State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43266-0315 • (614) 466-3934 • Website: www.state.oh.us/med/

February 10, 1999

Samuel R. Eby, M.D.
7900 W. Jefferson Blvd., Suite 201
Fort Wayne, IN 46804

Dear Doctor Eby:

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 February 10, 1999.

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, MD

Anand G. Garg, M.D.
Secretary

AGG:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. Z 233 840 254
RETURN RECEIPT REQUESTED

cc: Sherrill W. Colvin, Esq.
CERTIFIED MAIL RECEIPT NO. z 233 840 255
RETURN RECEIPT REQUESTED

Mailed 2/11/99

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 February 10, 1999, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Samuel R. Eby, 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.

(SEAL)

Anand G. Garg, M.D. RJB
Secretary

February 10, 1999
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

SAMUEL R. EBY, M.D. *

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated December 9, 1998, notice was given to Samuel R. Eby, 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, to the last known address of Samuel R. Eby, M.D., that being Indiana Medical Associates, 7900 W. Jefferson Blvd., Suite #201, Fort Wayne, IN 46804.

No hearing request has been received from Doctor Eby, and more than thirty (30) days have now elapsed since the mailing of the aforesaid notice.

WHEREFORE, for the reasons outlined in the December 9, 1998 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of Samuel R. Eby, M.D. to practice medicine and surgery in the State of Ohio 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 10th day of February 1999, and the original thereof shall be kept with said Journal.

Anand G. Garg, M.D.
Secretary

(SEAL)

February 10, 1999
Date

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 Samuel R. Eby, M.D.

5) That based on such examination, I have found the last known address of record of Samuel R. Eby, M.D., to be:

Indiana Medical Associates
7900 W. Jefferson Blvd., Suite. #201
Fort Wayne, IN 46804

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 10th day of February, 1999.

Kristine A. Goodman
Notary Public

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

State Medical Board of Ohio
77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

December 9, 1998

Samuel R. Eby, M.D.
Indiana Medical Associates
7900 W. Jefferson Boulevard, Suite #201
Fort Wayne, IN 46804

Dear Doctor Eby:

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, 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 May 29, 1997, the Medical Licensing Board of Indiana (hereinafter the Indiana Board) filed a Findings of Fact and Order that issued you a Letter of Reprimand admonishing you "for poor judgment in prescribing controlled substances to a family member for other than generally accepted therapeutic purposes and treating a patient without making any medical records." A copy of the Indiana Findings of Fact and Order is attached hereto and fully incorporated herein.

The Indiana Board Findings of Fact and Order as alleged in paragraph (1) above, constitutes "[t]he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, the imposition of probation by that authority, or the issuance of an order of censure or other reprimand by that authority for any reason, other than nonpayment of fees," as that clause 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.

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.

Mailed 12/10/98

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, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

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 233 895 021
RETURN RECEIPT REQUESTED

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NO. 97 MLB 001

98 SEP 18 P 12:13

STATE OF INDIANA,)
)
Petitioner,)
)
v.)
)
SAMUEL R. EBY, M.D.,)
License No. 01032985,)
)
Respondent.)

FILED

MAY 29 1997

HEALTH PROFESSIONS
BUREAU

FINDINGS OF FACT AND ORDER

The Medical Licensing Board of Indiana ("Board") held an administrative hearing on April 24, 1997, in Rooms 4 and 5 of the Conference Center, Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, concerning a disciplinary complaint filed against Samuel R. Eby ("Respondent") on February 7, 1997.

The State of Indiana was represented by Andrew S. Peacock, Deputy Attorney General. Respondent appeared in person and was represented by Sherrill William Colvin, Esq., of the law firm of Haller & Colvin, P.C., Fort Wayne, Indiana.

The Board, after considering the evidence and taking official notice of its file in this case, by a vote of 2-1-1, issues the following Findings of Fact and Order:

FINDINGS OF FACT

1. Respondent is a duly licensed physician in the State of Indiana holding medical license number 01032985.

2. Respondent specializes in nephrology.

3. Respondent is married to Kathleen Christensen Eby, and they have one (1) child, now eight years of age.

4. Throughout their marriage, Kathleen Eby has suffered rheumatoid arthritis, a particularly painful condition, for which she has sought relief with medication for pain.

5. Respondent wrote prescriptions for his wife for pain relief medication. The prescriptions typically were for Tylenol #3 with codeine (a Schedule III controlled substance), Vicodin (hydrocodone, a Schedule III controlled substance), and Valium (diazepam, a Schedule IV controlled substance).

6. Beginning January 4, 1993, through November 28, 1994, Respondent prescribed excessive amounts of these same medications and in December, 1994, two (2) pharmacists refused to fill prescriptions for Kathleen Christensen Eby because of the large amount of medication.

7. Upon notice of this refusal, Respondent immediately stopped writing prescriptions for his wife, and they sought remedial counseling, including consultation with Mrs. Eby's treating physician for her rheumatoid arthritis.

8. No further prescriptions have been written by Respondent for his wife. All of her medication is now prescribed by her treating physician.

9. Respondent did not consume any of the medication of prescriptions written for his wife.

ULTIMATE FINDINGS OF FACT

1. Respondent's conduct constitutes knowingly violating a state statute or rule regulating the practice of medicine in violation of Indiana Code §25-1-9-4(a)(3); specifically,

prescribing a drug for other than generally accepted therapeutic purposes in violation of Indiana Code §16-42-19-20(a) and 844 IAC 4-6-10(3).

2. The violation listed above warrants the imposition of disciplinary sanctions on Respondent's Indiana medical license.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

Respondent is issued a Letter of Reprimand admonishing him for poor judgment in prescribing controlled substances to a family member and treating a patient without making any medical records.

SO ORDERED this 29th day of May, 1997.

MEDICAL LICENSING BOARD OF INDIANA

By: Laura Langford
Laura Langford
Executive Director
Health Professions Bureau

copies to:

Samuel R. Eby, M.D.
Northeast Indiana Kidney Center
700 West Jefferson Street, #201
Fort Wayne, Indiana 46804
SENT CERTIFIED MAIL NO. P 125 503 221
RETURN RECEIPT REQUESTED.

Sherrill William Colvin
Haller & Colvin, P.C.
444 East Main Street
Fort Wayne, Indiana 46802

Andrew S. Peacock
Deputy Attorney General
Indiana Government Center South, Fifth Floor
402 West Washington Street
Indianapolis, Indiana 46204-2770

140316:kgl

PS Form 3800, April 1995

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

Cite

Z 233 895 021

Sent to	Samuel R Eby, MD
Street & Number	7900 W Jefferson Blvd Ste 201
Post Office, State, & ZIP Code	Ft. Wayne, IN 46804
Postage	$ 2.14
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 4.61
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

Consult postmaster for fee.

3. Article Addressed to:
Samuel R Eby, MD
7900 W Jefferson Blvd Suite #201
Fort Wayne, IN 46804

4a. Article Number
Z 233 895 021

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
12-14-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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;

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Indiana Medical Associates
7900 W. Jefferson Blvd., Suite. #201
Fort Wayne, IN 46804

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 10th day of February, 1999.

Kristine A. Goodman
Notary Public

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