



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

December 13, 2000

Larry A. Dodd, M.D.  
58 16th Street  
Wheeling Clinic  
Wheeling, WV 26003

Dear Doctor Dodd:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on December 13, 2000.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Franklin County Court of Common Pleas only.

Such an appeal setting forth the Order appealed from the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Anand G. Garg, M.D.  
Secretary

AGG:jam  
Enclosures

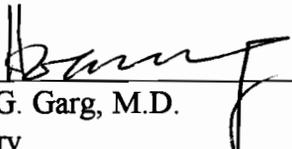
CERTIFIED MAIL RECEIPT NO. 7000 0600 0000 4402 8768  
RETURN RECEIPT REQUESTED

*Mailed 12-14-00*

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry approved by the State Medical Board, meeting in regular session on December 13, 2000, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of Larry A. Dodd, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

(SEAL)

\_\_\_\_\_  
DECEMBER 13, 2000  
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

\*

\*

LARRY A. DODD, M.D.

\*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated September 13, 2000, notice was given to Larry A. Dodd, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, on September 14, 2000, to the address of record of Dr. Dodd, that being 30 Medical Park, Suite 211, Wheeling, West Virginia 26003. Subsequently, the Board was notified that Dr. Dodd's address had been changed to 58 16th Street, Wheeling Clinic, Wheeling, WV 26003. A copy of the Notice was sent via certified mail, return receipt requested, to that address on October 26, 2000.

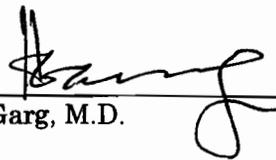
Signed certified mail receipts have been returned to the Medical Board offices, documenting proper service of the notice at both of the above addresses. However, no hearing request has been received from Dr. Dodd to date, and more than thirty (30) days have now elapsed since both mailings.

WHEREFORE, for the reasons outlined in the September 13, 2000 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that Larry A. Dodd, M.D., be REPRIMANDED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 13TH day of DECEMBER 2000, and the original thereof shall be kept with said Journal.

(SEAL)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

DECEMBER 13, 2000  
\_\_\_\_\_  
Date



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

September 13, 2000

Larry A. Dodd, M.D.  
30 Medical Park, Suite 211  
Wheeling, West Virginia 26003

Dear Doctor Dodd:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) On or about December 7, 1999, the West Virginia Board of Medicine (hereinafter the "West Virginia Board") entered a Consent Order publicly reprimanding you.

The Consent Order was based upon the West Virginia Board's findings that you engaged in unprofessional conduct by not properly informing a surgical patient that you had terminated your contract with that patient's insurance carrier prior to performing that patient's surgery.

A copy of the West Virginia Board Consent Order is attached hereto and incorporated herein.

The West Virginia Board Consent Order, as alleged in paragraph (1) above, constitutes "[a]ny of the following actions taken by the state agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatry, or the limited branches of medicine in another state, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand;" as that language is used in Section 4731.22(B)(22), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

*Mailed 9/14/00*  
*Second Mailing 10-26-00*

Larry A. Dodd, M.D.

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You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, effective March 9, 1999, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Anand G. Garg, M.D.  
Secretary

AGG/jag  
Enclosures

CERTIFIED MAIL # Z 281 981 587  
RETURN RECEIPT REQUESTED

SECOND MAILING: 58 16th Street  
Wheeling Clinic  
Wheeling, WV 26003  
CERTIFIED MAIL NO. 7000 0600 0022 4402 8638  
RETURN RECEIPT REQUESTED

**BEFORE THE WEST VIRGINIA BOARD OF MEDICINE**

**IN RE:**

**LARRY ALLEN DODD, M.D.**

**CONSENT ORDER**

The West Virginia Board of Medicine ("Board") and Larry Allen Dodd, M.D., ("Dr. Dodd"), freely and voluntarily enter into the following Consent Order pursuant to West Virginia Code §30-3-14(n).

**FINDINGS OF FACT**

1. Dr. Dodd currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 9198, issued originally in 1970. Dr. Dodd's address of record with the Board is in Wheeling, West Virginia.

2. On February 24, 1999, a complaint was received by the Complaint Committee regarding a controversy which arose over a patient's bill for surgery. Specifically, the complaint alleges that the patient was seen by Dr. Dodd in December, 1997. After a clinical examination, Dr. Dodd recommended that the patient undergo a tonsillectomy. The surgery was scheduled for January 6, 1998. The patient's insurance carrier was Advantage Health. In December, however, Dr. Dodd terminated his contract with Advantage Health effective January 1, 1998. The surgery went forward as scheduled with no notice to the patient that Dr. Dodd had terminated his contract with her carrier. Post operatively, Advantage Health refused to pay Dr. Dodd's bill for the surgery.

3. On August 9, 1998, the Investigator for the Board of Medicine hand delivered a subpoena to Dr. Dodd requesting the production of the patient's

entire medical record. Some medical records were provided on that date. By way of follow-up, a second subpoena was issued to Dr. Dodd requesting the production of any and all letters submitted to him from Advantage Health regarding a change in their fee schedule and a renewal of his contract with them. His response to same was also requested. Two documents were produced from this second request.

4. A response to the complaint was received from Dr. Dodd on April 15, 1999, via fax and by original document stamp dated April 20, 1999. Dr. Dodd subsequently appeared before the Complaint Committee for a full discussion of this matter on September 12, 1999.

5. From the documents produced, the Board found that Dr. Dodd did not properly inform the patient that he had terminated his contract with her insurance carrier prior to her surgery.

#### CONCLUSIONS OF LAW

1. As a matter of public policy, the provisions of the West Virginia Medical Practice Act have been enacted to protect the public interest. (West Virginia Code §30-3-1)

2. Probable cause exists to file charges against Dr. Dodd due to a violation of West Virginia Code §30-3-14(c)(17) and 11 CSR 1A 12.1(j), relating to engaging in unprofessional conduct.

3. It is appropriate to waive the commencement of proceedings against Dr. Dodd and to proceed without the filing of additional charges or a formal Complaint and Notice of Hearing, provided that Dr. Dodd enters into this Consent Order.

## CONSENT

Larry Allen Dodd, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order to the following:

1. Dr. Dodd acknowledges that he is fully aware that, without his consent, here given, no permanent legal action may be taken against him except after a hearing held in accordance with West Virginia Code §30-3-14(h), §30-1-8(b) and §29A-5-a, et seq.;

2. Dr. Dodd acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, and the right to cross-examine witnesses against him;

3. Dr. Dodd waives all rights to such a hearing;

4. Dr. Dodd consents to the entry of this Order relative to his practice of medicine in the State of West Virginia;

5. Dr. Dodd understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank.

## ORDER

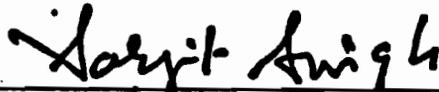
WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law and on the basis of the consent of Dr. Dodd, the West Virginia Board of Medicine hereby Orders that Dr. Dodd is PUBLICLY REPRIMANDED

for the actions contained in this Order. Dr. Dodd is further Ordered to pay the investigative costs that the Board of Medicine incurred as a result of this investigation. The costs incurred total \$1302.30, payable within thirty (30) days from the execution of this Consent Order. The Board further recommends that Dr. Dodd should not charge the patient for the cost of the surgical procedure performed on January 6, 1998. Lastly, Dr. Dodd understands that, notwithstanding any provision of law to the contrary, Dr. Dodd has consented to all of the above provisions contained herein.

Within five (5) days of entering of this agreement, Dr. Dodd shall provide a copy of this Consent Order to any health care or medical facility where Dr. Dodd is employed, where he works, or enjoys privileges of any kind.

Entered this 7<sup>TH</sup> day of DECEMBER, 1999.

WEST VIRGINIA BOARD OF MEDICINE



Sarjit Singh, M.D.,  
President



Henry G. Taylor, M.D., M.P.H.  
Secretary



Larry Allen Dodd, M.D.

23 Nov 1999

Date

I, Dona G. Wiseman, a Notary Public for said county and state do hereby certify that Larry Allen Dodd, M.D., whose name is signed on the previous page has this day acknowledged the same before me.

Given under my hand this 2nd day of December, 1999.

My commission expires Dec. 30, 2008.



Dona G. Wiseman  
Notary Public

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

9598 2044 2200 0090 0002

Article Sent To: \_\_\_\_\_

JAM Postage	\$ 55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 3.20</b>



Name (Please Print Clearly) (to be completed by mailer)  
 LARRY A. DODD, M.D.  
 Street, Apt. No., or PO Box No.  
 58 16th ST., WHEELING CLINIC  
 City, State, ZIP+4  
 WHEELING WV 26003

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. **JAM**

1. Article Addressed to:  
 LARRY A. DODD, M.D.  
 58 16th STREET  
 WHEELING CLINIC  
 WHEELING WV 26003

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 10.30.00

C. Signature  
 X *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 7000 0600 0022 4402 8638 CITE ZND MAILING

Cite  
Z 281 981 587  
JM

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	Larry A. Dodd, MD
Street & Number	30 Medical Park, Ste 211
Post Office, State, & ZIP Code	Wheeling, WV 26003
Postage	\$ 1.21
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.05
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	3.86
Postmark or Date	

**SENDER:**

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

3. Article Addressed to:

Larry A. Dodd, M.D.  
30 Medical Park, Suite 211  
Wheeling, West Virginia 26003

4a. Article Number

Z 281 981 587

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

9-21

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Charlotte Stalder

8. Addressee's Address (Only if requested and fee is paid)

Cite

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

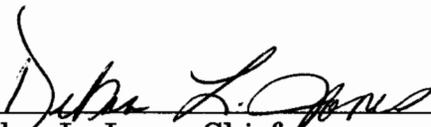
AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

- 1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")
- 2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;
- 3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;
- 4) That I have this day carefully examined the records of the Board pertaining to Larry A. Dodd, M.D.
- 5) That based on such examination, I have found the last known address of record of Larry A. Dodd, M.D. to be:

58 16th Street  
Wheeling Clinic  
Wheeling, WV 26003

- 6) Further, Affiant Sayeth Naught.

  
\_\_\_\_\_  
Debra L. Jones, Chief  
Continuing Medical Education,  
Records and Renewal

Sworn to and signed before me, Kristine A. Goodman, Notary Public, this 29th day of October, 2000.

  
\_\_\_\_\_  
Notary Public



KRISTINE A. GOODMAN  
Notary Public, State of Ohio  
My Commission Expires  
11/9/2002