

**IN THE MATTER OF**  
**AYANA SEIBLES, D.O.**  
**Respondent**  
**License Number H72243**

**BEFORE THE**  
**MARYLAND STATE**  
**BOARD OF PHYSICIANS**  
**Case Number: 2223-0126A**

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**FINAL DECISION AND ORDER**

On November 27, 2024, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged Respondent Ayana Seibles, D.O., License Number H72243, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 - 14-702, with violating the following disciplinary grounds: is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); grossly overutilizes health care services, in violation of Health Occ. § 14-404(a)(19); fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State, in violation of Health Occ. § 14-404(a)(22);<sup>1</sup> and fails to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40). Dr. Seibles requested an evidentiary hearing, and, on March 21, 2025, the case was forwarded to the Office of Administrative Hearings (“OAH”) for an evidentiary hearing.

An evidentiary hearing was held before an Administrative Law Judge (“ALJ”) at OAH, on August 26 - 27, 2025. Both parties offered testimony from fact witnesses and from expert witnesses, who testified regarding the standard of care, gross overutilization, and failure to keep adequate medical records. On November 18, 2025, the ALJ issued a proposed decision,

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<sup>1</sup> A violation of Health Occ. § 14-404(a)(22) is commonly referred to a violation of (or failure to meet) the standard of care, and, for the sake of brevity, the standard of care is often used in this decision instead of the pertinent language of Health Occ. § 14-404(a)(22).

recommending that the charges filed against Dr. Seibles be upheld and that the Board reprimand Dr. Seibles, permanently prohibit her from performing invasive endovascular catheter-based procedures, and place her on probation for two years with the condition that she complete courses in medical record keeping and professional ethics.

On December 8, 2025, Dr. Seibles filed exceptions to the ALJ's proposed decision, and the State filed a response. On January 28, 2026, both parties appeared before Disciplinary Panel B ("Panel B" or "the Panel") of the Board for an exceptions hearing.

### **FINDINGS OF FACT**

The following findings of fact were proved by the preponderance of evidence:

Dr. Seibles was licensed to practice medicine in Maryland, on May 4, 2011, under License Number H72243. Her license remained active during the relevant proceedings and is scheduled to expire on September 30, 2027. Dr. Seibles is board-certified in Emergency Medicine, and she performed vascular surgery services at a medical center (the "Center"), located in Laurel, Prince George's County, Maryland. The Center was established in 2007 by a physician ("Physician A"), whom Dr. Seibles lived with and eventually married. When Dr. Seibles began training at the Center in 2020, Physician A was the sole physician who trained her. On August 3, 2022, the Board summarily suspended Physician A's license, and, on October 11, 2022, Physician A entered into a Consent Order with the Board in which he agreed to a continued suspension with certain terms and conditions. After Physician A's license was suspended, on August 3, 2022, Dr. Seibles was the only physician working at the Center. On April 16, 2024, the Board issued an order terminating Physician A's suspension and imposing probation for a minimum of two years with terms and conditions.

On June 15, 2023, while his license was suspended, Physician A wrote to the Alliance for Physician Certification and Advancement, on behalf of the American Board of Vascular Medicine, stating that Dr. Seibles met the requirements to take the exams in vascular medicine and endovascular medicine. Physician A described himself as the Director of Interventional Development and the CEO and the Founding Surgeon of the Center and wrote that Dr. Seibles had been performing procedures at the Center since June 2021, including diagnostic peripheral arteriograms and invasive peripheral interventional procedures. On June 22, 2023, Dr. Seibles became a co-owner of the Center with Physician A.

The Board initiated an investigation of Dr. Seibles after receiving a complaint, on or about May 25, 2023, from a federal governmental agency, that Dr. Seibles may have provided substandard care to patients and overutilized health care services at the Center. As part of its investigation, the Board subpoenaed and obtained medical records for 4 patients (Patients 1-4) treated by Dr. Seibles, received a written and supplemental response from Dr. Seibles regarding the complaint, received summaries of care from Dr. Seibles, conducted an under-oath interview with Dr. Seibles, subpoenaed and received Dr. Seibles's Quality Assurance files from two hospitals, and conducted a practice review.

The Board forwarded medical records of Patients 1 - 4 and related materials for a practice review.<sup>2</sup> The practice review was performed by two peer reviewers, who are both board-certified in Vascular Surgery. The peer reviewers submitted separate reports to the Board addressing the standard of care, the maintenance of adequate medical records, and the overutilization of health care services by Dr. Seibles. The peer reviewers each independently concluded that in two of the four cases Dr. Seibles violated the standard of care (Patients 2 and 4), in three out of the four cases

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<sup>2</sup> The Board initially forwarded 8 medical records to the peer reviewers for review, but it was discovered, prior to the issuance of charges, that Dr. Seibles was not at all involved in the care of 4 of the patients.

Dr. Seibles grossly overutilized health care services (Patients 2, 3, and 4), and in all four cases Dr. Seibles failed to keep adequate medical records. Dr. Seibles submitted to the Board a response to the practice review reports.

### **Patient 1**

Patient 1 was a seventy-one-year-old man who had lower extremity swelling with coldness, numbness, and tingling for several months. He had a history of diabetes, benign prostatic hyperplasia, and back surgery. On December 28, 2022, Dr. Seibles first examined Patient 1. Patient 1 had pulses in two of the three tibial arteries in the left leg and one of the three tibial arteries in the right leg. He had varicosities in both legs and moderate edema in both lower extremities. On January 4, 2023, Patient 1 had an arterial duplex study of his lower extremities at the Center. Patient 1's ankle brachial index on his right was 1.12 and on his left was 1. He had biphasic flow bilaterally with mild to moderate calcification. His left anterior tibial artery had mild to moderate stenosis. On January 26, 2023, Patient 1 had a venous duplex study of his lower extremities at the Center. On February 13, 2023, Dr. Seibles had a follow up appointment with Patient 1 to review the duplex studies. On February 28, 2023, Dr. Seibles performed a left leg angiogram on Patient 1. On March 6, 2023, Patient 1 had a follow up appointment with Dr. Seibles for complications and continued symptoms after the procedure in his left leg. On April 11, 2023, Dr. Seibles performed a right leg angiogram on Patient 1. On April 13, 2023, Patient 1 had a duplex study of his aorta and visceral arteries at the Center. On May 8, 2023, Patient 1 had a venous duplex study of his lower extremities at the Center. The peer reviewer who testified at the hearing on behalf of the State (the "State's expert") concluded that Dr. Seibles met the standard of care for Patient 1 but did not keep adequate medical records because the medical records for Patient

I did not include a detailed operative note, digital pressures in non-invasive arterial testing, or complete pre and post angiogram imaging.

### **Patient 2**

Patient 2 was a fifty-three-year-old man with difficulty walking, pain, and swelling. His symptoms worsened with exercise and walking for ten feet or more. He had experienced these symptoms for about one year. He had a history of venous insufficiency with non-healing ulcers, diabetes, lymphedema, hypertension, and congestive heart failure. On July 11, 2022, Physician A first examined Patient 2. He had severe pedal disease on the right, with a toe brachial index score of 0.26. He had mild pedal disease on the left, with a toe brachial index score of 0.82. Physician A ordered arterial studies and prescribed acetylsalicylic acid and cilostazol. On July 18, 2022, arterial studies performed at the Center showed monophasic flow in Patient 2's right leg consistent with severe arterial disease. In Patient 2's left leg, the studies showed triphasic waveforms in the femoral artery and the popliteal and peroneal arteries, biphasic waveforms in the posterior tibial artery, and monophasic waveforms in the anterior tibial artery, meaning arterial flow in Patient 2's left leg was adequate. On July 25, 2022, Physician A examined Patient 2 again. His symptoms persisted, with more symptoms on the right. Arterial duplex ultrasound testing showed an increase of stenosis in his right lower extremity with non-compressible arteries. A bilateral ankle brachial index could not be obtained. On August 2, 2022, Physician A performed a bilateral lower extremity angiogram of Patient 2's right leg, with superficial femoral artery and tibial artery interventions. On September 20, 2022, Dr. Seibles performed a left leg angiogram on Patient 2. The State's expert concluded that Dr. Seibles failed to meet the standard of care, grossly overutilized health care services, and failed to keep adequate medical records for Patient 2.

### **Patient 3**

Patient 3 was an eighty-year-old woman with a left buttock pressure sore. She had right-sided hemiplegia with left facial palsy and had been bedridden since February 2022. She was aphasic. She had a history of stroke, hypertension, and diabetes. On March 6, 2023, Dr. Seibles first examined Patient 3. Patient 3's wound on her left buttock was stage 4. Patient 3 had audible pedal signals using Doppler. Her feet were cold to the touch. Dr. Seibles performed an arterial Doppler study and noted Patient 3 had a toe brachial index score of .22 on her left leg and .94 on her right leg. On April 18, 2023, an arterial duplex study was performed on Patient 3's lower extremities at the Center. Patient 3 had multifocal stenoses and possible occlusion of her left superficial femoral artery. On April 25, 2023, Dr. Seibles reviewed the duplex study with Patient 3 during her appointment, discussed treatment options, and recommended an angiogram of Patient 3's left leg first, then her right leg. On May 31, 2023, Dr. Seibles performed an angiogram on Patient 3's left leg, with left superficial femoral artery intervention. Dr. Seibles scheduled an angiogram on Patient 3's right leg for June 26, 2023, however, this procedure was never performed. The State's expert concluded that Dr. Seibles met the standard of care for Patient 3 but did not keep adequate medical records because the medical records for Patient 3 did not include a detailed operative note. Additionally, the State's expert testified that, while the procedure was appropriate for the left leg, it was not indicated and that it was a gross overutilization of health care services for Dr. Seibles to recommend performing the procedure on the right leg.

### **Patient 4**

Patient 4 was an eighty-year-old woman with pain and swelling in her upper right and lower extremities. Her right arm pain was in the brachial region, which she described as throbbing. Her leg pain was in the calf region, which she described as aching and throbbing, with numbness

and tingling. She had a history of stroke (right side), seizures, hypertension, high cholesterol, and depression. On March 28, 2023, Dr. Seibles first examined Patient 4. Dr. Seibles rated Patient 4's pedal pulses +1 with tenderness to the touch. Dr. Seibles performed arterial Doppler studies of Patient 4's lower extremities. She had a toe brachial index score of 0.9 on her right and 1.0 on her left. Dr. Seibles ordered arterial duplex studies of Patient 4's lower extremities and upper right extremity. On April 17, 2023, an arterial duplex study of Patient 4's lower extremities was performed at the Center. Patient 4 had a toe brachial index score of 1.05 on her right and .92 on her left. On May 1, 2023, Dr. Seibles performed a right leg angiogram on Patient 4 with interventions on the right superficial femoral artery and posterior tibial artery. Her other two tibial arteries, the anterior and the peroneal, were patent. On July 10, 2023, Patient 4 had a follow up visit with Dr. Seibles. Patient 4 continued to complain of right leg pain, which she said was worse at night while lying down and improved when she dangled the leg and stood up. Dr. Seibles' medical records for Patient 4 did not include any office follow up notes between Patient 4's initial visit and her post intervention office visit and did not include a detailed operative note. The State's expert concluded that Dr. Seibles failed to meet the standard of care, grossly overutilized health care services, and failed to keep adequate medical records for Patient 4.

## **DISCUSSION**

### **Standard of Care**

The ALJ found that Dr. Seibles violated the standard of care by performing medically unnecessary invasive procedures for Patients 2 and 4. Dr. Seibles took exception to the ALJ's findings that she violated the standard of care concerning her care for Patients 2 and 4.

The State's expert found, in part, that Dr. Seibles failed to meet the standard of care with respect to Patient 2, as she provided no description of rest pain or calculation impacting activities

of daily living to justify the diagnosis and subsequent intervention. The State's expert also concluded that Dr. Seibles stated there were ulcerations but provided no description to delineate a primarily arterial versus venous etiology. The State's expert also concluded Dr. Seibles did not properly delineate symptoms attributable to venous insufficiency to justify multilevel arterial intervention and venous ablations as a treatment plan. Dr. Seibles argues that the records reflect that Physician A treated Patient 2 in July and August of 2022, not Dr. Seibles. Accordingly, because Dr. Seibles was not involved in the early stages of Patient 2's care and was continuing the plan of care already recommended by Physician A, the Panel does not find a violation of the standard of care for Patient 2. Panel B grants Dr. Seibles exception as to Patient 2.

The State's expert testified that, for Patient 4, the arteriogram was not indicated despite the Patient's complaint of pain, because the patient had palpable pedal pulses on her examination. Moreover, Patient 4 complained of similar symptoms in her post-operative follow-up, questioning the utility of the intervention performed. Dr. Seibles' expert testified that Dr. Seibles appropriately exercised her clinical judgment in deciding to perform the right leg angiogram. The ALJ relied upon the testimony of the State's expert in concluding that Dr. Seibles failed to meet the standard of care in her treatment of Patient 4. As with the ALJ, the Panel finds the State's expert's testimony detailed, reasonable, and convincing and accepts the State's expert's analysis and, thus denies Dr. Seibles exception concerning Patient 4 and the standard of care. The Panel thus finds Dr. Seibles violated Health Occ. § 14-404(a)(22) with respect to Patient 4.

### **Gross Overutilization**

The ALJ found that Dr. Seibles grossly overutilized health care services, concluding that she performed medically unnecessary invasive endovascular procedures on two of the four patients (Patients 2 and 4) whose records were reviewed and that Dr. Seibles recommended an unnecessary

medically invasive procedure for a third patient (Patient 3) who, ultimately, did not have the procedure performed on her. Dr. Seibles argues on exceptions that there was no evidence presented to support a pattern of excessive medically unnecessary procedures or treatment and, further, that the mere recommendation of a procedure that was never performed cannot be used to find gross overutilization of health care services. The Panel agrees with Dr. Seibles and grants her exception. The Panel thus does not find that Dr. Seibles grossly overutilized health care services, in violation of Health Occ. § 14-404(a)(19).

### **Medical Records**

Dr. Seibles generally takes exception to all four of the ALJ's proposed conclusions of law, which includes the failure to keep adequate medical records, because the decision failed to specifically address how the records were deficient as to each of the four patients. The ALJ concluded, and Dr. Seibles' expert agreed, that Dr. Seibles failed to keep adequate medical records in all four patients reviewed, because the records did not contain detailed operative notes of the procedures she performed and none of the records contained complete pre and post procedure imaging. Dr. Seibles does not take exception to any of the ALJ's factual findings regarding her failure to keep adequate medical records.

The Panel accepts the State expert's testimony and the ALJ's findings on this issue. The Panel therefore concludes that Dr. Seibles failed to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40), and Dr. Seibles's exception is denied.

### **Unprofessional Conduct**

In Maryland, unprofessional conduct is defined as "conduct which breaches the rules or ethical code of a profession, or conduct which is unbecoming a member in good standing of a

profession.” *Finucan v. Maryland Bd. of Physician Quality Assurance*, 380 Md. 577, 593 (2004). The ALJ found that the performance of medically unnecessary procedures, gross overutilization of health care services, and inadequate record keeping constitute unprofessional conduct in the practice of medicine. Dr. Seibles took exception to the ALJ’s proposed conclusion that she was guilty of unprofessional conduct in the practice of medicine because the ALJ made a generalized conclusion that did not specifically address her conduct. The Panel agrees with Dr. Seibles that her clinical care and record keeping do not rise to the level of unprofessional conduct, however, the ALJ also addressed the impropriety of having Physician A, Dr. Seibles’ husband and business partner, signing the letters attesting that she met the requirements to take the vascular and endovascular exams. While the Panel does not find that Dr. Seibles’ clinical care and record keeping rise to the level of unprofessional conduct, the Panel does find that it was unprofessional for Dr. Seibles to use the attestation from Physician A to sit for the American Board of Vascular Medicine endovascular and vascular examinations through the practice training pathway.

Dr. Seibles’ expert explained that there are two ways a physician can apply to take the vascular and endovascular examinations, either fellowship training or a practice pathway training. In the practice pathway training, an applicant is required to submit a letter to the American Board of Vascular Medicine written by the Director or Chief of Medical Staff at the facility where the applicant trained. If, however, a physician is working in a private practice or group setting, a partner is not allowed to write the letter of attestation. Not only was Physician A’s license suspended at the time he wrote the letter of attestation on Dr. Seibles’ behalf, but he was also Dr. Seibles’ husband and a partner in their practice. Dr. Seibles’ expert testified that he was unaware of Physician A’s disciplinary history and conceded that Physician A should not have written the

letters recommending that Dr. Seibles be permitted to take the vascular and endovascular exams and, further, that she should not have been allowed to sit for the exams on that basis.

Accordingly, Dr. Seibles' exception is granted concerning Health Occ. § 14-404(a)(3)(ii) as it relates to her clinical care and medical records, but the Panel still finds that Dr. Seibles is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii), by using the attestation letters from Physician A in support of her applications to sit for the vascular and endovascular examinations.

### **CONCLUSIONS OF LAW**

Based on the above findings of fact and discussion, Panel B concludes that Dr. Seibles is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); violated the standard of care with respect to Patient 4, in violation of Health Occ. § 14-404(a)(22); and failed to keep adequate medical records for Patients 1-4, as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40). The Panel does not find that Dr. Seibles grossly overutilized health care services, and therefore, the charge of Health Occ. § 14-404(a)(19) is dismissed.

### **SANCTION**

Dr. Seibles takes exception to the ALJ's proposed sanction of a reprimand, permanent prohibition from performing invasive endovascular catheter-based procedures, and probation for two years with the condition that she complete courses in medical record keeping and professional ethics. The Panel does not believe that a permanent ban is necessary but is concerned about the decision-making process and protocols Dr. Seibles uses in determining whether to recommend or perform vascular procedures. Accordingly, the Panel will impose a reprimand and eighteen months of probation in which Dr. Seibles is required to complete courses in record keeping and

ethics and be subject to a chart or peer review concerning vascular procedures that she performs or recommends.

### **ORDER**

Based on the foregoing, it is, by an affirmative vote of a majority of a quorum of Disciplinary Panel B, hereby

**ORDERED** that Dr. Seibles is **REPRIMANDED**; and it is further

**ORDERED** that Dr. Seibles is placed on **PROBATION** for a minimum of **EIGHTEEN (18) MONTHS**.<sup>3</sup> During probation, Dr. Seibles shall comply with the following terms and conditions of probation:

- (1) Dr. Seibles is required to take and successfully complete two courses: a course in record keeping and a course in ethics. The following terms apply:
  - (a) it is Dr. Seibles' responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the courses begin;
  - (b) Dr. Seibles must provide documentation to the disciplinary panel demonstrating that she has successfully completed the courses;
  - (c) the courses may not be used to fulfill the continuing medical education credits required for license renewal; and
  - (d) Dr. Seibles is responsible for the cost of the courses; and
- (2) Dr. Seibles is subject to a chart and/or peer review conducted by the disciplinary panel or its agents concerning any vascular procedures she performs or recommends at her outpatient office setting, as follows:
  - (a) Dr. Seibles shall cooperate with the peer review process;

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<sup>3</sup> If Dr. Seibles's license expires during the period of probation, the probation and any conditions will be tolled.

(b) if the disciplinary panel, upon consideration of the chart and/or peer review and Dr. Seibles's response, if any, determines that Dr. Seibles is not meeting the standard of quality care for performing and recommending procedures in her practice, the disciplinary panel may find a violation of probation and/or a violation of Health Occ. § 14-404(a)(22); and it is further

**ORDERED** that Dr. Seibles shall not apply for early termination of probation; and it is further

**ORDERED** that, after Dr. Seibles has complied with all terms and conditions of probation and the minimum period of probation imposed by this Order has passed, Dr. Seibles may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. Dr. Seibles may be required to appear before the disciplinary panel to discuss her petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if Dr. Seibles has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

**ORDERED** that a violation of probation constitutes a violation of this Order; and it is further

**ORDERED** that, if Dr. Seibles allegedly fails to comply with any term or condition imposed by this Order, Dr. Seibles shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no

genuine dispute as to a material fact, Dr. Seibles shall be given a show cause hearing before a disciplinary panel; and it is further

**ORDERED** that after the appropriate hearing, if the disciplinary panel determines that Dr. Seibles has failed to comply with any term or condition imposed by this Order, the disciplinary panel may reprimand Dr. Seibles, place Dr. Seibles on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke Dr. Seibles's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on Dr. Seibles; and it is further

**ORDERED** that Dr. Seibles is responsible for all costs incurred in fulfilling the terms and conditions of this Final Decision and Order; and it is further

**ORDERED** that the effective date of the Final Decision and Order is the date the Final Decision and Order is signed by the Executive Director of the Board. The Board's Executive Director signs the Final Decision and Order on behalf of the Panel; and it is further

**ORDERED** that this Final Decision and Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

05/06/2026  
Date

***Signature on File***

Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians

## **NOTICE OF RIGHT TO PETITION FOR JUDICIAL REVIEW**

Pursuant to Md. Code Ann., Health Occ. § 14-408(a), Dr. Seibles has the right to seek judicial review of this Final Decision and Order. Any petition for judicial review shall be filed within thirty (30) days from the date of mailing of this Final Decision and Order. The date of the cover letter accompanying this final decision and order is the date the decision is mailed. Any petition for judicial review shall be made as provided for in the Administrative Procedure Act, Md. Code Ann., State Gov't § 10-222 and Title 7, Chapter 200 of the Maryland Rules of Procedure.

If Dr. Seibles files a petition for judicial review, the Board is a party and should be served with the court's process at the following address:

**Maryland State Board of Physicians  
Christine A. Farrelly, Executive Director  
4201 Patterson Avenue  
Baltimore, Maryland 21215**

Notice of any petition should also be sent to the Board's counsel at the following address:

**Stacey Darin  
Assistant Attorney General  
Department of Health and Mental Hygiene  
300 West Preston Street, Suite 302  
Baltimore, Maryland 21201**