



State of Louisiana  
Department of Health and Hospitals  
**Louisiana Physical Therapy Board**  
104 Fairlane Drive Lafayette, Louisiana 70507  
337/262-1043 FAX 337/262-1054

CASE NUMBER: 2013 - 10

DATE: August 16, 2013

RE: Informal Consent Order Regarding Late License Renewal


Licensee Melinda Rich, License No. A2007G, (referred to herein as Applicant) acknowledges that he failed to timely complete and submit application for renewal of his Physical Therapy license for the renewal period beginning May 1, 2013. License renewals are required by law and Board Rules to be made "by March 31 but no later than April 30<sup>th</sup>". Pursuant to La. 37:R.S. 2417 B a license not renewed in accordance with the rules of the Board shall automatically expire "at the end of its term" after which the licensee shall not practice in Louisiana. Applicant acknowledges that he has practiced physical therapy in Louisiana from May 1, 2013 through June 28, 2013 without a valid license in violation of La. R.S. 37:2417 B. These facts and provisions of the Physical Therapy Practice Act and Board Rules provide a basis and authority for this Consent Order.


Applicant has now applied for reinstatement of her license. She agrees to the following terms and conditions with the Louisiana Physical Therapy Board (the Board) for late renewal:

A. Applicant will pay to the Board, in addition to regular renewal and reinstatement fees, the sum of \$250 as reimbursement for the administrative and legal time and expenses involved in late renewal of her license. Payment by cashier's check or credit card will be made by August 30, 2013. Any additional time for making this payment requires written approval by the Board.

B. Applicant shall provide documentation with this agreement from her employer(s) which reflects that all charges to patient accounts have been reversed for all treatments provided by applicant during the period when she was not licensed.

C. Applicant voluntarily gives her consent to this Informal Consent Order, the terms of which were approved by the Board at its June 19, 2013 meeting.

  
Applicant

  
Cheryl Gaudin, Executive Director  
On behalf of the Board

Date: 8-20-2013

**CERTIFICATION REGARDING FEES  
FOR PHYSICAL THERAPY SERVICES**

The undersigned representative of Physical Therapy Services of West Louisiana which is the \_\_\_\_\_ (Name of facility) employer of Melinda Rich, a physical therapist assistant, subject to licensure by the Louisiana Physical Therapy Board, whose license number is A2007G, acknowledges receipt of the Informal Consent Order for Late Renewal of License between the Board and licensee. This Consent Order indicates that between May 1, 2013 and June 28, 2013, Melinda Rich did not hold a valid license to provide physical therapy services as required by law. During this period, Licensee continued to work at this facility and treat patients who were billed for physical therapy services.

Since Licensee was not legally authorized to provide physical therapy services during the period indicated above, I certify to the Board that charges for those physical therapy services provided by Licensee during the period identified above have now been reversed or refunded to the payor with appropriate notification directly to the patient. Records of this facility document that these unearned fees have been reversed or refunded and such records may be inspected by Board representatives by contacting me during regular business hours at 337-238-9931.

(Telephone number)

I certify that the above information is true and correct and that I have personal knowledge of its accuracy.

Kimberly McCollough \_\_\_\_\_

Signature

Kimberly McCollough \_\_\_\_\_

Print Name

Office Manager \_\_\_\_\_

Title

Physical Therapy Services of West Louisiana  
Facility

## Cheryl Gaudin

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**From:** Authorize.Net Auto-Receipt [emailreceipts@authorize.net]  
**Sent:** Tuesday, August 20, 2013 1:21 PM  
**To:** CHERYL GAUDIN  
**Subject:** Merchant Email Receipt

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===== SECURITY STATEMENT =====

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===== GENERAL INFORMATION =====

Merchant : LOUISIANA BOPT EXAMINERS (444640) Date/Time : 20-Aug-2013 12:20:38 CCST

===== ORDER INFORMATION =====

Invoice :  
Description : Payment of Disciplinary Action Amount : 253.00 (USD) Payment Method : Visa Type  
: Authorization and Capture

===== RESULTS =====

Response : This transaction has been approved.  
Authorization Code : 074309  
Transaction ID : 5474639739  
Address Verification : Street Address: Match -- First 5 Digits of Zip: Match

===== CUSTOMER BILLING INFORMATION =====

Customer ID : A2007G  
First Name : Melinda T  
Last Name : Rich  
Company :  
Address : 1213 North Texas  
City : DeRidder  
State/Province : LA  
Zip/Postal Code : 70634  
Country :  
Phone :  
Fax :  
E-Mail : [ntr1959@gmail.com](mailto:ntr1959@gmail.com)

===== CUSTOMER SHIPPING INFORMATION =====

First Name : Melinda T  
Last Name : Rich  
Company :  
Address : 1213 North Texas  
City : DeRidder  
State/Province : LA  
Zip/Postal Code : 70634  
Country :

===== ADDITIONAL INFORMATION =====

Tax :  
Duty :