

**Summary of Deposition of [REDACTED], M.D.  
May 8, [REDACTED]**

Page	Summary
5	Stipulations: Deponent may read & sign. Objections and motions to strike reserved until trial.
6	Full name: [REDACTED] M.D. Dr. [REDACTED] He has deposed before [REDACTED]
7	Business address: [REDACTED], [REDACTED], [REDACTED], [REDACTED]. Dr. [REDACTED] is here as the duly designated representative of [REDACTED]. <i>Exhibits 1A and 1B:</i> Notice of Taking Deposition and Subpoena, respectively, in the case pending in [REDACTED] County.
8	<i>Exhibits 2A and 2B:</i> Documents for the case pending in the US District Court. Dr. [REDACTED] brought the documents requested in Exhibit A notices. First, a copy of the chart on [REDACTED], stored at the [REDACTED] offices.
9	Dr. [REDACTED] is president of [REDACTED] a not-for-profit corporation affiliated with [REDACTED] [REDACTED] that employs physicians in the practice of medicine. [REDACTED] was set up in [REDACTED].
10	Articles of incorporation marked as <i>Exhibit 3</i> . Bylaws of [REDACTED] Inc. marked as <i>Exhibit 4</i> . Dr. [REDACTED] has been president of the corporation for a little over a year. The current treasurer is...
11	.. [REDACTED]. He is the director of finances at [REDACTED]. As president, Dr [REDACTED] sits on the board of [REDACTED]
12	Dr. [REDACTED] is also the medical director of [REDACTED] a capacity in which he has served since 1998. As president his duties include overseeing operations, reviewing finances, having some oversight on human resources, conflict resolution. Responsibilities as medical director would be involvement in physician issues such as scheduling, physician productivity, and disciplinary problems. Also, he would be involved with managed care.
13	Dr. [REDACTED] attended college at [REDACTED] University and medical school at the University [REDACTED]. He did his postgraduate training, internship, and residency at [REDACTED] Hospital in [REDACTED]. He is board certified in internal medicine and has been in practice since [REDACTED]. He still sees patients daily.
14	Clinical responsibilities are 20 hours per week, with his other responsibilities taking up the other 20 hours. Currently, [REDACTED] has [REDACTED] physicians. Dr. [REDACTED] believes there were less than [REDACTED] physicians with [REDACTED] five years ago.

15	<p>█████ currently has 5 locations: 3 in downtown █████, one at █████, and one location in █████.</p>
16	<p>The different specialties represented by the 20 physicians with █████ include: internal medicine, family practice, pediatrics, pulmonary medicine, general surgery, OB/GYN, and orthopedic surgery. There are no urologists with █████</p>
17	<p>Nor have there ever been. Currently, physicians are not moving from location to location, but as recently as a year ago, there were several physicians that staffed more than one site. Most would be based in one location and might service other areas with perceived need.</p>
18	<p>█████ was president of █████ in █████ and █████. He is currently president and CEO of █████. Mr. █████ served as president of █████ until just about a year ago, when Dr. █████ took over.</p>
19	<p>When Dr. █████ took on administrative responsibilities in █████, the COO was █████, who was directly under Mr. █████. Dr. █████ was the first medical director of █████ Mr. █████ position was...</p>
20	<p>...eliminated. He lived in █████. His background was in hospital and physician group administrative positions in finance and operations.</p>
21	<p>The physicians with █████ are employed by █████ Inc.</p>
22	<p>On "Continuation Sheet 7" of Exhibit 3, the article of incorporation of █████ Inc. there is a list of trustees, beginning with █████, who is not a doctor but is still a trustee. He sells insurance. Next is █████, who is also not a doctor.</p>
23	<p>He is an attorney and is still a trustee. █████ is an investment broker. █████, M.D. is a retired physician and Dr. █████ does not believe he is currently a trustee. █████...</p>
24	<p>...is currently at █████ and is no longer a trustee. █████ – does not think he is still a trustee. █████ – no longer a trustee. Dr. █████ – doesn't think he is still a trustee; OB/GYN.</p>
25	<p>Exhibit 5 – Chart of █████ from █████ Inc., marked █████ 0 █████.</p>
26	<p>Mr. █████ do not keep active files in his records. This file does not include bills.</p>
27	<p>The current billing service for █████ is █████ in █████. They have done billing for the past three years. Before that, it was a company called █████.</p>

28	When Dr. [REDACTED] retired, his records went to [REDACTED] as keeper of the records.
29	<i>Exhibit 6:</i> Dr. [REDACTED] curriculum vitae. <i>Exhibit 7:</i> physician registration renewal application for renewal date [REDACTED].
30	The only documents that physicians must turn in periodically are documents regarding recredentialing, or documents with the board of registration or various insurance providers.
31	Dr. [REDACTED] file would have been in the [REDACTED] offices under [REDACTED] auspices, but his position no longer exists. [REDACTED] is in a transition period and they have hired a consulting firm and a practice manager. Much of [REDACTED]'s personnel operations was turned over to [REDACTED] HR department.
32	<i>Exhibit 8:</i> Dr. [REDACTED]'s business card, showing administrative offices of [REDACTED] at [REDACTED]. [REDACTED] is his practice suite. The office building is in [REDACTED], several miles from the hospital.
33	In the administrative office, there is a consultant practice administrator, [REDACTED], an office manager for pediatrics, [REDACTED], and an [REDACTED] billing rep [REDACTED].
34	[REDACTED] is in transition with the billing company. They need to police the service provided. [REDACTED] is a consultant who has been at [REDACTED] for less than two weeks and is employed by another consultant named [REDACTED].
35	Ms. [REDACTED] is currently serving as director of practice management and is working in an oversight position. Working in this office at [REDACTED] at the time of Dr. [REDACTED]'s retirement were Dr. [REDACTED], [REDACTED], [REDACTED], and possibly [REDACTED], who was Mr. [REDACTED] administrative assistant.
36	Physicians' contracts would be in the possession of the VP of finances of [REDACTED]. Dr. [REDACTED] did not always have a contract.
37	He has been part of a financial committee looking at [REDACTED] Hospital and is reviewing physician contracts as part of that.
38	There was no set standard for the contracts. Dr. [REDACTED] worked for a year and a half without a contract. He's known the president of [REDACTED] Hospital for a long time, and he worked on a good faith verbal contract until contracts were drawn up.
39	Dr. [REDACTED] could not obtain policies and procedures, which are in the HR Department, headed by [REDACTED].

40	The [REDACTED] policies and procedures is a one-volume loose-leaf binder. Dr. [REDACTED] does not believe it has been updated in a while, but he is not traditionally involved in that activity.
41	Dr. [REDACTED] thinks there may have been a committee at some point whose goal was to update the binder. He does not think there was a formal policies/procedures manual when he joined [REDACTED]. Dr. [REDACTED] does not believe that any of the policies/procedures actually pertained to the clinical treatment of patients.
42	The manual concerns general personnel issues, such as attendance, conduct, etc. and is geared more toward employees.
43	Dr. [REDACTED] is not aware of any clinical care-related manuals used by [REDACTED] Hospital. Dr. [REDACTED] is not aware of any documents that pertain to [REDACTED] testing.
44	Dr. [REDACTED] believes Dr. [REDACTED] would have written a letter concerning his retirement, but Dr. [REDACTED] was not involved in that, so he does not know for sure. Dr. [REDACTED]'s retirement would have been coordinated by [REDACTED], though there is no customary practice followed by physicians at [REDACTED] regarding retirement.
45	List of individuals who worked in Dr. [REDACTED] office: [REDACTED], who is currently an administrative assistant in internal medicine at [REDACTED]; [REDACTED], a nurse who is currently floating to different offices to fill in. Dr. [REDACTED] does not really know any of the others on the list.
46	This list was put together by either [REDACTED] or [REDACTED]. List marked as <i>Exhibit 9</i> . Dr. [REDACTED] remembers Dr. [REDACTED]
47	Dr. [REDACTED] was from out of state. Dr. [REDACTED] thinks he had some relatives in the area. (Objection)
48	Dr. [REDACTED] has not spoken to any other physicians regarding this case. All physicians were not compensated in the same way.
49	Dr. [REDACTED]'s practice consisted of primary care internal medicine. He practiced at an [REDACTED] office at [REDACTED], according to [REDACTED] 0006. There were no other physicians in that office, and [REDACTED] no longer uses it.
50	Dr. [REDACTED] never had coverage with [REDACTED]. He practiced alone.
51	As an employed physician, his staff was provided for him, and he received a paycheck from [REDACTED]. All of the six people on Exhibit 9 were employed by [REDACTED]

	and would have received paychecks from [REDACTED] Dr. [REDACTED] support staff would be clerical and clinical.
52	Dr. [REDACTED] generated his own patients like any other physician. Dr. [REDACTED] is not aware of any advertising that Dr. [REDACTED] did.
53	[REDACTED] currently does very little advertising. That had some Yellow Pages ads. Dr. [REDACTED] would keep his own records in [REDACTED]. No one audited his records, and he did not have to send copies to [REDACTED]
54	He would have sent his billing to [REDACTED]'s outside billing service. Dr. [REDACTED] believes that [REDACTED] Hospital owns the [REDACTED]. He does not know if [REDACTED] paid rent on Dr. [REDACTED]'s office. He also does not know what Dr. [REDACTED]'s salary was. (Objection)
55	Dr. [REDACTED] does not believe that Dr. [REDACTED] had the ability to do lab work at [REDACTED]. After the lab work it is sent out to a lab. Most physicians at [REDACTED] use [REDACTED] Hospital lab, but Dr. [REDACTED] was in a satellite office.
56	Other satellite offices: at one point, [REDACTED]; an OB satellite office in [REDACTED]; [REDACTED]. At [REDACTED], the doctor was [REDACTED], who has since become independent but is still in [REDACTED]. Dr. [REDACTED] was the OB/GYN. He is no longer with [REDACTED] and may not be in practice.
57	In [REDACTED], the doctor is [REDACTED], whose practice is in family medicine. Dr. [REDACTED] had hospital privileges at [REDACTED] Hospital. Dr. [REDACTED] does not believe he did any ER work at [REDACTED] Hospital.
58	He does not know if Dr. [REDACTED] had any other positions. He never worked with Dr. [REDACTED] because he was in a different coverage group, which refers to scheduling and when doctors are available to work. Other doctors in [REDACTED]'s group: [REDACTED];
59	[REDACTED]; [REDACTED]. Dr. [REDACTED] does not know why Dr. [REDACTED] retired, nor anything about his treatment of Mr. [REDACTED]. [REDACTED] currently has seven internists. They do not maintain a library.
60	They have access to the library at [REDACTED] Hospital, which provides research services to the physicians at [REDACTED] does not provide internet access to medical research, but doctors may do that individually. Dr. [REDACTED] does not know if [REDACTED] had internet access in [REDACTED]. [REDACTED] does not provide in-service training.
61	[REDACTED] Hospital has a lecture series once a month. [REDACTED] had additional not continuing education credits beyond the requirements of the board of registration of medicine. The physicians at [REDACTED] do not have periodic clinical

	exchanges.
62	But they take phone calls from each other and answer questions for each other. There is one urology practice group affiliated with ██████ Hospital. (Objection)
63	It is ██████. The principals are Dr. ██████, Dr. ██████ and Dr. ██████. Dr. ██████ was not part of the practice in ██████, but the other two were. Physicians can refer out to anyone they want to.
64	The urology group would get most of ██████'s urology referrals, but there was no set practice on this. Dr. ██████ knows what a PSA test is. (Objection)
65	Physicians at ██████ had access to PSA testing in ██████. The ordering is like any lab test from whatever lab, including the lab at ██████ Hospital. To do a PSA test, the physician would mark it off on a lab order sheet, and draw a blood sample at the doctor's office or at the lab.
66	There was never a restriction placed on ██████ physicians to conduct PSA tests. There were also no recommendations related to PSA testing, nor communications from ██████ Hospital, nor ██████ guidelines. There have been general recommendations, but they have not always been very...
67	...clear. With tests like this, the recommendation by a body like the American Cancer Society and the common practice may be two different things. Dr. ██████ does not recall a recommendation at that time about PSA. He is sure that medical lectures would mention it. During 1995-97, there was no practice or pattern for PSA used by the physicians at ██████
68	Dr. ██████ was practicing at that time. Whether Dr. ██████ had to carry malpractice insurance would be a point outlined in his contract.
69	Dr. ██████ has his own insurance through ██████ Dr. ██████ assumes that ██████ has provided the attorney he is with today. (Objection)
70	The counsel told Dr. ██████ about his representation. He heard that ██████ was going to return to ██████ after his retirement. The office in ██████ had closed by the time Dr. ██████ died. Dr. ██████ has a waiting area for his patients.
71	Most of the clinical info he gives to patients is in a file to give to patients or is in the exam room, but periodically it is put in the waiting room. He is not aware of any booklets on PSA that have been in the waiting area of the exam rooms.