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KENTUCKY BOARD OF
CHIROPRACTIC EXAMINERS

**COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS**

*Pd \$500.
CHC 675*

**IN RE: **CHIROPRACTIC LICENSE # 4030
HELD BY Rita Rae Goldman, D.C.
ADMINISTRATIVE CASE #12-024****

Rita Rae Goldman, D.C.
1335 South Gate Plaza
Maysville, KY 41056

AGREED ORDER

Parties

WHEREAS, the parties to the Agreed Order herein are the Kentucky Board of Chiropractic Examiners, hereinafter referred to as the "Board," and Rita Rae Goldman D.C., hereinafter referred to as the "Respondent";

Jurisdiction

WHEREAS, the Board has jurisdiction over this matter pursuant to KRS Chapter 312 and the related administrative regulations;

History

WHEREAS, the Respondent is the owner of Maysville Family Chiropractic, located at 1335 Southgate Plaza in Maysville, Kentucky; and

WHEREAS, the patient M.H. was treated at Maysville Family Chiropractic on 10/20/2011 and a one view x-ray of the thoracic spine was taken by Chandra Cunningham, D.C., the treating chiropractor; and

WHEREAS, the diagnosis code of 737.34 for thoracogenic scoliosis was reported to Anthem on the 1500 Health Insurance Claim Form on 10/20/2011; and

WHEREAS, the diagnosis of thoracogenic scoliosis requires that two views of the thoracic spine be taken according to the textbook Essentials of Skeletal Radiology by Terry R. Yokum and Lindsay J. Rowe; and

WHEREAS, the diagnosis of thoracogenic scoliosis was incorrect; and

WHEREAS, the Respondent reported an incorrect diagnosis to the patient's insurance carrier in violation of 201 KAR 21:015 Section 1(2); and

WHEREAS, the parties mutually desire to settle the issue in an expeditious manner, without the need for a formal hearing.

Terms of Agreement

THEREFORE, it is hereby agreed between the undersigned parties that this matter shall be settled and resolved upon the following terms:

8) The Respondent shall carefully review the Agreed Order herein and enters into this Agreed Order knowingly, willingly and voluntarily and after having reviewed the due process rights afforded to the Respondent under KRS Chapter 312 and the accompanying regulations;

9) The Respondent, Rita Rae Goldman, D.C., accepts the reprimand of the Board for the above-stated violation. The Respondent agrees to act more diligently in the future to comply with KRS Chapter 312 and the accompanying administrative regulations;

10) The Respondent shall mail a letter to the insurance company

involved retracting the incorrect diagnosis with explanation. A copy of the letter shall be mailed to the Board *on or before September 30, 2012*;

11) The Respondent, Rita Rae Goldman, D.C., shall pay a fine to the Board in the amount of five hundred dollars (\$500.00). Said fine shall be made by check or money order made payable to the "Kentucky Board of Chiropractic Examiners."

12) The original, executed Agreed Order and fine must be received in the office of the Board, *postmarked no later than September 30, 2012*.

13) The Respondent acknowledges that she is ineligible for participation in any chiropractic preceptorship program for two (2) years pursuant to 201 KAR 21:085, Section 2(7); and

14) The Respondent, Rita Rae Goldman, D.C., agrees that the failure to comply with any of the terms and conditions of this Agreed Order may result in the Board setting the matter for an administrative hearing in accord with KRS Chapter 13B.

Voluntary Waiver of Rights

The Respondent, Rita Rae Goldman, D.C., has had the opportunity at all times to seek advice from competent counsel of choice. No coercion has been exerted upon the Respondent, nor have any promises been made other than those reflected in this Agreed Order.

Publication of Settlement Agreement

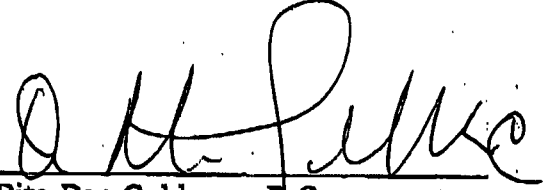
The Respondent acknowledges that, once adopted by the Board, this Agreed Order may be considered a public document, available for inspection at

any time by any member of the public under the Kentucky Open Records Act, and may be reportable under federal law. This Agreed Order may at any time be published on the Board's website, www.kbce.ky.gov.

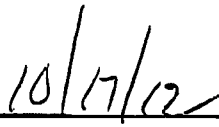
Complete Agreement

This Agreed Order consists of four (4) pages and embodies the entire agreement between the Kentucky Board of Chiropractic Examiners and Rita Rae Goldman, D.C.. It may not be altered, amended or modified without the express written consent of both parties.

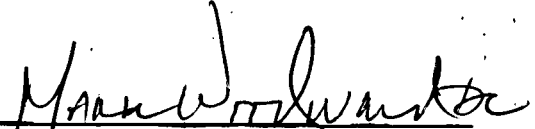
Have Seen, Understood and Approved:



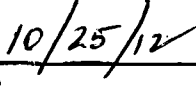
Rita Rae Goldman, D.C.
License No. 4030
Respondent



Date



MARK WOODWARD, D.C.
President
Kentucky Board of Chiropractic
Examiners



Date

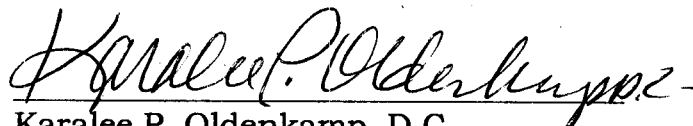
Certificate of Service

I hereby certify that a true and correct copy of the foregoing **Agreed Order** was mailed via U.S. mail, postage pre-paid to the following this 25 day of October, 2012:

Rita Rae Goldman, D.C.
1335 South Gate Plaza
Maysville, KY 41056
Respondent

HON. MICHAEL WEST
Office of the Attorney General
700 Capitol Ave., Ste. 118
Frankfort KY 40601
Board Counsel

And the original shall be maintained by the Board.


Karalee P. Oldenkamp, D.C.
Board Administrator
Kentucky Board of Chiropractic Examiners