKE CHECK PAYABLE & REMIT TO:

NEIGHBORCARE - ANNAPOLIS JCT, MD
PO BOX 740391
CINCINNATI, OH 45274-0391

AMOUNT ENCLOSED \$ _____

000000185-128600PH8226838000ANJDX2000003444



NEIGHBORCARE - ANNAPOLIS JCT, MD
6990B SNOWDRIFT ROAD
ALLEN TOWN, PA 18106

Case 20838

STATEMENT OF ACCOUNT



RETURN SERVICE REQUESTED 34624

Phone: 877-670-6322

You may also view/pay your bills at:
<https://myomniview.omnicare.com>

ACCOUNT NO: 185-128
INVOICE NO: PH822683
DX NO: ANJDX
INVOICE DATE: 09/30/13
FACILITY: 185 ROCK GLEN NURSING & REHA
PATIENT NO: 128
PATIENT NAME: MICHAEL, JEFFERY
AMOUNT DUE: 34.44
TAX: 0.00

MICHAEL JEFFREY
10 N ROCK GLEN RD
BALTIMORE, MD 21229-3250

DUE DATE:	10/25/2013
AMOUNT DUE:	34.44

34624*TWC0YR0CF003088
3WC0Z6YHT:2.2



KEEP TOP PORTION FOR YOUR RECORDS - RETURN BOTTOM STUB WITH PAYMENT

PATIENT	FACILITY
MICHAEL, JEFFERY	185 ROCK GLEN NURSING & REHAB
ACCOUNT NUMBER	INVOICE DATE
185-128	09/30/13

DATE	RX NO.	TRANS	DESCRIPTION	PHYSICIAN	NDC NO.	QUANT	AMOUNT	TYPE
09/14/13	R38967786	CHARGE	OxycODONE IR 5MG TABLET (COPAY)	HOWARD	00406-0552-01	30	0.33	RX
09/26/13	R38967787	CHARGE	FENTANYL 50MCG/HR PATCH TD72 (COPAY)	HOWARD	00378-9122-98	5	0.50	RX
09/26/13	R38967786	CHARGE	OxycODONE IR 5MG TABLET (COPAY)	HOWARD	00406-0552-01	30	0.33	RX

There are numerous meds here never offered or discussed or accepted by me. Medication not needed or combined needed.

Messages

Finance Charges may be assessed at a MONTHLY PERIOD RATE OF 1.50% (ANNUAL RATE OF 18.00%) based upon an unpaid balance outstanding 30 days or more.

PREVIOUS BALANCE	CHARGES	FINANCE CHARGE	TOTAL CHARGES	PAYMENTS & CREDITS	AMOUNT DUE
35.91	-1.47	0.00	34.44	0.00	34.44

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE. 34624*TWC0YR0CF003088 55023

Please check if above address is incorrect and indicate change on reverse side.

ACCOUNT NO: 185-128
INVOICE NO: PH822683
DX NO: ANJDX
INVOICE DATE: 09/30/13
FACILITY: 185 ROCK GLEN NURSING & REHAB
PATIENT NO: 128
PATIENT NAME: MICHAEL, JEFFERY
AMOUNT DUE: 34.44

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER

SIGNATURE

EXP. DATE

MAKE CHECK PAYABLE & REMIT TO:

NEIGHBORCARE - ANNAPOLIS JCT, MD
PO BOX 740391
CINCINNATI, OH 45274-0391

AMOUNT ENCLOSED \$ _____

000000185-128600PH8226838000ANJDX2000003444



LifeBridge Health Laboratories
 Sinai Hospital of Baltimore
 2401 West Belvedere Ave.
 Baltimore, MD 21215

MICHAEL, JEFFREY

MR #: ACL 116975 Birthdate: 09/29/1958 Sex: Male Telephone #:
 FIN #: Admit Date: 08/30/2013 Discharge Date:

Location: Rock Glen--
 Admitting Physician: Alpha Clinical Laboratories Owings Mills
 Attending Physician:

CHEMISTRY

Drug Studies

Procedure	Ref Range	Units
Urine Benzodiazepine	[Negative]	Negative *
Urine Cannabinoids	[Negative]	Negative
Urine Cocaine	[Negative]	Negative
Urine Opiates	[Negative]	Negative
Urine PCP	[Negative]	Negative
Urine Amphetamines	[Negative]	Negative
Urine Barbiturates	[Negative]	Negative
Urine Methadone	[Negative]	Negative

According to there records I took Oxycodone 5mg
 IR approx. 7 1/2 hrs previous
 what are they giving me? My ins. paid for Oxycodone
 when getting the Narcotics.
 This clearly shows what was tested and
 the results. Fentanyl is an opiate
 I had been wearing 5mg Fentanyl
 for months when this test was taken

*1: Interpretive Data:
 *** This is a screening test for the purpose of rendering medical treatment. A more specific confirmatory test (such as gas chromatography-mass spectrometry) is required for forensic or legal purposes. A chain-of-custody has not been documented for this specimen.

Results under the following cutoff limits will be reported as negative: This confirms the validity of this test
 Benzodiazepines: 200ng/mL, Cannabinoids: 50 ng/mL, Cocaine Metabolite: 300ng/mL, Opiates: 300ng/mL, PCP: ←
 25ng/mL, Amphetamines: 1000ng/mL, Barbiturates: 200ng/mL, Methadone: 300ng/mL.

This test proves no Narcotics as does the Blood toxicology test. There hasn't been
 any such more specific testing either than this in the past 30 years. These tests were used in a
 legal forum as required by Federal Supervision of Pain Mgt. 10-17-13
 You can't make some test/are litigate the same not because you chose
 This test and the Blood Tox test were specifically requested to account for
 pain medication in me as documented in grievance claim that you cause for
 the tests.

Dir. of Nurses Barbara Rogers specifically requested both Tox tests to screen for
 drugs this was our screen test done weekly what other purpose to get
 screening every week. Some tests done at Scott Pain Mgt. for drugs in
 system they were negative also.

Sub to Medicare
Case 20838

This is just the 1st was negative also
ask them for copies they refuse me ask for
instead they say was cancelled after I
have evidence it was neg.



LifeBridge Health Laboratories
Northwest Hospital Center
5401 Old Court Rd
Randallstown, MD 21133

MICHAEL JEFFREY

MR #: ACL116975 Birthdate: 09/29/1958 Sex: Male Telephone #:
PIN #: Admit Date: 08/30/2013 Discharge Date:

Location: Rock Glen--
Admitting Physician: Alpha Clinical Laboratories Owings Mills
Attending Physician:

CHEMISTRY

Drug Studies

Procedure	Ref Range	Units
Urine Benzodiazepine	[Negative]	Negative*
Urine Cannabinoids	[Negative]	Negative
Urine Cocaine	[Negative]	Negative
Urine Opiates	[Negative]	Negative
Urine PCP	[Negative]	Negative
Urine Amphetamines	[Negative]	Negative
Urine Barbiturates	[Negative]	Negative
Urine Methadone	[Negative]	Negative

Date 10/19/2013 Time 07:20:00
I will not take meds that all indications show are not
effective and possibly fake. I had no meds in
me at this time except the addage Fortuon 50mg
work for 2 months

This is what was tested (Itemized) no exceptions

*1 Interpretive Data:

This is a screening test for the purpose of rendering medical treatment. A more specific confirmatory test (such as gas chromatography-mass spectrometry) is required for forensic or legal purposes. A chain-of-custody has not been documented for this specimen.

Results under the following cutoff limits will be reported as negative:

Benzodiazepines: 200ng/mL, Cannabinoids: 50 ng/mL, Cocaine Metabolite: 300ng/mL, Opiates: 300ng/mL, PCP: 25ng/mL, Amphetamines: 1000ng/mL, Barbiturates: 200ng/mL, Methadone: 300ng/mL.

To continue taking fake meds would litigate their illegal actions
and continue my suffering indefinitely.

* These are legally binding medical papers
50mg per two months of use would show up

10/19/13 1:45 PM
NOTIFIED
NURSE'S SIGNATURE: M. Jeffrey
PHYSICIAN'S SIGNATURE:

Laws, Codes, etc, partial

Maryland Attorney General - General Health Decisions Policy <http://www.ag.org.state.md.us>

Maryland General Assembly SB238 mlts.state.md.us/1/sb0238.htm

sb 0182 [html](#)

msa.maryland.gov/1/Compliance

SB 0443 [html](#)

State Government Article § 7-217 Annotated Code MD. www.dsd.state.md.us/ecomar/

Ann § 32-1401 (27) Unprofessional Conduct (55) section 32-1901

State documents Code of Md. regulations

{ State Documents Code of Md. regulations
[www.xmarks.com/1/ecomar](http://www.xmarks.com/1/ecomar/titlelist.aspx)

www.xmarks.com/1/ecomar/titlelist.aspx

www.dhs.state.md.us, www.dhs.state.md.us/1/g3.401a

www.asrt.org > standards and regulations > state legislative affairs

www.doh.gov/compliance

www.simon-society.org/state/md/legislation

www.cicare.org/lex/statelegis.htm

www.360translation.com/burnset/state.md

www.msa.md.gov/msa/mdmanual

Social Security Act § 1900 www.ssa.gov/1/1900.htm, Medicare part A 42 USC § 1395c

law.justice.com > iustia > us law > us codes and statutes > md code > 2005

UGC statutes > medical

www.usa.cmc.com www.justice.gov

OCR mail@hhs.gov, Health Care Est. Care Law 855-617-2027

www.hhs.gov > office for civil rights > about ocr > contacts

www.hhs.gov > enforcement Act > case examples simplification statute and role

www.healthcare.gov

www.onda.com/1/ord.cfm

School of Law 785-864-2388 www.law.ku.edu/mlpclinic

www.4medicalresearch.com, www.iasp.pain.org; www.paincare.org, www.painfoundation.org

US/Kathy Kreiter, IASP ex. officer www.aafps.org

www.org/wiki/MedicalLaw, www.medicallaw.com, www.medicallawtrk.com

www.medical.expert.org

www.justice.gov

www.asrt.gov > standards regulations Pain mgmt

www.hhs.gov/dmcp/regulations

www.universalpain.com/regulations

Agape Health Services LLC www.agape.com > medical coding. Established to promote the independence. Special diagnosis, treatment of hospital care being required

Remand to Secretary of HHS seeking judicial review 42 USC (8) incorporating 42 USC 4055q I.A. 19,28 ex parte to expedite

TRANSMISSION VERIFICATION REPORT

TIME : 02/28/2014 15:43
NAME :
FAX :
TEL :
SER.# : U63274M2J314067

DATE, TIME	02/28 15:38
FAX NO./NAME	12158614431 Mrs Holland HHS/OCR
DURATION	00:04:30
PAGE(S)	11
RESULT	OK
MODE	STANDARD ECM



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Voice- (215) 861-4441
TDD - (215) 861-4440
FAX - (215) 861-4431
<http://www.hhs.gov/ocr>

Office for Civil Rights, Region III
150 S. Independence Mall West
Public Ledger Building, Suite 372
Philadelphia, PA 19106-3499

Reference: 14-170714
Investigator: Alisha Welch
Contact Telephone: (215) 861-4439

February 11, 2014

Mr. Jeffrey Michael
10 N. Rock Glen Road
Baltimore, MD 21229

Dear Mr. Michael:

Thank you for your correspondence, which was received by the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), on October 22, 2013. In your complaint, you allege issue regarding the quality of care you are receiving at Rock Glen Nursing and Rehabilitation. Specifically, you allege that Rock Glen is not providing you with necessary medication and lab work.

OCR is responsible for enforcing a variety of Federal civil rights laws that prohibit discrimination and protect the privacy of medical records. Specifically, OCR has jurisdiction over programs and entities that receive Federal financial assistance from HHS in cases involving discrimination based on race, color, national origin, age, disability, and under certain circumstances, sex and religion. These entities include hospitals, nursing homes, social service agencies, senior citizens' centers, and other health and human service agencies and programs. Additionally, OCR has jurisdiction over health and human service programs conducted by HHS or by state and local health and human service programs in cases involving disability-based discrimination. Further, OCR has jurisdiction over health plans, health care clearinghouses, and certain health care providers with respect to enforcement of the Federal Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule, 45 C. F. R. Parts 160 and 164, Subparts A and E).


We have determined that the remaining events you describe and the allegations you have made are quality of care issues, rather than allegations of discrimination. Therefore, we recommended filing a complaint with the Centers for Medicare and Medicaid Services (CMS). This agency ensures that health care facilities meet approved standards of care and investigates complaints involving quality of care. You can contact these agencies at:

Centers for Medicare and Medicaid Services
Philadelphia Regional Office
Public Ledger Building, Suite 216
150 South Independence Mall West
Philadelphia, Pennsylvania 19106

Under the Freedom of Information Act, it may be necessary for OCR to release this document and related correspondence and records upon request. In the event OCR receives such a request, we will seek to protect, to the extent provided by law, personal information which, if released, would constitute an unwarranted invasion of privacy.

We trust this information is helpful. We also regret that we are unable to be of further assistance on this matter.

Sincerely,


Barbara J. Holland
Regional Manager

Attn: Mrs Barbara J. Holland
HHS/OCR region III
150 S. Independence Mall West
Public Ledger Bldg Ste 872
Philadelphia PA 19106-3499 fax 215-861-4431

Jeffrey Michael Rm 1208
10 North Park Glen Rd.
Belto. MD 21229
410-340-3198

2-28-14

To All Concerned:

1 of 5-A

In your only response to my first request over four months ago, your office said several times they would send me the appropriate forms to file a civil action in the federal court (per Bill of Rights) Since under presidential order you are obligated to represent my rights, and the cause is noted herein. In order to expedite my Speedy Complaint Resolution, per B.O.R. and to enforce Specific Rights being my representation, you may complete any forms.

* Please remand this to the secretary of HHS, seeking judicial review under 42 U.S.C.(a)(3) incorporating 42 U.S.C. 405(g) J.A. 19, 28 ex parte

You claimed my issues fall under ¹ Quality of Care versus ² Disability ³ Discrimination. Regardless I'm not receiving ³ Adequate care, a legal obligation.

The HHS. B.O.R. says you have the authority to bring Medicare and Medicaid into compliance along with every health care provider. It also says you are charged with ensuring ⁴ Quality of Care and to protect consumers in the health care industry. It says nothing about federally financed or disability discrimination.

What is your purpose? Your attempts to disregard, acknowledge, evade the B.O.R. federal and state laws, codes, statutes etc. only continue my suffering, anguish, loss of liberty under duress, etc. allowing my suffering.

Quality of care encompasses all medical matters, Your laws.

Furthermore the ⁵ Circumstances (a legal requirement in the Fourth Circuit Book of Law) also justifies the civil action against the state of Maryland's health care system, as to the Nature and Cause, and the B.O.R.

Your letter also confirms 42 U.S.C. 86, 87 Does everyone in government lack Moral Fortitude? Who will be held accountable?

I am an ⁶ Established Patient my medical also states the ⁷ Medication is Medically Necessary or it may have ⁸ Adverse effects, which is evident.

Your letter states The OCR has jurisdiction over health and human services programs conducted by HHS. or by state and local health and

service programs. Clearly your implications are false by your denial. I told you I have exhausted every health care provider and organizations to regulate them, several times. I don't have the authority to enforce my rights, that's why you were created.

I will remind you of regulation, laws, codes, requirements etc. created by your standards. I cannot list all of them.

* The Eighth Constitutional Amendment, Federal Rule and Code, Your enforcement acts, Maryland's medical codes (established case laws) The Joint Commission on pain (standards and regulations) U.S and MD statutes and codes, MD. Board of Physicians, requirements, MD. Dept. Health and Mental Hygiene, Health Care & Quality, MD. Nursing and Rehabilitation Acts, Patients Rights and Services, etc.

① Quality of Care: The full definition of Health Care.

Quality intended for people who are educated and who care. In health care "quality" can encompass the availability of care. Quality assurance explanation in the health care field, a pledge to the public by those within the various disciplines that will work.

Efforts made to maintain or restore health, especially by trained licensed professional usually hypostasized when used attributively.

② Disability: a disabled condition, that which disables, a legal disqualification.

③ Adequate: enough for some need or requirement, lawfully and reasonably sufficient < adequate grounds for a lawsuit, sufficient for a specific requirement.

④ Discrimination: to show partiality or prejudice.

⑤ Circumstance: a fact or event condition, effecting a person, mere chance.

⑥ Established: to bring into being, to settle as in a position, to cause to be accepted, to prove, by law, confirmed.

⑦ Medically Necessary: a covered health service or treatment that is

① mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted in accordance with accepted standards of medical practice. When applied to hospitalization, medically necessary means that a plan

members acute care needs are such that he or she cannot receive safe and adequate care as an outpatient or at a lower level of care.

Medically Necessary Criteria:

Provides for the diagnosis or direct care and treatment of the condition, illness or injury.

In accordance with the standards of good medical care/practice in the service areas.

Not primarily for the convenience of a plan member or plan provider.

The most appropriate level or type of service or supply that can safely be provided to the plan member. Medically Necessary managed care objective referring to a covered service or treatment that is absolutely necessary to protect and enhance the health status of a patient and could adversely affect the patient's condition if omitted in accordance with accepted standards of medical practice.

⑧ Adverse: a harmful or abnormal result.

⑨ Mandatory: required by law, necessary, urgent, demanded.

Palliative Care: is medical care provided by physicians and nurses and social workers that specialize in relieving of pain (of medicine or medical care) relieving pain without dealing with the cause of the condition, the prevention or treatment of illness by doctors.

Today's most used "medical" drugs are narcotics, specifically used by ones who need them.

St. Agnes Hospital's doctors confirming the requirement for twenty days of therapy with the necessary medication in which Dr Daniel Howard refused to fill, trying to coerce me into therapy which could have endangered my health and quality of life. Nothing but unethical practice now supported by MD. health providers have caused six months of MD tax payers money, my suffering and distress in anguish. Payment by and provider would now be fraud. My condition is medical fact.

The two of seven Urine Toxicology tests herein prove the illegal acts. Maryland's Health Care & City refusing to acts makes MD liable as does all other crigs herein.

You have omitted the fact that all the health care providers are federally funded that participates with Medicare and Medicaid. You can confirm that at Fed. Info. gov.

I produced these issues to HHS/OCR months ago, as you are obligated to enforce my medical civil rights. I do not know how you or any other health care provider could not construe the legal medical facts especially my Medical Record, the toxicology tests, the Stender and Detenation, and dress, etc.

The medical record of Dr. Daniel Howard proves all his diagnoses have caused me pain (the adverse effects) His refusal to get me into Pain Mgt. and Pain Mgt's refusal to accept me at University of MD., St. Agnes, Siani Hospitals, Has used a illegal statement by Dr. Rankin at Smart Pain Mgt. in Catonsville Md. who along with Seton Pain Mgt have both dismissed me. There care was inadequate (also illegal) My last certified mental evaluation confirms theres nothing wrong. That was perform at the time of Dr. Rankins (a pain mgt. specialist) psychological diagnosis. Referr to bill of rights on mental or physical condition in acceptance to care.

Being denied legal counsel, advocacy, social services I'm forced to denie Dr. Howards unethical care as of 2-20-14 and must rely on emergency room care to preserve the now unacceptable quality of life for fear of serious medical conditions that could threaten my life.

Now emergency room care and HHS/OCR has premise

I have suffered for seventeen months on this issue or other directly related issues will support the relief sought in the amount of Thirty-five million dollars (\$35,000,000.00) a conservative amount. The malicious actions warrant this by the dozens of organization involved.

① First and foremost I must get my established medical care. It appears a legal authority (LLC) will have to controll and administer it on a daily basis as I've stated Rock Glen will only provide real medication if asked. The ramifications of these illegal actions cannot be any more severe.

② Second, file a civil action in the federal court

5088-A

If you have any questions, contact me 410-340-3198 or leave a message to contact you; or contact my M.P.O.A. 540-662-1599

Certificate of Disclaimer

As I Jeffrey Michael do not present myself prose being denied my legal right to legal counsel. I do state, confirm, verify that all the information herein has been acquired through legal Medical and Governmental documentation and is presented as interpreted as is.

Jeffrey Michael
10 N Rock Glen Rd. Rm 120
Baltimore, MD. 21229
410-340-3198

CC: Commander in Chief

Senator Barbara Mikulsky MD.

Paul Dioguardi Director HHS

Leon Rodriguez Director HHS/OCR

Michael Astrue Commissioner SSA.

Molly McGrath Tierney Director BEDSS

Mr. Leon Rodriguez

This is specifically for Mrs Barbara J. Holland of HHS/OCR for which Mrs Alisha Welch said I had to be more specific as they didnt understand the Health Care and Quality of MD. and every health care provider that participates in medicare or medicaid is federally funded and or falls under HHS guidelines

Mrs Holland didnt understand the legal definition of quality of care as to disability discrimination. Quality of Care encompasses everything pertaining to health care

Since my medical condition hasnt or cant be disputed, regardless of the falsified attempts. And the medical records Ive provided are medically legal, for medical reasons. It appears everyone considers Dr. Mark Matsunega diagnosis and treatment illegal and unethical, even though my condition requires established medication for a quality of life, and to stop severe pain and suffering.

My care or condition was never questioned the past seven years, and is easily confirmed. The nine toxicology tests done by three different org. and the continued pain I suffered from while having worn Somex Fentanyl and 5mg oxycodone taken for two months. are also proof. My treatment requires 95mg a day. Far more than the 10mg given if it was real.

The following are legal aspects for the following requests, to name a few.

- ① Established: Agape Health Services LLC. to promote independence, specific diagnosis treatment of hospital care being requested.
- ② HHS.gov archives. Bill of Rights
- ③ www.org/wiki/Medical Law
- ④ www.medical law box.com
- ⑤ www.dsd.state.md.us/comar, compliance
- ⑥ www.joint commission.org
- ⑦ www.simian society.org, state.md.legislation
- ⑧ MD Medical Code
- ⑨ Revised statute Ann § 7-217 Annotated Code Md. COMAR
- ⑩ Revised statute Ann § 32-1401(27) Unprofessional Conduct (SS) section 32-1901
- ⑪ Social Security Act § 1900
- ⑫ Medicare part A 42 U.S.C. 51395E

Certificate of Request

- ① Speedy Complaint Resolution: to get established with full amount of Medically Necessary Medication
- ② Legal Counsel
- ③ Remand this to the Secretary of HHS seeking judicial review under 42 U.S.C. (a)(3) incorporating 42 U.S.C. 405(g) J.A. 19, 28 ex parte
- ④ File Civil Action in Federal Court.

If you have any questions contact me before another three or four months

Sincerely: Jeffrey Michael 2-28-14

410-340-3198



Medicare

Beneficiary Services: 1-800-MEDICARE (1-800-633-4227)
TTY/TDD: 1-877-486-2048

1/8/2014

Jeffrey Michael
10 N Rock Glen Rd
Rm 215b
Baltimore, MD 21229

*Office Civil Rights
Mid Atlantic Region
Miss Johnson
215-861-4441 ←
No Response phone or mail*

Dear Mr. Michael,

Thank you for calling 1-800-MEDICARE. Your issue was referred to the Advanced Resolution Center (ARC) for further research. We were unable to reach you by phone to discuss your Medicare concerns. ←

Please use the following steps to place a return call to the Advanced Resolution Center:

1. Call 1-800-MEDICARE (1-800-633-4227).
2. Enter your Medicare number, when prompted.
3. Listen carefully to the Interactive Voice Response (IVR) prompts.
4. Select the option to have your call routed directly to the ARC.

ARC customer service representatives are available to assist you Monday through Friday, from 7 a.m. to 9 p.m. ET. Please return our call within 30 days from the date on this letter. This special callback option is only available for the issue that was sent to the ARC for research.

Please have all relevant information available when you call. If you return our call after the 30-day time limit, you will need to speak with a Medicare representative for assistance.

We look forward to hearing from you soon at 1-800-MEDICARE (1-800-633-4227).

Sincerely,

1-800-MEDICARE
Advanced Resolution Center

Novitas Solutions
Mrs Tamm Bennett
CMS

2nd - 3rd? contact

JEFFREY MICHAEL
10 N. Rock Glen Rd.
Beltsville MD 20709
410-340-3198

mid. January 2014

1 of 3-D

Dear Mrs. Bennett:

As you are no doubt aware from the hundreds of phone calls documents of proof I have sent to the OIG and the following because I have exhausted through dozens of attempts to all whereas you suggest I contact Delmarva again it has been to no avail.

The issues far exceed proper care. It appears every avenue in the state of Maryland and Medicare conspire to prolong my suffering. I have been very clear providing evidence.

You said your office is to process claims. You have only asked me to contact an office I've done for the past year and a half. The Patients Bill of Rights in Medicare and Medicaid is specific. President Clinton created the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and charged it not me with recommending such measures to be necessary to promote and assure health care quality and value and protect consumers and workers in the health care system. quote "to use their regulatory and administrative authority to bring these health programs into compliance with the Bill of Rights and Responsibilities.

I do not have the authority to enforce Medicare or Medicaid to uphold my rights that's why I reported many criminal activities to you and all herein. All of you fall under Health and Human Services.

Refer to archive, hhs.gov/news/press/1999press/990412.html

page 2 of 4 Specific Rights: Choice of Providers and Plans. also note page 2 of 4 The Right to Speedy Complaint Resolution. You might review all 3 of 4 pages, I have.

It is inconceivable to believe that after fifteen months I'm still suffering with the proof of violations I've provided. The Delmarva Foundation I contacted in Oct 2012 refused to help (Mrs Toni Griffin) One month ago Mr. Columbus Giles Asst. Dir. of Delmarva in Columbia MD. refused to help stating the issues are to much now.

2 of 3-D

I will now repeat part of facts I've already reported months ago.

All of you have referred me to each other doing nothing to advocate for me. I BELIEVE ITS YOUR RESPONSIBILITY TO ENFORCE MY QUALITY OF CARE. I'VE TRIED MANY TIMES.

Marylands Health Care and Quality stated to me on 1-24-14 they do not fall under HHS (Mr. Rick Wheatly RN) On three occasions they have ignored the falsified records and the factual was proving the medications fake. They implied threatening me in Civil Action. That is illegal in accord to the Patients Rights and Services.

Mr. Tobias of the Dept. Health and Mental Hygiene has refused to do anything. I contacted the Governors office on 1-24-14 in Annapolis MD and the Secretary after months connected me to Mr. Tobias who said he'd contact my Medical Power of Attorney. To what end?

The MD. Asst. Atty Gen. Mr. Frank Bradis (Consumer Protection Unit) told Mr. Tobias to contact me. He did not! He sent me a letter stating he could not protect me a consumer.

The MD. Board of Physicians have received proof of criminal acts by Dr. D. Howard and stated in a letter to me they had no authority to reimburse me, for what?

Medicaid's Social worker refused to establish Medicaid or any other Social Services. They claim Medicaid doesn't pay for the nursing care. I have the damn full Medicaid ins. in front of me. They threaten me with a 45 thousand dollar bill accrued because they refuse me the Medication that's Medically Necessary. I was sent here for 20 days of therapy for slight case of atrophy in my legs. Had any acceptable care been provided the State of MD. might not have been liable for a multi million civil suite. That too has been confirmed.

3-23-0

Acting under the Bill of Rights as a contractor for Medicare I'm requesting you contact Mrs. Blake my alleged Ombudsman/Advocate who also says contact Delmarva.

Tell her to use her authority to insure my next visit to Pain Mgt. in which Rock Glen takes weeks or longer to make, Rel. to 24hrs a day 7 days a week B.O.R. and tell them that being established means the full amount of Medically Necessary medication. The 2.5 mg does nothing compared to the 95mg. needed even if the meds were real.

I will post every name, date, false claim, refusal to insure this state doesn't do to any one else what they've done to me. Apparently that's what it's going to take to get justice.

If you do not fall under HHS guidelines please contact those who do. as all of my attempts are ignored and I continue to suffer under these violations of my Constitutional Rights, Medical Civil Rights, Bill of Rights, MD, and Federal Law. Patients Rights and Services.

Respectfully

Jeffrey Michael

cc: self
M.P.O.A.



January 22, 2014

Jeffrey Michael
10 N. Rock Glen Road
Baltimore, MD 21229

Case Reference Number: L123795

Dear Jeffrey:

Thank you for calling the Office of the Inspector General (OIG) hotline. The OIG has forwarded your concern to Medicare.

You had called the OIG about Rock Glen Nursing and Rehabilitation. You were concerned about the quality of care provided to you.

Our office is responsible to process claims. If you feel that Rock Glen Nursing and Rehabilitation did not provide proper care for you, please contact the office listed below. They will be able to assist you with this issue. I am sorry that I cannot assist you further.

Delmarva
2175 K Street, NW
Suite 250
Washington, DC 20037

*Mr. Columbus Giles Asst. Dir Told me issue too big he won't help.
Columbia MD. Delmarva Foundation*

OIG has done nothing

1-800-999-3362

If you have questions about other Medicare issues, please contact 1-800-MEDICARE (1-800-633-4227) they will be glad to assist you. The nationwide TTY number is 1-877-486-2048.

Sincerely,

Tammy Bennett
Novitas Solutions

Mr. Tom Adams
DEA
200 St. Paul Pl. Ste 2222
Baltimore, MD 21202-2004

Ref. 70060810000228761976
10-24-13

1st Certified Mail, Here
40 pes to each

MD. Board of Physicians

4201 Patterson Ave.

Baltimore MD 21215-2254 Ref. 70060810000228761952
10-24-13

Consumer Protection Unit

Ref. 70060810000228761983
10-24-13

Health Ed. Advocate
MD Attorney General

200 St. Paul Pl. 16th Fl.

Baltimore MD. 21202-2022

US Commission Civil Rights Ref. 70060810000228761839
10-24-13

Medical Civil Rights

1331 Pennsylvania Ave. N.W.

Washington D.C. 20746-4530

HHS

Ref. 70060810000228761846
10-24-13

OIG Hotline Operations

P.O. Box 23489

Washington DC 20026-3399

Jeffrey Michael 215 B

10 N. Rock Glen Rd.

Baltimore MD. 21229-3250

10-27-13

Medical Narcotics not accounted for,
proof in Medical tests

D.E.A. whos already investigated this
place previously dont care about my
proof. Whos got them?

2nd Certified Mail

{ These and more addresses

Statement of Facts / Request investigation / Record

To whom it may concern:

On 10-18-13 I contacted the DEA, I had verbal confirmation about missing narcotics causing me pain and suffering also violating my Medical Civil Rights and possibly Federal Law.

Confirmation has be established. I requested a Blood and Urin toxicology drug screen that turned out negative for any narcotics. I had allegedly taken the past few months.

Fentanyl 25mg patch 5ma Oxycodone IR tablet from appx. 8-16-13 to present.

I arrived here around 2Acy with orders from doctors at St. Agnes hospital with two prescriptions of narcotics written by Pain Mt that Dr. David Howard at Rock Glen Nursing & Rehabilitation Ctr. 10 N. Rock Glen Rd. Catonsville MD 21229-3250 refused to fill speeding pain mgts. orders, medically denying me short term therapy as the medication is medically necessary. He also ignored my Established Care, committing medical civil rights violations. He told me he'd give me no narcotics and refuses to discuss my condition that's est.

On 10-7-13 I requested a Blood and Urin tox test that the Director of Nurses Mrs Pat Rodgers. The samples were given to Advaan of Alpha DX Diagnostics 410-363-4301. On that day I talked to Raven X 124 who said the results of the tests were mailed to R.G.

Around 10-11-13 I asked supervisor nurse Angelic for copies of the tests which she refused but said the tests were Neg. Dr Howard's nurse, nurse Holly said only the blood test would show the Fentanyl. Her and several nurses in the following two wks. acknowledged the neg. results. Then nurse Chappell said the Blood test wasn't in the record. Appx. two and one half wks after the tests were done nurse Angelic said the Director of nurses, boss told her not to give me a copy of the Blood test.

I asked Dr. Howard for a copy, he said it wasn't his job to get it. After I talked to medical records around 10-21-13 I was told by the D.O.N. the blood test wasn't in my record therefore it wasn't done.

I called Alpha DX who said the blood test was cancelled because R.G. didn't

BARBARA A. MIKULSKI
MARYLAND

COMMITTEES:
APPROPRIATIONS

HEALTH, EDUCATION, LABOR,
AND PENSIONS

United States Senate

WASHINGTON, DC 20510-2003

February 7, 2014

Mr. Jeffrey Michael
Rock Glen Nursing Home & Rehab Center
10 North Rock Glen Road
Baltimore, Maryland 21229-3250

Dear Mr. Michael:

Thank you for contacting me about the difficulties you have recently encountered. I will be pleased to assist you in every way I can.

However, in order for my office to obtain information from a federal agency regarding your problem, you will have to complete the enclosed Privacy Act form and return it to my office at 901 S. Bond Street, Suite 310, Baltimore, Maryland 21231.

In 1974, the Privacy Act was passed by Congress. This law protects you from having information released about you without your written permission. Once I have received your authorization, I will be in a position to contact the appropriate agency on your behalf.

I look forward to hearing from you soon.

Sincerely,



Barbara A. Mikulski
United States Senator

IN REPLY PLEASE REFER TO
OFFICE INDICATED:

- 901 SOUTH BOND STREET, SUITE 310
BALTIMORE, MD 21231
(410) 962-4510
VOICE/TDD: (410) 962-4512
- 60 WEST STREET, SUITE 202
ANNAPOLIS, MD 21401-2448
(410) 263-1805
BALTIMORE: (410) 269-1650
- 6404 IVY LANE, SUITE 406
GREENBELT, MD 20770-1407
(301) 345-5517
- 32 WEST WASHINGTON STREET
ROOM 203
HAGERSTOWN, MD 21740-4804
(301) 797-2826
- THE PLAZA GALLERY BUILDING
212 MAIN STREET, SUITE 200
SALISBURY, MD 21801-2403
(410) 546-7711

BAM:hb

TRANSMISSION VERIFICATION REPORT

TIME : 01/03/2013 07:50
NAME :
FAX :
TEL :
SER.# : U63274M2J314067

DATE, TIME	01/03 07:42
FAX NO./NAME <i>Mikuski celmi</i>	14109624760
DURATION	00:07:33
PAGE(S)	→ 24
RESULT	OK
MODE	STANDARD ECM

Confirmation of requests

Senator Mikulski's office referred this to GMS Boudier Ste 310, Balto. MD. who I believe is MD Health Care Advocacy. They when contacted around 6 mos. ago. Still refusing to respond or act.
410-528-1840

PRIVACY ACT RELEASE FORM
General Form

Federal Agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concerns to be released to the office of Senator Barbara A. Mikulski.

NAME: JEFFREY THOMAS MICHAEL 2-12-14

MD Residential Street Address: Rock Glen Nursing & Rehabilitation Ctr.
(If you use a PO Box, you must Also provide a MD address of record) 10 N. Rock Glen Rd. Rm 120
Baltimore Md 21229

Phone Number(s): 410-340-3198 M.P.O.A. 540-662-1599

Social Security Number: 216-78-5296

Have you contacted another congressional office about this issue?: Yes

If so, which office?: Mr. Cummings (Hope Williams 410-685-9199) Specialists

Claim Number (If applicable): Medicare: Advocate, Mrs Blake 410-786-0473
Mrs. Harriett Boothe case # 20838

Description of Problem / Request for Assistance:

Pain & Suffering under duress: Refusal of Medically Necessary Medication
Illegal Health Care, State of MD. under HHS, State law (Bill of Rights)
Please uphold my Medical Civil Rights, enforcing Medical Record to stop
Pain and Suffering

Signature: Jeffrey T. Michael Date: _____

Mail or Fax to: Senator Barbara A. Mikulski
901 South Bond Street, Suite 310
Baltimore, MD 21231
Fax: 410.962.4760

Additional Comments or information may be attached

Must get Medically Necessary Medication as per Medical Record provided by last acceptable care enclosed
Comprehensive Pain Mgt
Columbia MD. Dr Mark MATSUWAGA

Senator Barbara Mikolki
901 S. Bond Street, Ste 310
Balto. MD.

Jeffrey Michael Rowles B
10 W. Rock Glen Rd
Baltimore MD 21229

2-12-14

1 of 22

To Whom it may Concern:

I was sent to Rock Glen Nursing & Rehabilitation Ctr. for atrophy in my legs. It was confirmed by the therapy specialists at St. Agnes Hospital.

My medical record states I am an established patient and the medication is medically necessary. Not receiving the meds could have adverse effects as is apparent from newly acquired conditions.

The doctor in the Emergency Room prescribed just over fifty percent of narcotics needed. They claimed the Pain Management doctor was on vacation. Seven P.M. doctors work at St. Agnes.

Referring to Medicare, Quote "Medical Review Related Denials: New Patients Versus Established Patients."

An est. patient is one who has received professional services from the physician or another physician of the same speciality who belongs to the same group practice, within the past three years.

In the instance where a physician is on call or covering for another physician, the patients encounter will be classified as it would have been by the physician who is not available.

The Delmarva Foundation states Quote "Every Doctor, Hosp., and Health Dept. in the United States who participates with Medicare must abide by the patients est. care. Any new doctor was not established care and is required to follow existing care.

The violations committed are negligent as to federal law in the HHS Bill of Rights I've enclosed, Specifically, Respect and Nondiscrimination, External Appeals, The Right to Speedy Complaint Resolution and under Specific Rights: Choice of Providers and Plans, Access to Emergency Services and Participation in treatment Decisions.

My care is covered under the Eighth Constitutional Amendment per. Adequate Care.

All of the Health Care providers, some of are not listed herein have denied the facts, refused to uphold my B.O.R. ignored the facts, refused to respond and are negligent to there duties.

2 of 22

Dr. Daniel Howard (410-225-8000) G.P. at R.G. has told me repeatedly he will not give me narcotic medications. He refused me the prescriptions written for me by St. Agnes when I arrived causing me to refuse therapy as it would have endangered my health or life. This fact is supported also by falls incurred while on the medication.

He has caused several new medical conditions by ignoring my medical record. These conditions as in the past are not present while on my est. care and medication necessary.

He refused to increase my Blood Pressure medication (Lisinpril) from 40mg to eighty which is accepted by medical code. He has refused to prescribe Fuderal 100mg. when asked as my medical history shows its effects. Several hours after taking Lisinpril 40mg if the nurses give it to me my B/P remains 170/110.

It appears more than suspicious I've been refused adequate advocacy or legal-aid which is my legal right from numerous organizations. I was informed by Mrs Hope Williams at the Congressional office Mr. Cummings that since this is a legal medical issue the Attorney General's office must advocate. Mr. Frank Pradi asst. atty gen. has refused stating it's not his responsibility He's had documentation over three months and did not refer it to Mrs Kim Carnmoritz 410-576-6363 the Consumer Protection Division Health Edu. Advocate who has also not acted in accord to the B.C.R. and doesn't return any calls.

Mr. Tobias of HMT even after Mr. Pradi said he told him to respond after I sent him too Pertty documents hasn't.

I sent the documents to Lerrana Borth 800-633-4227 Medicare case # 20838 who's done nothing for months I contacted Mrs Blake a Medicare advocate who claims no violations have occurred. She's with the Advance Resolution Cen. 410-786-0473.

CMJ a contractor of Medicare Taning Bennett 717-526-6842 referred me to Delmarva after I told her they refuse to act.

MD. Health Care and Quality on three occasions said at first Dr Howard was wrong but now claim no wrong doing. Their last visit to me, mid January they claimed they don't fall under HHS and ran out of the room when I showed them a recorder.

The Social workers here at R.G. have refused and social help concerning these issues and attempt to coern me into signing a Long Term Care contract stating it is Medicaid.

The State Dir. Mr. Charles Melligan 410-767-6500 Rita Wheeler also disputes there attempts

Even the Board of Physicians refuse to act stating in a return letter they have no authority to reimburse me when I provided them with evidence of Dr Howard's illegal acts causing me pain and suffering and the fake medications. Many more issues exist.

Fact: My medical condition will never resolve without the est. care. It will only get worse. Without the est. meds I've created new medical conditions.

I have nerve damage from the Fracture of L-2 around my Spinal Cord. That is nerve damage which is confirmed by Scater P.M. and the Neurologist. Also by six or more P.M. org. and Hospitals. Should I accept the fake meds it would certify there illegal acts. The Toxicology Tests are indisputable! I would be here indefinitely suffering.

The only medication acceptable are opioids as the stop the transmission of pain to the brain

The Severe Degenerative Bone Disease is resolved with the narcotic medication. I tried every non-narcotic med with no result. A doctor wouldnt prescribe narcotics if he didnt have to. You cannot expect me to have the authority to resolve this. You have the proof and authority too.

These issues are covered in Medical Civil Rights Act, Chap 6.2

In Conclusion

4 of 22

Every HHS org. in Maryland has been contacted. I'll assume you too have been. In the Bill of Rights I demand a Speedy Complaint Resolution constitutes sixteen months of suffering especially when the illegal actions by the MD HHS are so blatantly clear.

I doubt by the continuing denial of legal medical facts your office will resolve this with a simple phone call as the responsibility fell upon the Attorney General's Office

The only resolution is give me my full amount of medically necessary medication ensuring the meds are real.

Since I have contacted every HHS org. do not ask me to call anyone because I already have. I DO NOT HAVE THE AUTHORITY TO ENFORCE THE BILL OF RIGHTS IT SAYS YOU DO

Even though by law I have a right to legal Aid I have not been able to force an attorney to attend to this issue.

Unless you know of a way I can only suggest

- ① A attorney pick up my meds at a pharmacy and serve them to me every day. Keeping them in his possession.
- ② You allow me to pick them up at my choice of pharmacy without knowledge to anyone of where. Immediately after leaving Pam Mgt. Allow me to secure the medication being available for any testing to insure I not abusing any medication which is indicated on my medical record.
- ③ You request my transfer to a Ctr. for the only twenty days of therapy required and insure I get the real est. meds. With this transfer by your order in writing you will be responsible for my care if you want already.

Surely you know I can dispute all lies, denials and prove every illegal actions. I did nothing wrong to deserve this torture.

Lorraine Beathe
Code # 20838

RE: Jeffrey Michael Ruid
10 W. Rock Glen Rd
Baltimore MD 21229
1-10-14

1 of 2

Mrs Beathe: Confirmation of Unethical / Mal Practice / Fraud

You told me on the phone once confirmation from Neighborcare that distributes the Fentanyl medication to Rock Glen Nursing & Rehab has been made the investigation into the fact the Fentanyl has been confirmed fake and or negligent conforming to my Established Care which means every Doctor, Hospital, or Health Dept in the United States must by law continue my established care that your investigation would be complete. This does not dismiss the fact the medication I received was fake and even though I am illegally denied legal Aid Dr. Daniel Howard is legally responsible as he and or the Administrator at R.G. are the last persons in control of my medication. Both of them the MD BOP the MD Atty Gen. and more have the proof the Meds were fake. This implies a Multi Million Civil Action against the state.

I am conforming the Medication sent to Neighborcare from the Mylar Pcpa through the Expiration Date and lot number.

It would be obvious to assume Neighborcare would not send fake meds. therefore the meds are tampered with at R.G.

Molven has spent thousands of dollars on unacceptable care. The fact that I am here does not justify payment as the care violates my Constitutional, Civil, MD law, and my Patients Bill of Rights also Patients Rights and Services.

You are a Federal, Federal Agency in the Health Care Field
You are obligated to advocate for me and protect my rights
You have access to my Medical Records The issues are obvious to do nothing could suggest you conspire with those

ISSUES that have caused me extreme suffering and loss of liberty and thousands in property and monies.

My two Severe Disabilities are permanent and severe feet is only opioids are acceptable care hence the Established Care The statement in my medical record The medication regimen is medically necessary. Excuses about the amount being too much are unacceptable as my record clearly shows my high tolerance as indicated in my record. There is no re-establishing my care nothing will get better or stop.

Certificate for Release of Information

With my signature I authorize the release of any or all medical or information concerning the resolve of the issues herein.

Jeffrey Michael 216-78-5296

DOB: 9-29-58

10 W. Rock Glen Rd.

Baltimore MD. 21229

410-340-3198

CC # Medical Power of Attorney

Rex Michael

540-662-1599

Rel: 1-800-RX-Mylan.

As I am denied any Advocate or Social Service unable to walk suffering I will send disputes of payments by Medicare for services never made and for unacceptable care

Administrator - Rock Glen, MS Fox Kates
Rock Glen Nursing & Rehabilitation Ctr.
10 N. Rock Glen Rd., Balto. MD 21229

Jeffrey Michael Rm 120
10 N. Rock Glen Rd.
Balto. Md 21229
410-340-398

Certificate of Notice

Under Constitutional and Maryland law provided by Patients Rights and Services which was provided to Director of Nurses (Pat Rodgers) in Oct 2013 who also failed to advocate for me including the Ombudsman, Health Care & Quality, Social Worker and others.

I and my Medical Power of Attorney on several occasions advised Dr. O Howard and the Administrator I am invoking my right to get my prescribed medication at any CVS Pharmacy.

I assume this request falls under the Administrator to tell the Transportation to allow me to acquire said medication

My Established Care confirmed by the U.S. Commission of Civil Rights the Delmarva Foundation and others means by law I receive the Established Medication The only acceptable treatment developed by Comprehensiv Pain Mgt, Dr Mark Matsuega in Columbia MD. was confirmed through required medical treatment

Its science fact that Opioids are the only medications that treat the pain by stopping the pain transmission to my brain.

Ignoring my Est. treatment which is Medically Necessary would continue my Pain and Suffering, Loss of Liberty affecting both Mental and Physical Care.

I have insured that Seton Pain & Rehabilitation Ctr. has received the only Medical Record from Dr. Mark Matsuega and do herein request they obtain a copy of these records also requesting Rock Glen send a copy as it is evident they and others have committed unethical care indicated by these records. The records indicate a Civil Action forthcoming. All organizations required by Law are also liable. To ignore my Est. Record would imply Dr. Matsuegas diagnosis was wrong.

CC: Medical P.O.A. 540-662-1599
Administrator Rock Glen
Dr. O. Howard.
Seton Pain Mgt. Dr WARD

Jeffrey Michael
1-3-14



STATE OF MARYLAND

DHMH Board of Physicians

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

November 25, 2013

Jeffrey Michael
10 N. Rock Glen Road
229 B
Baltimore, Maryland 21229-3250

I asked nothing about reimbursement I sent proof of unethical, neglect and inadequate care I responded they haven't

Dear Mr. Michael:

This letter acknowledges receipt of your complaint to the Board of Physicians (the "Board").

The Board will conduct a preliminary investigation into the allegations. This will include requesting a response from the health care practitioner, and/or obtaining medical records and any other material pertinent to the investigation. There are no witness interviews obtained during the preliminary investigation.

After review of the findings, the Board will make a determination either to close the case for lack of sufficient evidence to support a violation of the Medical Practice Act, or open the case for a full investigation. You will be notified by letter of the outcome of your complaint.

Although the Board tries to resolve the preliminary investigation within 6 months, occasionally it may take longer due to circumstances beyond our control.

Please be advised that the Board does not have the legal authority to order reimbursements, or mediate fee disputes with a health care practitioner. In addition, all information gathered during the course of the investigation is confidential and may not be disclosed by the Board pursuant to the law.

Thank you for taking the time to submit your complaint. If you would like more information regarding the Board, please visit our web page at www.mbp.state.md.us.

Sincerely,

Maureen Sammons
Manager, Intake Unit



UNITED STATES COMMISSION ON CIVIL RIGHTS

1331 Pennsylvania Ave, NW • Suite 1150 • Washington, DC 20425 www.usccr.gov

December 5, 2013

Jeffrey Michael
215 B
10 N Rock Glen Road
Baltimore, MD 21229-3250

Dear Mr. Michael:

The Commission on Civil Rights recently received your correspondence.

The Commission was created by Congress to conduct studies, hold hearings, issue reports, and serve as a national clearinghouse for civil rights information. As such, the Commission has no authority to provide direct remedial assistance, or offer an opinion as to the soundness of individual allegations. ↙

We assist the many people who write to us alleging discrimination on the basis of race, sex, age, disability, national origin or religion by forwarding their complaints to the appropriate civil rights enforcement agency. After carefully reviewing your correspondence, we find that it does not contain allegations that may be forwarded to an enforcement agency. We are therefore returning your correspondence and regret that we cannot assist you further.

Please do not hesitate to contact us in the future should you require a referral on another matter.

Sincerely,

Marlene Sallo

Marlene Sallo
Staff Director

Enclosure

*I've proven Disability Discrimination from 1415 archives why
not U.S.CCR refer?*



STATE OF MARYLAND

DHMH Board of Physicians

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

February 25, 2014

Jeffrey Michael
10 N. Rock Glen
229 B
Baltimore, MD 21229

Re: Daniel Howard, M.D.

Dear Mr. Michael:

The Board must assure that the citizens of Maryland receive competent medical care from licensed physicians and that the physician is complying with the laws of Maryland. However, the Board is empowered to act only when there is evidence to substantiate charging a physician under the forty-one grounds enumerated in Health Occupations Article, Section 14-404. The Board can take either formal action against a physician's license, such as a reprimand, suspension or revocation, or informal action by advising the physician of the standards governing the practice of medicine. The Board may also close a matter without taking action.

A preliminary investigation was conducted regarding your complaint. This investigation included obtaining all pertinent material related to the complaint and a review by a Board medical consultant. After completion of this investigation, the Investigative Review Panel determined that this did not form the basis of a chargeable offense or would not meet the standard of proof required by law.

The Board appreciates your taking the time to bring to its attention your concerns regarding this physician.

Sincerely,

Maureen Sammons
Manager, Intake Unit

MS/sh

cc: Christine A. Farrelly, Acting Executive Director



Statement of Account

ROCK GLEN NURSING & REHAB CENTER
 10 NORTH ROCK GLEN ROAD
 BALTIMORE, MD 21229-3250

PLEASE REMIT PAYMENT BY THE 5th OF THE MONTH
 FOR YOUR CONVENIENCE, WE NOW ACCEPT MASTERCARD & VISA.

1/31/14

JEFFREY T MICHAEL

For: MICHAEL, JEFFREY T
 Res No.: 2392

Amount Due: **\$45,424.00**

Amount Enclosed:

Detach here and return the top portion with your payment.

From	Through	Days/Qty	Description	Payor	Rate	Amount
			Due from last Statement - PRIVATE PAY	PAY		38,984.00
			Balance as of 01/31/14 - PRIVATE PAY	PAY		38,984.00
2/01/14	2/28/14	28	Advance Charges for 02/14 SEMI-PRIVATE ROOM	PAY	230.00 DA	6,440.00
			Amount Due From Resident			45,424.00
<p>I was sent for 20 Days Covered by Medicare under Doctors orders receiving Est. Medication per Medical Record, Legal Requirements</p> <p>If I had received required care I would have been out in 20 Days or less. Medicaid pays this which is now fraud against the tax payers of MD.</p> <p>No doctor would send me here for this long for the condition verified at St Agnes.</p> <p>Medicaid never lies about coverage stating I must sign a Long Term Care. That would justify there theft from MD. DSS</p> <p>The Dir. of Medicaid told me I'm covered. as did Medicare Charles Molloygan</p> <p>Patients Rights & Services state they must waive my Medicare Medicaid My Medicaid would pay but it would be fraud against tax payers of MD. now Medicaid tries to say I must sign Long Term Care to get Medicaid I already have</p>						

MICHAEL, JEFFREY T

ROCK GLEN NURSING & REHAB CENTER (410) 646-2100

Current	30 Days Old	60 Days Old	90 Days Old	120 Days Old	150 Days Old	180 Days Old
\$6,440.00	\$7,220.00	\$7,034.00	\$6,720.00	\$18,010.00	\$0.00	\$0.00

OUR RECORDS INDICATE YOUR ACCOUNT IS SERIOUSLY PAST DUE!
 PLEASE REMIT FULL PAYMENT OR CONTACT OUR OFFICE PROMPTLY!



*****AUTO**3-DIGIT 212

AA 339_P3_T3



JEFFREY MICHAEL
10 N ROCK GLEN RD RM 215B
BALTIMORE MD 21229-3250

7500 Security Boulevard
Baltimore, MD 21244-1850

HICN 5296
December 2013

Confirmation Medicare SSD recipient

Please keep this notice for your records. You're getting this notice because you automatically qualify for Extra Help paying Medicare prescription drug coverage costs.

What does it mean to automatically qualify for Extra Help?

You get Extra Help, and you don't need to apply for it. Getting Extra Help means you'll pay no more than \$2.65 for a generic drug and no more than \$6.60 for a brand-name drug in a Medicare drug plan in 2013. (These amounts may increase each year.) **You qualify for this help starting January 1, 2014, at least until December 31, 2014.**

Bring this purple notice when you get a prescription filled, so the pharmacist knows you qualify for Extra Help.

Note: You can only get Extra Help if you live in one of the 50 states or Washington D.C.

Medicare will enroll you in a drug plan

Medicare will enroll you in a plan to make sure you get help paying for drug coverage. You'll get a yellow or green notice from Medicare telling you what plan you'll be enrolled in. If you want to join a different plan from the one Medicare enrolls you in, call the other plan and find out how to join.

If you don't want to be in any Medicare drug plan, you can opt out of this drug coverage. Call 1-800-MEDICARE (1-800-633-4227) or the plan Medicare enrolls you in and tell them you want to "opt out." TTY users should call 1-877-486-2048. **Caution:** If you opt out, you won't get Medicare drug coverage or Extra Help paying your drug costs.

What if I'm already in a Medicare drug plan?

If you've had any prescriptions filled since January 1, 2014, you may be able to get back part of what those prescriptions cost. Call your plan for more information.

Get more information

If you have questions about Medicare drug coverage or the information in this notice, read your "Medicare & You" handbook, visit www.medicare.gov, or call 1-800-MEDICARE for help. You can also call your local Office on Aging or your State Health Insurance Assistance Program (SHIP) at 1-800-552-7724 for free personalized health insurance counseling.

**Para obtener información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227).
Los usuarios de TTY deben llamar al 1-877-486-2048.**



BALTIMORE CITY
 DEPARTMENT OF SOCIAL SERVICES
 2000 N. BROADWAY, 2NDFL
 BALTIMORE MD 21213

District: CENTRAL MEDICAL ASST
 Customer ID: 496007697
 Case Manager: SUSPEND
 Telephone: (443) 423-6037
 Date: 11/22/13

Insert in Return Envelope with
 the Address Below Showing

Mr. JEFFREY T. MICHAEL
 10 N ROCKGLEN RD APT 2NDFL
 BALTIMORE MD 21229

BALTIMORE CITY
 DEPARTMENT OF SOCIAL SERVICES
 2000 N. BROADWAY, 2NDFL
 BALTIMORE MD 21213

Dear Mr. MICHAEL:

Mrs Hayes
Case Manager: 443-423-6021

APPROVAL FOR QMB ONLY

Based on your application dated 10/22/13, you are eligible for Qualified Medical Beneficiary coverage effective 11/01/13. Your period of eligibility is from 11/13 through 09/14. This means you will receive benefits during this period unless there is a change in your situation. Before the end of this period, we will contact you to review your eligibility.

Qualified Medicare Beneficiary (QMB) coverage is limited to payment of your Medicare premiums, co-insurance and deductibles beginning 11/01/13. You must show your QMB card, along with your Medicare and any other health insurance membership cards, to all medical care providers. YOUR QMB CARD DOES NOT PAY FOR PRESCRIPTIONS.

You will receive a gray and white QMB card for each person listed below:

JEFFREY

MA [REDACTED] 9700

SPENDDOWN REQUIREMENTS FOR MEDICAL ASSISTANCE ELIGIBILITY

Your income for 07/13 was too high to receive Medical Assistance. However, you may still receive Medical Assistance if before the end of 03/14 you show us medical bills from the month of 07/13 that you still owe or have paid as of 07/13. We consider bills such as but not limited to:

- Hospitals
- Doctors/Dentists
- Clinics
- Medicines (including over the counter drugs)
- Health Insurance
- Medical supplies, such as wheelchairs, hearing aids, eyeglasses and diabetic supplies
- Medical travel costs
- Adult, In-Home, and Nursing Care
- Assisted Living Facilities

Confirmation MD. tax papers pay 7mo. Retiree when only 2 jobs with Est. Meds required, Still refused Meds by all State Health Care.

You may be eligible for Medical Assistance when your bills for the

Rock Glens cost 230 a day they've omitted this

PAGE 2

month of 07/13 total \$ 381.00. You have already shown us \$ 104.90 worth of medical bills, so you need \$ 276.10 more to become eligible for the month of 07/13. When you have that amount, bring or send the bills to your case manager.

These bills must show daily itemized charges.

ANY PORTION OF YOUR BILLS THAT IS COVERED BY MEDICARE OR OTHER HEALTH INSURANCE CANNOT BE USED.

If you become eligible, the bills used will not be covered by Medical Assistance.

If there are children in your household, they will each have a separate determination of eligibility and the results are either included in this letter, or will be sent to you in another letter.

*** REMEMBER YOU MUST REPORT CHANGES WITHIN TEN (10) DAYS. ***

COMAR Citation: 10.09.24.11.C(3)(b)

Need Pharmacy Assistance? Call 1-800-226-2142 for information or to request a mail-in application.

SPENDDOWN REQUIREMENTS FOR MEDICAL ASSISTANCE ELIGIBILITY

Your income for 08/13 was too high to receive Medical Assistance. However, you may still receive Medical Assistance if before the end of 03/14 you show us medical bills from the month of 08/13 that you still owe or have paid as of 08/13. We consider bills such as but not limited to:

- Hospitals
- Doctors/Dentists
- Clinics
- Medicines (including over the counter drugs)
- Health Insurance
- Medical supplies, such as wheelchairs, hearing aids, eyeglasses and diabetic supplies
- Medical travel costs
- Adult, In-Home, and Nursing Care
- Assisted Living Facilities

You may be eligible for Medical Assistance when your bills for the month of 08/13 total \$ 381.00. You have already shown us \$ 267.35 worth of medical bills, so you need \$ 113.65 more to become eligible for the month of 08/13. When you have that amount, bring or send the bills to your case manager.

These bills must show daily itemized charges.

ANY PORTION OF YOUR BILLS THAT IS COVERED BY MEDICARE OR OTHER HEALTH INSURANCE CANNOT BE USED.

If you become eligible, the bills used will not be covered by Medical Assistance.

If there are children in your household, they will each have a separate determination of eligibility and the results are either

included in this letter, or will be sent to you in another letter.

*** REMEMBER YOU MUST REPORT CHANGES WITHIN TEN (10) DAYS. ***

COMAR Citation: 10.09.24.11.C(3)(b)

Need Pharmacy Assistance? Call 1-800-226-2142 for information or to request a mail-in application.

SPENDDOWN REQUIREMENTS FOR MEDICAL ASSISTANCE ELIGIBILITY

Your income for 09/13 was too high to receive Medical Assistance. However, you may still receive Medical Assistance if before the end of 03/14 you show us medical bills from the month of 09/13 that you still owe or have paid as of 09/13. We consider bills such as but not limited to:

- Hospitals
- Doctors/Dentists
- Clinics
- Medicines (including over the counter drugs)
- Health Insurance
- Medical supplies, such as wheelchairs, hearing aids, eyeglasses and diabetic supplies
- Medical travel costs
- Adult, In-Home, and Nursing Care
- Assisted Living Facilities

You may be eligible for Medical Assistance when your bills for the month of 09/13 total \$ 381.00. You have already shown us \$ 294.79 worth of medical bills, so you need \$ 86.21 more to become eligible for the month of 09/13. When you have that amount, bring or send the bills to your case manager.

These bills must show daily itemized charges.

ANY PORTION OF YOUR BILLS THAT IS COVERED BY MEDICARE OR OTHER HEALTH INSURANCE CANNOT BE USED.

If you become eligible, the bills used will not be covered by Medical Assistance.

If there are children in your household, they will each have a separate determination of eligibility and the results are either included in this letter, or will be sent to you in another letter.

*** REMEMBER YOU MUST REPORT CHANGES WITHIN TEN (10) DAYS. ***

COMAR Citation: 10.09.24.11.C(3)(b)

Need Pharmacy Assistance? Call 1-800-226-2142 for information or to request a mail-in application.

SPENDDOWN REQUIREMENTS FOR MEDICAL ASSISTANCE ELIGIBILITY

At this time, your income for the period 10/13 thru 03/14 is too high to receive Medical Assistance. However, you may still receive Medical Assistance if before the end of 03/14 you show us medical

My entire income SSD TRN never made any much since 1992 Backfile with 23000 a day

I was sent here for 20 days (Medicare 1008) I did not apply Self Pay. they caused extended stay.

bills that you owe or have recently paid, including medical bills you received before this period if you still owe them. We consider bills such as but not limited to:

- Hospitals
- Doctors/Dentists
- Clinics
- Medicines (including over the counter drugs)
- Health Insurance
- Medical supplies, such as wheelchairs, hearing aids, eyeglasses and diabetic supplies
- Medical travel costs
- Adult, In-Home, and Nursing Care
- Assisted Living Facilities

You may be eligible for Medical Assistance when your bills total \$ 2,291.00. You have already shown us \$ 0.00 worth of medical bills, so you need \$ 2,291.00 more. When you have that amount, bring or send the bills to your case manager.

These bills must show daily itemized charges.

ANY PORTION OF YOUR BILLS THAT IS COVERED BY MEDICARE OR OTHER HEALTH INSURANCE CANNOT BE USED.

If you become eligible, the bills used will not be covered by Medical Assistance.

If there are children in your household, they will each have a separate determination of eligibility and the results are either included in this letter, or will be sent to you in another letter.

*** REMEMBER YOU MUST REPORT CHANGES WITHIN TEN (10) DAYS. ***

COMAR Citation: 10.09.24.11.C(3)(b)

Need Pharmacy Assistance? Call 1-800-226-2142 for information or to request a mail-in application.

Need money to pay your electric and heat bills? If you qualify, the Office of Home Energy Programs (OHEP) can help. For information call 1-800-352-1446 or visit us on-line at www.dhr.state.md.us/meap/index.htm

The information below helped us make our decision:

	MEDICAL ASSISTANCE PROGRAM	MEDICAL ASSISTANCE
Assistance Unit Number	120077599	670143625
Household Size	1	1
Earned Income		
SA Income	\$ 752.00	\$ 752.00
Housing Costs		
Utility Costs		
Dependent Care Costs		
Medical Costs	\$ 294.79	\$ 294.79
Assets	\$ 1,246.21	\$ 1,246.21
Overpayment Reduction		

If you think the information we used is wrong, please call your Case Manager at the number listed above. Please remember to report all changes within ten (10) days.

You may ask for a Fair Hearing if you think our decision is wrong. The Fair Hearing rules are on the other side of this notice.

***** END OF NOTICES *****

MD. Nursing & Rehab, "Patients Rights and Services"

They must through there Social Workers secure the highest quality of care through Medicare and Medicaid (Social Services)

BALTIMORE CITY
DEPARTMENT OF SOCIAL SERVICES
2000 N. BROADWAY, 2NDFL
BALTIMORE MD 21213

District: CENTRAL MEDICAL ASST
Customer ID: 496007697
Case Manager: SUSPEND
Telephone: (443) 423-6037
Date: 01/24/14

Insert in Return Envelope with
the Address Below Showing

Mr. JEFFREY T. MICHAEL
10 N ROCKGLEN RD APT 2NDFL
BALTIMORE MD 21229

BALTIMORE CITY
DEPARTMENT OF SOCIAL SERVICES
2000 N. BROADWAY, 2NDFL
BALTIMORE MD 21213

Dear Mr. MICHAEL: *This is attempt to sign Long Term Care (I never in 20 years had spend down)*

MEDICAL ASSISTANCE SPENDDOWN NOTICE

Your spenddown eligibility period for Medical Assistance will end effective 03/31/14. If you want to reapply for Medical Assistance please complete the enclosed application and return it to us as soon as possible. A return envelope is enclosed.

Send current proof of:

- * Income, such as copies of checks, pay stubs, or a letter from the people who give you money;
- * Assets, such as copies of bank statements, bonds, car registration, and life insurance policies;
- * Where you live and how much you pay for housing, such as rent or mortgage receipts, a copy of your lease, your utility bills, or a letter from your landlord;
- * Medical costs;
- * Child care costs;
- * School or day care records, hospital or doctor records, or other records which show the address of children living with you; and
- * Copies of birth certificates and Social Security cards and information about any absent parents FOR ALL NEW HOUSEHOLD MEMBERS.

Remember to fold and insert this notice so our address can be seen through the envelope window.

COMAR Citation: 10.09.24.11C(3)(b)

***** END OF NOTICES *****

A Partial List of Federal and State Org. Contacted

Assistant Secretary Civil Rights (OSCHR)
Office Compliance Judication

Senator Barbara Mikulsky MD.
508 Hart Senat Office Bld.
120 Constitution Ave. N.E.
Washington, D.C. 20501
P. 410-962-4510

Paul Diogureli, Director
Intergovernmental, External Aff.
Hubert H. Humphrey Bld.
200 Independence Ave. S.W.
Washington DC. 20201

Leon Rodriguez, Director
Room 509F HHS/OCR
200 Independence Ave. S.W.
Washington, D.C. 20201
OIG Ombudsman 877-696-6775

Consumer Protection Unit
OIG Hotline Operations
P.O. Box 23489
Washington DC. 20026-3399

U.S. Commission Civil Rights
Medical Civil Rights
1331 Pennsylvania Ave N.W.
Washington DC. 20746-4570
P. 202-514-2000, 202-376-7700

DOJ Civil Rights Civil Liberty Complaints
950 Pennsylvania Ave N.W.
Washington D.C.
P. 202-514-2000

Disability Rights Network
900 2nd St N.E. Ste 211
Washington DC. 20002
Cheryl Bates Harris 202-408-9514

Delmarva Foundation
6940 Columbia Gateway Dr. Ste. 420
Columbia MD. 21046-2788
Columbus Giles, Assistant Dir.
Toni Griffin, Beneficiaries Complaints

Barbara J. Holland, Region Manager
HHS/OCR Region III
150 S. Independence Mall West
Public Ledger Bld. Ste. 372
Philadelphia PA. 19106-3499
P. 215-261-4441 x4633

Michael Astruc, Commissar, SSA
6401 Security Blvd.
Woodlawn, MD. 21235
fax: 202-395-6974

Molly McGrath Tiernary, Director
Baltimore City, Dept. Social Services
2000 Broadway Street
Baltimore, MD. 21213-7295

CMS Novitas Solutions
2020 Technology Pkwy.
Mechanicsburg PA. 17050
Tammy Bennett 717-526-6842

Maryland Attorney General, Office
200 St. Paul Place 16th Floor
Baltimore, MD. 21202-2022
Frank Erardi, Assistant Atty. Gen.
410-576-6300

Consumer Protection Health Advocate Edw.
Mrs. Commarta 410-528-1840

Maryland Health Commission
P.O. Box 857
Lanham, MD. 20703-0853
410-764-3460

State Department Health
877-463-3464, Em. no. 410-795-7365

Maryland Department HHS
800-243-3425

Maryland Dept Health Mental Hygiene
Unit 94 P.O. Box 2571
Baltimore MD. 21213
443-423-6020, 410-455-7501

Maryland Dept Health Mental Hygiene
Constituent Service Office
201 W. Preston St.
Baltimore, MD. 21201
Mr. Tobias 410-767-5783
Tina Mullins 410-402-8201

Maryland Department of Ageing
611 Central Ave
Baltimore, MD. 21204
Umheds mar 410-396-3144

Baltimore City Dept. Social Service
2000 N. Boardwalk 3rd Fl.
Baltimore MD. 21213

Gary Holt Director 410-853-3984
C. Hayes Case Worker 443-423-6021

Social Security Administration

Luranna Bothe, Fraud. case# 20838
Account Enforcement 800-552-7724
C. Kline Advance Resolution
Tera Brown Case Mgt. Beneficiary Service
800-633-4327
Helpline Complaints Appeals 800-492-5811
Prescription Complaints 215-861-4140

MD. Health Care & Quality
Soring Grove Bland Brant Bld.
55 Wade Avenue
Catoxville, MD. 21228-4663
Rick Wheatley 410-402-8140

Rock Glen Nursing & Rehabilitation Ctr
10 N. Rock Glen Rd.
Baltimore, MD. 21229

Dr. Daniel Howard G.P.
401 Eutaw St
Baltimore, MD. 21201
410-225-8000

Comprehensive Pain Mgt
Little Patuxent Rd
Columbia, MD.

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Jeffrey Michael Rm 120 B
Rock Glen Nursing & Rehab.
Baltimore MD 21229
410-340-3198 5 of 22
2-12-14 1 of 3-c

Dear Mr. Goldberg:

Foremost, The Urine Toxicology Tests I've provided you and every Maryland HHS provider are legally binding medical documents. Any attempt to dismiss them conclude a conspiracy apparently to disclaim illegal acts by MD. HHS providers.

The specifics in my medical record and the HHS Bill of Rights pertaining to medically necessary medication and established care cannot be disputed.

Rock Glen has not refused me there Fentanyl as I said they are fake. To continue using them as I did for three months only continues my suffering indefinitely and legitimizes these illegal actions.

The MD Board of Nurses has the grievances of nurses refusing my Oxycodone or claiming they gave them to me when it fact they did not. Knowing the DEA investigated R.G. around Oct 2013 for missing narcotics I reported and supplied the tox tests to Mr. Tom Adams. Has refused to investigate.

R.G. claims I've refused to supply Tox tests yet you now have two of the five taken here. The one Blood and four Urine tests were all negative for opioids, where are they?

I have confirmation three Urine Toxicology test provided at Smart Pain Mgt where also negative.

Under the Patients Rights and Services I can refuse any medical procedure here without reprimand

I am required to supply these tests under federal guidelines at every Pain Management Ctr.

Dr Howard has no authority to supersede or dispute through his prescriptions at going Pain Management Care

When I enrolled Smart Pain Mgt and Seton Pain Mgt.

I was dismissed without any Notice or Cause.

Please bare with me As this document is sent to several org. In making a point I realize you are aware of.

R.G. attempted to prevent me from getting my meds at Rite Aid. The doctor at Seton P.M. gave the last prescription which was in violation to my established care. to Dr Howard preventing me from getting the meds immediately on return from P.M. This delay was unnecessary in accord to the Bill of Rights - Specific Rights per medically necessary medication.

It is suspicious the Director of Nurses escorted me to Rite Aid now knowing well in advance my intent to change brand of Fentanyl when every other some a General Nurses Asst. escorts every patient everywhere. Its no secret I copied records from a GNA. Also suspicious the clerk at Rite Aid would without prompt say If those meds are fake you cant sue Rite Aid.

Any claims made herein have evidence to support them!
The Mylar and Sandoz brands of Fentanyl have been retained by my M.P.O.A. for diagnosis. The had no effect, odor, liquid on them or left any residue when removed. The whole patch was glue. Please review the documents on Fentanyl I contacted Mylar Corp. (1-800-RX-Mylar) They said they dont make a patch without liquid medication on it.

I've assumed all suppliers (not R.G.) provide real meds.
**THE FACT IS FROM THE NURSES STATION TO MY ARM
THE PATCHES ARE FAKE.**

At any time should I be given legal Aid which I am legally entitled to but refused should appear here to inspect the meds A real one could be produced.

They have maxed out illegal acts To Retain any info now is negligible

The only meds discussed or condoned by me or are medically necessary are the Blood Pressure and Nerve meds. why are you paying for all the others? I told you even the psych meds are not needed that at the F.O.I.A. files

7 of 22
3 of 3-c

several Psychological tests state, quote. We gave him every test there is nothing is wrong

I have used approx 21 patches.

If possible request an account of every patch, pill, etc. note what has been used. Note medication not used because its not effective or requested. I will contact you for any meds accepted by me. I only require B/P and Narcotic meds. Once I get the narcotic meds my B/P will be controlled as the pain will stop.

Its not the amount they have unless they have all the patches. If they dont have all of them it supports the Toxicology tests. At this point any claim sounds them guilty.

Theres always the possibility they could reimburse you for the meds. If that occurs Ill get court order for those records.

Facts are facts the truth is the truth Im certain many other thought out scenarios. Thank You for your diligence.
youve resolved.

Certificate

I Jeffrey Michael do certify (State, claim) under penalty of perjury that all the information herein is true and correct

Jeffrey Michael 2-11-14

JEFFREY MICHAEL

cc:

Senator Barbara Mikulski
Med. Power of Attorney
World Wide Media

You all denying the factual evidence Any health care provider that looks and deduces why I'm still not able to walk regardless of my immediate condition, the adverse effects could end and quality of life I may have. I've been at Rock Glen over 6 months. I was sent here for 30 days, whats wrong?

To explain it any simpler only insults your intelligence, to deny it only insults mine.

If you actually sent an advocate or legal counsel I could go into detail, to write it down would result in hundreds of pages in which I suffer to much to do now.

Dr. Howard has never discussed my medical care, he thinks his authority is above reproach

He has provided inadequate care on every issue.

He refuses to provide me with Pain Management

I am receiving fake medication proven by medical testing

He has no authority to manage my Pain Mat.

He is causing my suffering as is everyone in MI health care
by there denial of facts.

Its obvious why you refuse me counsel because of the ramifications

If your claims are litigmate why not?

Your attempts are pathetic as a child could interperate the records.

He is committing disability discrimination

Read HHS Bill of Rights and or all info I've provided.

with select fentanyl doses which are worn to provide constant administration of the opioid over a period of 48 to 72 hours. After a set of successful clinical trials, Duragesic fentanyl patches were introduced into the medical practice.

Following the patch, a flavored lollipop of fentanyl citrate mixed with inert fillers was introduced under the brand name of Actiq, becoming the first quick-acting formation of fentanyl for use with chronic breakthrough pain. More recently, fentanyl has been developed into an effervescent tab for buccal absorption much like the Actiq lollipop, followed by a buccal spray device for fast-acting relief and other delivery methods currently in development.

A fentanyl product has been approved by the US Food and Drug Administration (FDA) for breakthrough cancer pain called Onsolis. It uses a drug delivery technology called BEMA (fentanyl buccal soluble film) on a small disc placed in the mouth. Unlike many other fentanyl products, the drug cannot be abused by crushing and inhaling.

Recreational use

Illicit use of pharmaceutical fentanyl and its analogues first appeared in the mid-1970s in the medical community and continues in the present. United States authorities classify fentanyl as a narcotic and an opioid. To date, more than 12 different analogues of fentanyl have been produced clandestinely and identified in the U.S. drug traffic. The biological effects of the fentanyl analogues are similar to those of heroin, with the exception that many users report a noticeably less euphoric "high" associated with the drug and stronger sedative and analgesic effects.

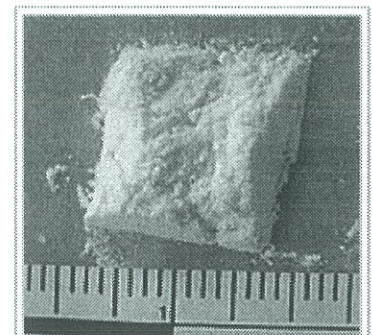
[citation needed]

The use of fentanyl has caused death. Fentanyl analogues may be hundreds of times more potent than street heroin, and tends to produce significantly more respiratory depression, making it somewhat more dangerous than heroin to users. Fentanyl is used orally, smoked, snorted or injected. Fentanyl is sometimes sold as heroin, often leading to overdoses. Many fentanyl overdoses are initially classified as heroin overdoses.^[41] In Estonia, due to its high rate of recreational use, fentanyl causes more deaths nationwide than traffic accidents.^[42]

Fentanyl is sometimes sold on the black market in the form of transdermal fentanyl patches such as Duragesic, diverted from legitimate medical supplies. The patches may be cut up and eaten, or the gel from inside the patch smoked.

Another dosage form of fentanyl that has appeared on the streets are the Actiq fentanyl lollipops, which are sold under the street name of "percipop". The pharmacy retail price ranges from US\$15 to US\$50 per unit (based on strength of lozenge), with the black market cost anywhere from US\$20 to US\$80 per unit, depending on the strength.

Non-medical use of fentanyl by individuals without opiate tolerance can be very dangerous and has resulted in numerous deaths.^[43] Even those with opiate tolerances are at high risk for overdoses. Once the fentanyl is in the user's system it is extremely difficult to stop its course because of the nature of absorption. Illicitly synthesized fentanyl powder has also appeared on the United States market. Because of the extremely high strength of pure fentanyl powder, it is very difficult to dilute appropriately, and often the resulting mixture may be far too strong and, consequently, very dangerous.



Fentanyl powder seized by a Lake County Deputy Sheriff in Painesville, Ohio, where a male subject had been discovered unresponsive and struggling to breathe.^[40]

Contents

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- 7 Recreational use
- 8 Military use
 - 8.1 Analgesic
 - 8.2 As weapon
- 9 References
- 10 External links

Note CO₂ detection is in Urine
 have Urine test which they claim it doesn't show up it

Also note in these papers the Drug is celebrated in your

museles not Blood

It also says the medication on patches

is usable

Half-life (IV)= 10-20 mins (T_{1/2} β)
 2-4 hours (T_{1/2} γ)
 Intranasal = 6.5 mins
 Transdermal = 20–27 h^[1]

Excretion → 60% Urinary (metabolites, <10% unchanged drug)^[2]

Identifiers

CAS number	437-38-7 ✓
ATC code	N01AH01 N02AB03
PubChem	CID 3345
IUPHAR ligand	1626
DrugBank	DB00813
ChemSpider	3228 ✓
UNII	UF599785JZ ✓
KEGG	D00320 ✓
ChEBI	CHEBI:119915 ✓
ChEMBL	CHEMBL596 ✓

Chemical data

Formula	C ₂₂ H ₂₈ N ₂ O
Mol. mass	336.471 g/mol

SMILES

InChI

Physical data

Melt. point	87.5 °C (190 °F)
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✓ (what is this?) (verify)

Medical uses

Intravenous fentanyl is extensively used for anesthesia and analgesia, most often in operating rooms, intensive care units and in the prehospital medical setting. The concept of a general anesthetic is based upon a balance between an opioid and a hypnotic agent. Hence, fentanyl is mainly used for induction of anaesthesia alongside a hypnotic agent like propofol. It is also administered in combination with a benzodiazepine, such as midazolam, to produce procedural sedation for endoscopy, cardiac catheterization, oral surgery, etc., and is often used in the management of chronic pain including cancer pain.

Fentanyl transdermal patch (Durogesic/Duragesic/Matrifen) is used in chronic pain management. The patches work by releasing fentanyl into body fats, which then slowly release the drug into the bloodstream over 48 to 72 hours, allowing for long-lasting relief from pain. The patches are available in generic form which has made them available at lower cost. Dosage is based on the size of the patch, since the transdermal absorption rate is generally constant at a constant skin temperature.

Rate of absorption is dependent on a number of factors. Body temperature, skin type, amount of body fat, and placement of the patch can have major effects. The different delivery systems used by different makers will also affect individual rates of absorption. The typical patch will take effect under normal circumstances usually within 8–12 hours, thus fentanyl patches are often prescribed with another opiate (such as morphine or oxycodone) to handle breakthrough pain.

None always takes affect within 60 min

Fentanyl lozenges (Actiq) are a solid formulation of fentanyl citrate on a stick in the form of a lollipop that dissolves slowly in the mouth for transmucosal absorption. These lozenges are intended for opioid-tolerant individuals and are effective in treating breakthrough cancer pain. It is also useful for breakthrough pain for those suffering bone injuries, severe back pain, neuropathy, arthritis, and some other examples of chronic nonmalignant pain. The unit is a berry-flavored lozenge on a stick which is swabbed on the mucosal surfaces inside the mouth—inside of the cheeks, under and on the tongue and gums—to release the fentanyl quickly into the system. It is most effective when the lozenge is consumed

TRANSMISSION VERIFICATION REPORT

TIME : 01/05/2013 11:15
NAME :
FAX :
TEL :
SER.# : U63274M2J314067

DATE, TIME	01/05 11:12	
FAX NO./NAME	14108198698	
DURATION	00:03:04	
PAGE(S)	→ 15	Mrs Beathe Medicare Fraud
RESULT	OK	Case # 20838
MODE	STANDARD	
	ECM	

Claims nothing she can do She is Medicare with the authority
to resolve it under Presidential Order HHS Bill of Rights
Confirmation of request

Contacts Made

Lot - Z

- ① The Whitehouse
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- ② HHS/OCR Region Mgr.
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 Philadelphia PA 19106-3499
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- ③ Consumer Protection Unit
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 Medicare, Medicaid Administration
 877-267-2323

(15) F.B.I. Baltimore MD.
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Medicare Enforcement, Region 3
 215-869-4226, 215-869-4311
 Luranna Boothe case# 20838 Acct enforcement }
 Michael Jesus 800-552-7724 (Aug 2013) Fraud }
 Case Mgt. Tera Brown (10-9-13) }
 Beneficiary Service 800-633-4227 }
 Medicare Solutions (10-11-13) }
 Jim Ryan 800-328-7305 }
 Kendra Ziers Supervisor (10-9-13) }
 Eric Mack Helpline Complaints Appeals }
 800-492-5811 }

(16) Senator Rosenberger
 House of Delegates
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 City Improvement. 410-664-2646
 410-367-5811 (1-20-14)

Prescription Complaints 215-861-4140
 SSA Wilks Barr Data Operations
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 Wilks Barr PA. 18767-4550

(17) Senator Lisa Gladden (1-22-14)
 4th House Delegates

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22 Delmarva Foundation
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25 State Department Health
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28 MD. Dept. Health Mental Hygiene
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- 2 Volunteer Lawyer Ser.
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- 3 Legal Aid (8-21, 9-23-18)
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- 4 Pro-Bono Lawyers
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- 5 MD. Legal Service (1-7-14)
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- 6 Civil Justice (8-21-18)
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- 7 MD. Disability Law (12-3-18)
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410-468-2000 x 2244
- (50) Dir. MD. Nursing Homes
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- (51) State Survey Agency (10-11-18)
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- (52) Congressional Switchboard
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- (53) D.O.J. Switchboard
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- (54) MD. Governor
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- (55) FOIA 202-619-2541