

IN THE MATTER OF                   \*       BEFORE THE  
ROBERT GREVERIS               \*       MARYLAND STATE  
Respondent                   \*       BOARD OF PHYSICIANS  
Unlicensed                   \*       Case Number: 2218-0129A

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**CEASE AND DESIST ORDER**

Pursuant to the authority granted to Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") under Md. Code Ann., Health Occ. ("Health Occ.") § 14-206(e)(1) (2014 Repl. Vol. & 2017 Supp.), Panel A hereby orders Robert Greveris (the "Respondent"), unlicensed, to immediately **CEASE AND DESIST** from the practice of medicine as defined in Health Occ. § 14-101(o).

The pertinent provisions of the Medical Practice Act under which Panel A issues this Order provide the following:

**Health Occ. § 14-206. Judicial Powers.**

(e) *Cease and desist orders; injunctions.* - The Board may issue a cease and desist order or obtain injunctive relief against an individual for:

- (1) Practicing medicine without a license[.]

**Health Occ. § 14-601. Practicing without license.**

Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice medicine in this State unless licensed by the Board.

Practice medicine is defined as follows:

**Health Occ. § 14-101. Definitions.**

- (o) *Practice medicine* - (1) "Practice medicine" means to engage, with or without compensation, in medical:
- (i) Diagnosis;
  - (ii) Healing;
  - (iii) Treatment; or
  - (iv) Surgery.
- (2) "Practice medicine" includes doing, undertaking, professing to do, and attempting any of the following:
- (i) Diagnosing, healing, treating, preventing, prescribing for, or removing any physical, mental, or emotional ailment or supposed ailment of an individual:
    - 1. By physical, mental, emotional, or other process that is exercised or invoked by the practitioner, the patient, or both; or
    - 2. By appliance, test, drug, operation, or treatment[.]

### **INVESTIGATIVE FINDINGS<sup>1</sup>**

Based on the investigatory information received by, made known to, and available to Panel A, there is reason to believe that the following facts are true:

### **BACKGROUND**

1. At all times relevant, the Respondent has not been trained as a physician.
2. At all times relevant, the Respondent has not been licensed as a physician, or by any health occupations licensing board in Maryland.
3. The Respondent offered allergy screening tests through Allergy Company A at a Fitness Club ("Facility A"), located in Bel Air, Maryland, in addition to other fitness centers and county fairs in the state.<sup>2</sup>

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<sup>1</sup> The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the Cease and Desist Order. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

<sup>2</sup> In order to maintain confidentiality, identifying names will not be used in this document.

4. On or about December 6, 2017, the Board received an anonymous complaint from an individual (the “complainant”) alleging that the Respondent was offering allergy tests at her fitness center. The complainant stated that on her way into the fitness center, the Respondent was sitting behind a table offering allergy tests and when she “asked him who the doctor is he said he didn’t know.” When the complainant exited the fitness center “[the Respondent] told [the complainant] the doctor was [Physician A].”<sup>3</sup>
5. The complaint included copies of supporting documentation including two advertising flyers for the allergy testing services being conducted by Allergy Company A.<sup>4</sup>
6. On or about January 11, 2018, Board Staff confirmed on Allergy Company A’s Facebook page that they were offering allergy screenings at Facility A. Panel A initiated an investigation.
7. During the course of the investigation, Board staff conducted a site inspection, subpoenaed records and conducted interviews of the Respondent and Physician A. Also, in furtherance of its investigation, Board staff transmitted relevant records to a board-certified Allergy/Immunology physician (“the expert”) for expert review.
8. The investigative findings are set forth in pertinent part below.

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<sup>3</sup> Panel A initiated an investigation of Physician A, under MBP Case #2218-0169A.

<sup>4</sup> One flyer stated that “our office performs Allergy Testing for 80 of the most common allergens native to our region”. The second advertisement stated that the testing is available on-site with instant results and specifies that most insurances are accepted.

## UNNANOUNCED SITE VISIT AND INVESTIGATION

9. On or about January 11, 2018, Board staff conducted an unannounced site visit of Facility A.
10. The Respondent was seated at a table with flyers advertising Allergy Company A, a laptop, and patient forms. The supplies on the table included, but were not limited to, allergy testing trays, plastic allergy skin test applicators, disposable measuring devices, a timer, rubbing alcohol, hydrocortisone cream,<sup>5</sup> and Benadryl Allergy Liquigels.<sup>6</sup>
11. During the site visit, Board staff observed the Respondent using his cellphone flashlight to examine a female patient's ("Patient A") arm for an allergic reaction. The Respondent provided the "Patient Intake Sheet" and "Screening Sheet" for Patient A.<sup>7</sup>
12. Board staff subpoenaed an employee list and patient intake sheets from the Respondent on January 16, 2018, and on January 29, 2018, Board staff also subpoenaed billing claims from Insurance Company A for 6 patients selected from the patient intake sheets.

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<sup>5</sup> Hydrocortisone cream is used to treat inflammation.

<sup>6</sup> Benadryl is an antihistamine used to relieve symptoms of allergy, hay fever, and the common cold.

<sup>7</sup> The "Patient Intake Sheet" asked for personal health information such as height and weight. The form also asked for insurance information and a short medical and allergy history. The "Screening Sheet" listed the different allergens that were tested for and results indicating whether the patient reacted to up to 80 allergens.

## RECORD INSPECTION

13. The employee list revealed that the Respondent has 7 employees, none of whom are licensed by any health occupations board in Maryland.<sup>8</sup>
14. In response to a subpoena, Board staff received from the Respondent patient records and patient intake sheets for approximately 165 patients of Allergy Company A who had received allergy scratch tests at fairs and fitness clubs between August 2017 and January 2018. Out of the 165 patient intake forms the Board received, the Respondent had conducted approximately 100 of the allergy scratch tests.
15. The patient records included "Allergy Screening Reports" (the "Report") that the Respondent completed and provided to the patients after completing allergy screening testing. The Report contained sections for history, method, results, and impression.
16. The Respondent had completed the Reports, routinely documenting in the "history section" that the patients presented with complaints of possible allergies. The Respondent completed the "results section" by specifically identifying to which allergens the patient had a potential reaction. The Respondent further completed the "impression" section of the Report, routinely documenting, "[t]he screening indicates that further testing and follow up with possible immunology may be indicated."

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<sup>8</sup> The Respondent claimed that one of his employees was a certified medical assistant; however, the records he provided revealed that the employee only had an expired medical assistant certification from the State of Illinois.

17. On or about January 29, 2018, Board staff subpoenaed billing claims from Insurance Company A for 6 patients selected from the Respondent's intake sheets that he had provided to Board staff. The billing claims identified Physician A as the physician who had conducted the allergy testing through his practice, Practice A.<sup>9</sup>
18. Board staff also subpoenaed and received the Independent Contractor Agreement between Physician A and Allergy Company A. This agreement states that patients referred for allergy screenings will be billed using Physician A's National Provider Identifier number ("NPI number") and Physician A will be compensated with a physician management fee.

#### **INTERVIEW OF RESPONDENT**

19. On March 5, 2018, Board staff conducted an interview under oath of the Respondent.
20. The Respondent stated that he started conducting allergy screenings for Allergy Company A around April 2017. The Respondent is one of the owners of Allergy Company A along with two business partners, Individual A and Physician A. Each owner owns one third of the company, and Physician A is a full business partner under a "unanimous stockholders agreement."
21. The Respondent holds an associate's degree. He acknowledged that he has no medical experience besides CPR certification and one day of training<sup>10</sup>

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<sup>9</sup> CPT Code 95004, which is the code for allergy testing, was used on the Health Insurance Claim Form. The records indicated that Physician A was billing \$560 for 80 units and insurance was paying between \$315 and \$342. Records received from Insurance Company B revealed that Physician A billed \$560 for allergy skin tests and Insurance Company B paid \$472.

conducted by an allergen applicator company that addressed the application of allergy screenings.<sup>11</sup>

22. The Respondent provided Board staff with a description of the allergy screening, calling it an “allergy scratch test.” He stated that he usually cleans both arms with alcohol, administers the allergen applicators, waits about 18 minutes, and then feels the patient’s arms for bumps and measures any bumps he discovers. The Respondent said that prior to applying the scratch test he explains what he is going to do and informs the patient of the risks involved. He also said that he tells people “it’ll probably itch for, like, about an hour or so, but we have hydrocortisone we can give you and also Benadryl to relieve itching.”
23. The Respondent stated that he did not tell patients they were “allergic” but would tell the patients whether a reaction had occurred.<sup>12</sup>
24. The Respondent indicated that he is aware individuals could have an anaphylactic reaction to the allergy screening. He said that if an emergency occurs he or his staff would call 9-1-1 first, use an EpiPen,<sup>13</sup> and initiate CPR if necessary. The Respondent stated that the two EpiPens used on site during an

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<sup>10</sup> The training involved learning the different types of allergens, how to use the allergen applicator, and what the different skin reactions are. The training also involved a portion on immunology about making immunology vials to sell to doctors to inject patients. However, the Respondent said they have never used immunology in practice even though they have the immunology vials and needles.

<sup>11</sup> The allergen applicator company provides the applicators and training and the laboratory the allergens.

<sup>12</sup> According to the American Academy of Allergy Asthma & Immunology, allergy skin tests should be conducted in an allergist’s office and interpretation of the test requires a health professional with expertise in allergy testing interpretation.

<sup>13</sup> An EpiPen is a medical device that is only available by prescription and is used to treat an anaphylactic reaction.

allergy screening are his personal EpiPens that were prescribed to him for an allergy to bee stings.

25. The Respondent admitted that there was never a doctor, nurse, or physician assistant on site when he performed allergy screenings.
26. The Respondent stated that he is responsible for hiring and managing employees and all billings and services for Allergy Company A. He said that either he or Allergy Company A provided allergy screening training to the other Allergy Company A employees. The Board's investigation revealed that none of the employees who performed allergy screenings for Allergy Company A had medical or nursing licenses.<sup>14</sup>
27. Allergy Company A shares office space with a physician who specializes in weight loss ("Physician B"). The Respondent said that he has only seen one patient in this office location and that the rest of the allergy screenings were conducted at mobile locations including fitness centers ("gyms"), athletic clubs, and county fairs.
28. When the Respondent discussed billing procedures he stated that Allergy Company A does not collect anything that insurance does not cover.<sup>15</sup> He said that Allergy Company A directly bills the patient's insurance carrier under Physician A's NPI number and when Physician A receives the money he routinely sends a check to Allergy Company A.

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<sup>14</sup> The Respondent said that Allergy Company A is trying to hire more "EMT qualified employees" and admitted that "we should definitely get a nurse out there."

<sup>15</sup> The Respondent stated that he accepts insurance and Medicaid for allergy screenings, but that he has not received reimbursement from Medicaid or Medicare.



## INTERVIEW OF PHYSICIAN A

29. On March 20, 2018, Board staff interviewed Physician A under oath.
30. Physician A is a physician who is licensed to practice medicine in the State of Maryland. He works as a solo-practitioner and practices in the areas of internal medicine, sleep medicine, pulmonary disease, and critical care.
31. Physician A stated that the Respondent approached him in the spring or summer of 2017 to join Allergy Company A.<sup>16</sup> Physician A indicated that the Respondent “is his contact” with Allergy Company A.
32. Physician A stated that the Respondent and other individuals who work for Allergy Company A do not work under his direction; he has also never attended an event with Allergy Company A and has never supervised any of their personnel.
33. Physician A stated that the Respondent, or whoever is administering the tests for Allergy Company A, is responsible for “reading/interpreting the results of the allergy testing.” He stated that the patient intake form is similar to forms he is familiar with from other allergist’s offices and agreed that reading and interpreting the results of the allergy testing is within a physician’s scope of practice.
34. When asked if he had any concern about doing allergy tests at places like a state fair or “gym”, Physician A replied, “[y]eah. So, I guess the concern

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<sup>16</sup> Physician A stated that his agreement with Allergy Company A provides that the company employees conduct the allergy screening tests and use his name as the provider and he receives some of the profits.

would be the same concern you would have anywhere is if someone has a reaction or anaphylaxis.”

35. Physician A stated that Allergy Company A bills the insurance companies directly using Physician A’s name as the provider for the allergy testing. He further stated he does not review the allergy testing.

### **EXPERT REVIEW**

36. On or about June 13, 2018, based on a review of relevant records from the Board’s investigative file, the expert issued a report in which she opined that the Respondent is practicing or attempting to practice medicine and that there is a substantial likelihood of risk of serious harm to the public health, safety or welfare of patients in Maryland. Her opinion was based, in part, on the following:

- The photographs from the unannounced site visit of Facility A “reveal products that are typically used in physicians’ offices for skin testing”;
- the Respondent was administering 80 allergens to patients, which is greater than what is done in clinical practice;
- the expert stated that testing in public locations was “inappropriate and unsafe” and said there was no one to “properly interpret these tests, answer questions, or treat reactions.”;
- “[the Respondent] did not have appropriate training or licensure to perform these tests or to treat a patient if needed.”

### **CONCLUSION OF LAW**

Based on the foregoing investigative findings, Panel A concludes as a matter of law that the Respondent practiced medicine without a license.

### **ORDER**

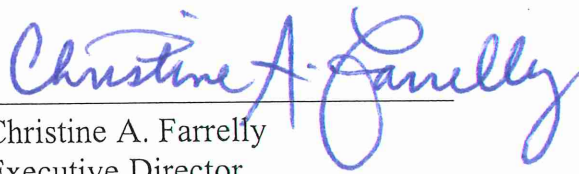
Based on the investigative findings and Panel A's conclusion of law that the Respondent practiced medicine without a license, it is hereby:

**ORDERED** that, pursuant to the authority vested by the Maryland Medical Practice Act, Health Occ. § 14-206(e)(1), the Respondent shall **IMMEDIATELY CEASE AND DESIST** from the practice of medicine; and it is further

**ORDERED** that this order is **EFFECTIVE IMMEDIATELY** pursuant to Md. Code Regs. 10.32.02.11E (1)(b); and it is further

**ORDERED** that this is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101-4-601 (2014 Repl. Vol.) and Md. Code Regs. 10.32.02.11E (1)(a).

08/08/2018  
Date

  
Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

**NOTICE OF OPPORTUNITY FOR A HEARING**

The Respondent may challenge the factual or legal basis of this Order by filing a written opposition within 30 days of its issuance. The Respondent has a right to a hearing, but must request a hearing within 30 days of the issuance of this Order. The written opposition and/or request for a hearing should be made to: Christine A. Farrelly, Executive Director, Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215, with a copy mailed to Dawn L. Rubin, Assistant Attorney General, Health Occupations Prosecution and Litigation Division, Office of the Attorney General, 300 West Preston Street, Suite 201, Baltimore, Maryland 21201. If the

Respondent files a written opposition, the Board will consider that opposition and will provide a hearing, if requested. If the Respondent does not file a written opposition, the Respondent will lose the right to challenge this Initial Order to Cease and Desist.