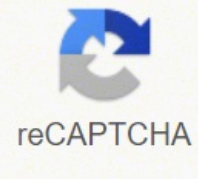


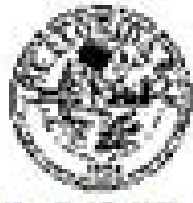


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THE FLORIDA BAR

JOHN F. HARBNESS, JR.

EXECUTIVE DIRECTOR 651 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32309-2900

850761-5600  
WWW.FLORIDABAR.ORG

August 26, 2009

Ms. Kim Lowry Picazio  
Law Office of Kim L. Picazio P.A.  
100 SE 3rd Ave Ste 2500  
Fort Lauderdale, FL 33394-0002

Re: Crystal Sheffield; The Florida Bar File No. 2010-50,286 (17)

Dear Ms. Picazio:

Enclosed is a copy of an inquiry/complaint and any supporting documents submitted by the above referenced complainant(s). Your response to this complaint is required under the provisions of Rule 4-8.4(g), Rules of Professional Conduct of the Rules Regulating The Florida Bar, and is due in our office by **September 11, 2009**. Responses should not exceed 25 pages and may refer to any additional documents or exhibits that are available on request. Failure to provide a written response to this complaint is in itself a violation of Rule 4-8.4(g). You are further requested to furnish the complainant with a complete copy of your written response, including any documents submitted therewith.

Please note that pursuant to Rule 3-7.1(b), Rules of Discipline, any reports, correspondence, papers, recordings and/or transcripts of hearings received from either you or the complainant(s) shall become a part of the public record in this matter and thus accessible to the public upon a disposition of this file. Pursuant to Rule 3-7.1(f), Rules of Discipline, you are further required to complete and return the enclosed Certificate of Disclosure form.

If either you or the complainant(s) believe any material provided to The Florida Bar is confidential under applicable law, undersigned counsel should be advised of that fact so that measures can be taken to seal that portion of the file. It should be noted that The Florida Bar is required to acknowledge the status of proceedings during the pendency of an investigation, if a specific inquiry is made and the matter is deemed to be in the public domain.

Finally, the filing of this complaint does not preclude communication between the attorney and the complainant(s). Please review the enclosed Notice for information on submitting your response.

Sincerely,

Shantel M. Schuyler, Bar Counsel  
Attorney Consumer Assistance Program  
ACAP Hotline 866-352-0707  
Enclosures (Certificate of Disclosure, Notice of Grievance Procedures, Copy of Complaint, Notice • Mailing Instructions)

Demand Letter



Date

RAC Point of Contact  
Provider Name  
Address 1  
Address 2  
City, State Zip

Re: Provider Name #123456789  
Letter ID: XXXXXX  
Issue: (Issue Name)

Dear Medicare Provider,

The Centers for Medicare & Medicaid Services (CMS) has retained CGI Federal to carry out the Recovery Audit Contracting (RAC) program in the State of \_\_\_\_\_. The RAC program is mandated by Congress aimed at identifying Medicare improper payments.

This letter is to notify you that Medicare has made an overpayment to you for the amount of \$ \_\_\_\_\_. A brief description of the claims associated with this overpayment can be found on the "Overpayment Report" page and on the Explanation of Benefits provided by the Administrative Contractor if the adjustment resulted in associated findings. In order to correct this overpayment, please refund \$ \_\_\_\_\_ by xx/xx/xxxx.

This overpayment was identified through data analysis. Data analysis showed an aberrant billing pattern inconsistent with (insert LCD or policy in violation). (The policy in violation) states \_\_\_\_\_. Data analysis showed that the claims paid by Medicare \_\_\_\_\_. (The above lines are the rationale for the improper payment and the detailed explanation.) The results of our data analysis justified reopening your claim under §1869(b)(1)(G) of the Social Security Act and 42 CFR 405.980(a)(1). These results also serve as good cause to reopen the claim, if required by 42 CFR 405.980(b)(2).

Please make the check payable to Medicare and send it with a copy of this letter, including the Overpayment Report that contains the specific claim and accounts receivable information to the following address. Please indicate the Accounts receivable numbers that you are paying with this check.

Accounting Dept  
P.O. Box 9999  
City, State Zip

8/27 of August 2009

The authors would like to thank the reviewers for their specific and helpful comments. Please find enclosed the revised manuscript in word format (this format is at 200,000).

Title: See our submission in the spectrum of cardiac disease beyond standard antibody testing

Authors: D.J. Cook, B.L. and Vincent, A. M. B. Van Bovenberg, Richard, V.M.H. Cooper, P. Bower, C. J. J. Muller and M.H.J. Schreurs

Manuscript No. 1191038871423

The manuscript has been prepared according to the suggestions of the reviewers

Major points

1. As suggested by the reviewer, we changed the title to: "cardiac parameters as the main indicator for the evaluation of non-patentable diseases in the spectrum of antibody testing, used in cardiac disease".  
2. To provide more insight in the relation and clinical relevance of the work levels determined, we displayed the cut-off values of each parameter in the corresponding graph placed next to figure 1. Furthermore, the group of CD patients with biopsy proven disease, as previously included in our study, can be considered a representative control group. Regarding the subject of age, displaying the median age and a relevant part in a normal range of the level of each parameter has been reported to our list. We mention Cheng et al. Clinical and Experimental Immunology 2006. In accordance with current literature, in our study the group with non-patentable CD is indeed somewhat younger than the completed CD group, but based on the relative small differences in age in observational studies we argue this is a lot of clinical relevance. Nevertheless, if clear these parameters could be applied to various age groups, including non children and elderly, this would be a point of concern. Yet, our patients of interest represent a homogenous group regarding age, as they are almost without exception between 40-60 years of age.  
We added the following sentence in the discussion: "Clear must be taken in our study, age is not a confounding factor in our study, as it can not be excluded that normal values vary over age".

3. The reviewer asked the question whether completed CD represents a higher level of inflammation compared to CD, and possibly other inflammatory conditions. As we focus on the spectrum of cardiac disease, inclusion of other completed groups is beyond the scope of this study. However, in the discussion we did discuss the various CD entities more in perspective with other gastrointestinal diseases, with a specific focus on Crohn's disease. By doing so, we hope to provide more insight in our data that indeed suggest that completed CD merely represents a more extended inflammatory state. In accordance with the suggestion of the reviewer we attempted to

clarify the discussion to adding relevant papers from other gastrointestinal diseases and/or symptoms.

For example we added the following section in the discussion: "Crohn's disease in comparison with other gastrointestinal diseases. Our data suggest that completed CD is accompanied by a higher inflammatory state as compared to non-patentable CD. To provide insight in the nature of this inflammation, it can be compared to the spectrum of antibody testing. In our study, the group of CD patients with biopsy proven disease, as previously included in our study, can be considered a representative control group. Regarding the subject of age, displaying the median age and a relevant part in a normal range of the level of each parameter has been reported to our list. We mention Cheng et al. Clinical and Experimental Immunology 2006. In accordance with current literature, in our study the group with non-patentable CD is indeed somewhat younger than the completed CD group, but based on the relative small differences in age in observational studies we argue this is a lot of clinical relevance. Nevertheless, if clear these parameters could be applied to various age groups, including non children and elderly, this would be a point of concern. Yet, our patients of interest represent a homogenous group regarding age, as they are almost without exception between 40-60 years of age.  
We added the following sentence in the discussion: "Clear must be taken in our study, age is not a confounding factor in our study, as it can not be excluded that normal values vary over age".

Minor points

1. We included all abbreviations, corrected grammatical mistakes and added exact values to a table.  
2. We included table 2 and added p-values to the corresponding figures.  
3. It is possible that a combination of parameters could distinguish complicated and uncomplicated cardiac disease. Potentially a combination of A.G. & P. within CD33 may distinguish between the CD33 group and the group of non-CD33. However, the groups are too small to detect a clinical useful cut-off point sensitivity and specificity.  
4. With the aim to correctly display our data we had a statistician (PHD) check our analysis.

We hope that our modifications render our manuscript in its current form suitable for publication in BMC Gastroenterology

Yours sincerely,

On behalf of the authors,

George J. Van, MD





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