

**BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NUMBER: 2023 MLB 0020**

IN THE MATTER OF THE LICENSE OF:)
)
CLIFFORD W. FETTERS, M.D.)
)
LICENSE NO: 01034557A)



ADMINISTRATIVE COMPLAINT

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Carah J. Rochester, pursuant to Ind. Code § 25-1-7-7 and Ind. Code ch. 4-21.5-3, brings this Administrative Complaint before the Medical Licensing Board of Indiana (“the Board”) against the medical license of Clifford Feters, M.D. (“Respondent”) for violations of Ind. Code § 25-1-9-4. In support, Petitioner states and alleges the following:

FACTS

Parties

1. The Office of the Attorney General (“OAG”) is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondent’s license.
2. Respondent is a physician (“M.D.”) in the State of Indiana having been issued license number 01034557A by examination on August 14, 1985.
3. Respondent also holds a controlled substance registration (“C.S.R.”) in the State of Indiana having been issued registration number 01034557B by application on September 17, 1985.
4. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 11900 N. Pennsylvania Street, Suite 200, Carmel, Indiana 46032.

Jurisdiction

5. The OAG received consumer complaints filed against Respondent on August 10, 2017, October 17, 2017, April 25, 2018, and March 2, 2021, and an investigation was then conducted as authorized by Ind. Code § 25-1-7-5(b)(4).

6. After investigation, the OAG determined that the complaints had merit, and, accordingly, a copy of the consumer complaints is being submitted to the Board herewith as Exhibits A-D.

7. The OAG having tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

8. Further, at all times relevant, Respondent was a “practitioner” as that term is defined by Ind. Code § 25-1-9-2.

9. As such, the Board has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

Respondent’s Misconduct

Health and Wellness of Carmel

10. Respondent started Health and Wellness of Carmel (“H&W”) in 2006. At all times relevant, Respondent was the owner of and practiced medicine at H&W.

11. H&W provides holistic medical care for children and adults.

12. Services provided at H&W include: “Alternative Cancer Treatments,” IV Nutritional Therapy, Integrative Medical Services, Health and Wellness Management, and Aesthetic Services.

13. Alternative cancer treatments at H&W include: holistic cancer treatment, personalized cancer testing, circulating tumor cell tests, RGCC cancer sensitivity tests, far infrared

heat sauna, immune support therapy, supportive oligonucleotide technique (“SOT”), PrimeSPOT, sono and photo dynamic therapy, and Vaxo-Q-Re.

14. On May 25, 2022, H&W advertised that “through the use of holistic cancer treatment, [H&W] can effectively boost the immune system of [their] patients, as well as eliminate toxins in their body.”

15. On May 25, 2022, H&W advertised several options for IV therapy for cancer treatment which include vitamin C, vitamin K3, IV ozone therapy, and hyperthermia.

16. On May 25, 2022, H&W advertised that ozone has “many therapeutic properties” and “[c]an be used as part of a therapeutic plan for almost every disease,” including cancer.

17. On May 25, 2022, H&W advertised that vitamin C “may work in killing cancer (chemotherapeutic action)” by “increased production of hydrogen peroxide production (pro-oxidant), anti-angiogenesis (stop the blood supply that feeds cancer), immune system support (interferon, interleukin, etc.), and anti-inflammatory.”

18. On August 31, 2021, Respondent authored a blog on the H&W website titled, “How Does IV Therapy Help Treat Cancer?” Respondent published,

IV therapy sessions can help to boost your immune system and increase the production of good chemicals in your body. Some treatments may also act as an anti-inflammatory. Cancer treatments can be harsh on the body, but with IV therapy, you may be able to reduce the number of cancer cells without traditional chemotherapy and the side effects that go along with it.

IV therapy may be able to help reduce the size of cancerous tumors and provide you with needed vitamins. There are different options to treat your cancer, and Dr. Clifford Fetters can help you decide which is best. Our office serves the Carmel, Indianapolis, and Noblesville, IN areas. Dr. Fetters may be able to help you during your cancer diagnosis journey.

19. As of May 10, 2023, H&W continued to advertise the above statements in paragraphs twelve (12) through eighteen (18).

20. Under 21 C.F.R. § 801.415(a), “Ozone is a toxic gas with no known useful medical application in specific, adjunctive, or preventive therapy.”

21. In addition, under 21 C.F.R. § 801.415(c), “A number of devices currently on the market generate ozone by design or as a byproduct. Since exposure to ozone above a certain concentration can be injurious to health, any such device will be considered adulterated and/or misbranded.”

Patient J.H.

22. In or around 2014, J.H. was diagnosed with stage IV brain cancer—glioblastoma.

23. In May 2016, after J.H. underwent cancer treatment—surgery, chemotherapy, and radiation. she then sought a second opinion and alternative cancer treatment with Respondent.

24. On or about, May 2, 2016, J.H. visited with Respondent for an “initial full cancer evaluation.”

25. Respondent explained to J.H. and her husband (“T.H.”) that holistic treatment for treating aggressive cancer usually cost \$20,000 to \$35,000 per month, which would not be covered by insurance.

26. Respondent evaluated J.H., recommended several supplements, ordered labs, recommended a heavy metal challenge test, and recommended IVs of vitamin C, B17, and “salthenium.”

27. Respondent noted in J.H’s medical records, “I am interested in having you do a Heavy Metal Challenge test, \$330 as most people with cancer have a heavy metal burden which prevents cancer healing.”

28. Respondent noted in J.H’s medical records, “We will do IV Vitamin C, B17, and salthenium to slow down the progression of the cancer cells.”

29. J.H. had visits with Respondent every two (2) to six (6) weeks for several months and underwent Respondent's recommended treatment.

30. Respondent made several representations in J.H.'s medical record which included:

“[E]ven though [sic] the tumor is marked inoperable, I believe our treatment can slow this down.”

“We will do IV Vitamin C, B17, and salthenium to slow down the progression of the cancer cells.”

“Please avoid fruits as this turns into sugar which feeds cancer cells. Cancer cells can not [sic] use fat as an energy source. I recommend you follow the foods for brain cancer and the ketogenic diet. Please see the handout for this. This diet will starve cancer cells”

“[F]erritin level up, should be around 70, Discussed that too much lead and heavy metals suppress immune system, this can allow cancer to grow.”

“The Vitamin C and B17 is slowing the growth of the tumor.”

“[M]ost people with cancer have a heavy metal burden which prevents cancer healing.”

31. Respondent did not indicate in the medical record that he discussed any potential side effects of the proposed tests and treatments with J.H.

32. On or about February 3, 2017, J.H. died.

Patient J.M.

33. On or about May 24, 2017, J.M. had a CT scan of his abdomen and the findings were an “elongated soft tissue mass present within the tail of the pancreas. Measuring 5.2 x 2.7 cm, suspicious for neoplasm.”

34. On or about June 8, 2017, a final impression of the pancreatic mass was “invasive ductal adenocarcinoma.”

35. On or about August 11, 2017, J.M. had a pancreatic cancer consultation with Respondent.

36. Respondent made the following representations in J.M.'s medical record:

“On average, 2% longevity is added by chemotherapy and radiation. As soon as tumor is larger than 1mm it starts creating circulating tumor cells (CTCs). We do testing through RGCC to determine the number of CTCs. We do also test for both chemotherapeutic and natural substances that will be effective at treating your specific cancer.”

“Looking at the statistics as whole along with the testing and results from RGCC, 1/3 live 3x or more longer, 1/3 live 1.2-3x longer than expected, and 1/3 have minimal improvement. Those who have minimal improvement usually started holistic treatment when the cancers was very late stage and their oncologists gave them a short life expectancy.”

“We discussed remission rates with pancreatic cancer with RGCC. I feel his prognosis is good since the CA was caught so early. Traditional medicine might saw he has a 3% chance of being alive in 5 years; whereas with traditional treatments I feel he has a 33% chance of being alive in 5 years.”

“Macrophages are an important part of the immune system that, with other cells in the immune system, fights off bacteria, viruses, and/or cancer cells. The macrophages are activated by a substance called Macrophage activating factor (GcMAF), which is naturally produced in the body. Nagalase is an enzyme produced by viral load, some bacterial loads and/or cancer cells in the body that prevents GcMAF from being produced. This means that macrophages do not receive the signal to fight off foreign cells and immune functioning is impaired. I recommend checking a nagalase level today. (\$100)”

37. J.M. took several supplements and vitamins, underwent labs, RGCC testing, thermography, a heavy metal challenge test, and an “Ozone/UBI/Vit C/ Redlight/Direct US, US Bath”, at the advisement of Respondent.

38. Respondent did not indicate in the medical record that he discussed any potential side effects of the proposed tests and treatments with J.M.

39. On or about December 20, 2017, J.M. died.

Patient W.S.

40. In approximately 2016, W.S. was diagnosed with stage IV renal cancer.
41. In approximately January of 2016, W.S. had an MRI and a nine (9) centimeter renal mass was found.
42. On or about September 14, 2017, W.S. had an initial full cancer evaluation with Respondent for his stage IV metastatic renal cancer.
43. In W.S.'s medical records, Respondent made the following representations:
- “You have been told from oncologist that your sta[g]e IV cancer can be cured so they are doing chemo to minimize tumor growth to extend lift. OUR cancer treatment for your tumor had 1/3 chance some improvement of tumor size, 1/3 great improvement, 1/3 just expending life. In the mean time we are going to run blood tests to check to see ift there is any infectious process playing a role in what is going on with you.” [sic].
- “Your body shows that you have many different supplements that can lower your cells and fight the cancer cells.”
- “Cancer is fed by sugar so I am glad you lost weight.”
- “I recommend doing a full Dr. Tennant treatment. Our cells should run at -20 to -25 millivolts for a healthy person. If you are sick or have pain you are most likely not in that range. To be considered in the ‘healing’ range the cells in our bodies need to be at -50 millivolts. We are able to send voltage into your body to place your cells at the -50 millivolts. Prior to doing this we will check your polarity-if you aren’t in polarity you won’t be able to accept the voltage treatment.”
44. Respondent recommended W.S. undergo RGCC and a heavy metal challenge test, recommended several supplements, and they discussed a ketogenic diet and Therasage Infared sauna.
45. On or about May 10, 2018, W.S. cancelled his upcoming appointments with Respondent.
46. Respondent did not indicate in the medical record that he discussed any potential side effects of the proposed tests and treatments with W.S.

Patient W.ST.

47. In approximately 2013, W.ST. began seeing Respondent as a patient.
48. In approximately 2013, W.ST. had a heart scan and was diagnosed with coronary artery disease (“CAD”).
49. W.ST. had a twenty (20) year history of smoking.
50. In response to the CAD diagnosis, Respondent provided W.ST. with vitamins K2+D, citranox, zinc, and probiotics. He also recommended W.ST. do “The Bulletproof Diet.”
51. Respondent also suggested W.ST. use Exercise with Oxygen Therapy. The cost of the units for the therapy are approximately \$4,000.
52. Respondent also treated W.ST. for “high mercury levels with chelation therapy.”
53. Respondent did not indicate in the medical record that he discussed any potential side effects of the proposed tests and treatments with W.ST.

AGGRAVATING FACTORS

54. On June 27, 2017, Representatives of the Estate of L.N. filed a Proposed Complaint for Damages with the Indiana Department of Insurance against Respondent. Plaintiff alleged “that as a proximate result of the negligence of the [Respondent], L.N. passed away after extensive suffering, lost the opportunity to treat, incurred medical expenses, went through additional treatment, lost wages and/or incurred other intangible damages of a nature as to require compensation.”

55. On July 23, 2021, the Indiana Medical Review Panel determined that the evidence supported the conclusion that Respondent failed to meet the applicable standard of care.

CHARGES

56. Paragraphs one (1) through fifty-five (55) are incorporated by reference.

Count 1
Violation of Ind. Code § 25-1-9-4(a)(4)(B)

57. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although Respondent has become unfit to practice due to failure to keep abreast of current professional theory or practice. Specifically, Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) by advertising on H&W's website the use of ozone therapy as being therapeutic for cancer and other diseases despite 21 C.F.R. § 801.415(a).

Count 2
Violation of Ind. Code § 25-1-9-4(a)(1)(C)

58. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(1)(C) in that Respondent has advertised services in a false or misleading manner. Specifically, Respondent violated Ind. Code § 25-1-9-4(a)(1)(C) by advertising on H&W's website the use of ozone therapy as being therapeutic for cancer and other diseases despite 21 C.F.R. § 801.415(a).

Count 3
Violation of Ind. Code § 25-1-9-4(a)(4)(B)

59. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although Respondent has become unfit to practice due to failure to keep abreast of current professional theory or practice. Specifically, Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) by advertising on his practice's website the use of various tests and treatments for cancer which are not supported by current professional theory or practice.

Count 4
Violation of Ind. Code § 25-1-9-4(a)(1)(C)

60. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(1)(C) in that Respondent has advertised services in a false or misleading manner. Specifically, Respondent violated Ind. Code § 25-1-9-4(a)(1)(C) by advertising on H&W's website the use of various tests and treatments for cancer which are not supported by current professional theory.

Count 5
Violation of Ind. Code § 25-1-9-4(a)(3) and 844 IAC 5-2-3

61. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-3 by failing to give a truthful and candid account of Patient J.H.'s condition to Patient J.H.

Counts 6 -9
Violation of Ind. Code § 25-1-9-4(a)(3) and 844 IAC 5-2-5

62. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-5 by failing to inform Patient J.H. of the side effects of suggested tests and treatments.

63. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-5 by failing to inform Patient J.M. of the side effects of suggested tests and treatments.

64. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-5 by failing to inform Patient W.S. of the side effects of suggested tests and treatments.

65. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-5 by failing to inform Patient W.ST. of the side effects of suggested tests and treatments.

Counts 10-13
Violation of Ind. Code § 25-1-9-4(a)(3) and 844 IAC 5-2-5

66. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-5 by suggesting and ordering various tests and treatments that were not indicated for the condition(s) present in Patient J.H.

67. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-5 by suggesting and ordering various tests and treatments that were not indicated for the condition(s) present in Patient J.M.

68. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-5 by suggesting and ordering various tests and treatments that were not indicated for the condition(s) present in Patient W.S.

69. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that he has knowingly violated any state statute or rule, or federal statute or regulation, regulating the practice of medicine. More specifically, Respondent violated 844 IAC 5-2-5 by suggesting and ordering various tests and treatments that were not indicated for the condition(s) present in Patient W.ST.

REQUESTED RELIEF

ACCORDINGLY, Petitioner requests that the Board issue an order against Respondent that:

- I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-9-9;
- II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-9-15;
- III. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and
- IV. Provides any other relief the Board deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA
Indiana Attorney General
Attorney No. 18857-49

By: *Carah J. Rochester*
CARAH J. ROCHESTER
Deputy Attorney General
Attorney No. 36266-41

The Office of the Indiana Attorney General
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770
Telephone: 317-234-7015
Fax: 317-232-7979
Email: Carah.Rochester@atg.in.gov

CERTIFICATE OF SERVICE

I hereby certify that on the 11th day of May, 2023, a true and correct copy of this Administrative Complaint was served upon the below-listed party or parties:

Clifford Fetters, M.D.
11900 N. Pennsylvania Street, Suite 200
Carmel, Indiana 46032

Stephanie T. Eckerle
Alexandria M. Foster
One Indiana Square
Suite 2800
Indianapolis, IN 46204

Carah J. Rochester

CARAH J. ROCHESTER
Deputy Attorney General
Attorney No. 36266-41

AUG 10 2017

ATTORNEY GENERAL OF INDIANA
CONSUMER PROTECTION



CONSUMER COMPLAINT
Office of the Indiana Attorney General
(R4 / 11-16)

INSTRUCTIONS: To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type. *Do not include your Social Security Number* on this form or in any accompanying documents. *Please note:* If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

| Section 1: Your Information | | | |
|---|--|---|-----------------------------|
| Salutation <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Rev. | | Street Address [REDACTED] | |
| Full Name or Organization/Agency [REDACTED] | | City [REDACTED] | State [REDACTED] |
| If an Organization/Agency provide a Primary Contact Name N/A | | County [REDACTED] | Daytime Phone [REDACTED] |
| Age Group [REDACTED] | | Email Address [REDACTED] | |
| May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Are you or your spouse active military? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| Section 2: Who is the Complaint Against? | | | |
|--|--------------------------------------|---|--------------------|
| Individual/Business <i>Clifford W. Fetters, m.d. Health and Wellness of Carmel LLC</i> | | Name of Individual/Representative you dealt with <i>Clifford W. Fetters, M. D.</i> | |
| Street Address <i>11900 N. Pennsylvania Street</i> | | City <i>Carmel</i> | State <i>IN</i> |
| County <i>Hamilton</i> | Daytime Phone <i>317-663-7123</i> | Zip Code <i>46032-4694</i> | |
| Email Address | | [REDACTED] | |

| Section 3: Transaction/Incident Details | |
|--|--|
| 3-A: Date of Transaction/Incident <i>5-2-2016 to 1-10-2017</i> | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input checked="" type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | |
| <input type="checkbox"/> My home | <input type="checkbox"/> By Internet/Email |
| <input checked="" type="checkbox"/> At the location of the business | <input type="checkbox"/> By Telephone |
| <input type="checkbox"/> Away from the location of the business (work, convention, etc.) | <input type="checkbox"/> By Social Media |
| <input type="checkbox"/> By Mail | <input type="checkbox"/> Other _____ |
| 3-D: What was the very first contact between you and the Individual/Business? | |
| <input checked="" type="checkbox"/> I telephoned the individual/business | <input type="checkbox"/> I received information in the mail |
| <input type="checkbox"/> I responded to a TV/radio ad | <input type="checkbox"/> I went to the location of the business |
| <input type="checkbox"/> A person came to my home | <input type="checkbox"/> I received a phone call from the business |
| <input type="checkbox"/> I received information by email | <input type="checkbox"/> I responded to an offer on the internet |
| 3-E: How did you Pay? | |
| <input type="checkbox"/> Cash | <input checked="" type="checkbox"/> Credit Card/Pre-Pay |
| <input type="checkbox"/> Check | <input type="checkbox"/> Installment Loan |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Pay-Pal | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> Wire Transfer | <input type="checkbox"/> Other _____ |
| 3-F: What, if any, is the Dollar amount associated with your loss? | \$ [REDACTED] |

| Section 4: Actions Taken by Consumer | |
|---|--|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-B: Have you hired a private attorney? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-C: Have you started a court action? If yes, please attach a copy of all court papers. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers. |

Section 4 Actions Taken by Consumer - *continued*

Yes No 4-E: Have you complained to the Individual/Business?
 Yes No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

Section 5 Transaction/Incident Details – *attach additional pages if necessary*

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. Do Not include your Social Security Number.

If you answered "Yes" to 4-E or 4-F above, please include those details also with your description of the Transaction/Incident.

(see attached explanation)

Section 6 How would you like your Complaint resolved?

I would like to see his license revoked, and Dr. Fetters prevented from treating others.

Section 7 WHAT HAPPENS NEXT?

The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

Section 8 Mail Completed Forms to:

Office of the Indiana Attorney General
Consumer Protection Division
Government Center South, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204
317-232-6330 (phone) • 317-233-4393 (fax)
www.IndianaConsumer.com

Section 9 Consent and Verification

Do you consent to disclosing the following information to the public? → Yes No The nature of the complaint and the individual/business name
 Yes No Your name
 Yes No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

[Redacted Signature]

AUG. 10, 2017
Date

June 23, 2017

Dear Sirs,

My wife [REDACTED] was diagnosed on March 17, 2014 with stage 4 brain cancer (Glioblastomas) with a prognosis upon original diagnosis of 6 months to 3 years with an average of 18 months. After undergoing regular cancer treatment (i.e. surgery, chemotherapy and radiation treatments), my wife sought a second opinion and alternative holistic treatment with Dr. Fetters beginning May 2, 2016 coinciding with her regular oncology treatments. She chose Dr. Clifford Fetters MD, because his business card indicated by the letters M.D. following his name that he was a trained medical doctor. (See copy of card enclosed)

Eventually my wife's cancer progressed to the point that she was hospitalized at St. Frances Hospital after a seizure occurring on July 19, 2016. On or around July 21, 2016 [REDACTED] oncologist met with the family members to discuss preparation of a (DNR), Power of attorney, and putting her on hospice care.

Upon her release from the hospital she was prescribed by her oncologist steroids for brain swelling and anti-seizure medications. [REDACTED] improved on the medications and although hospice had been assigned hospice was not required at the time.

[REDACTED] continued during this time to see Dr. Fetters. Even though she had shown improvement on the steroids and anti-seizure medication, stabilizing her condition to the quality of life she had enjoyed before hospitalization, Dr. Fetters had [REDACTED] abruptly discontinue the oncologist's course of treatment and continue his treatment only.

I accompanied my wife to every appointment with Dr. Fetters from the beginning. Initially we informed Dr. Fetters of Julie's diagnosis. On the first visit he asked, "What were we willing to pay for healing?" explaining that he had

patients paying from \$500.00 per month to \$35,000.00 per month. I felt right away he was all about the money. There were never any other witnesses in the room when he met with us. He told us in the beginning that he could have [REDACTED] in remission in 2 to 4 months depending on his initial evaluation and battery of tests (copy of results enclosed). He stated he felt pretty sure he could have my wife back to work by the first of the year. This caused [REDACTED] to be so hopeful that she was actually extremely stressed by this comment because she had been a respiratory therapist and had let her license lapse because the oncologist had informed us on her initial diagnosis that she would never be capable of returning to work again.

Every time we visited Dr. Fetters he added new supplements that could only be purchased through him. All lab testing had to be through his lab and although all his reports promised a complete explanation of the lab testing results we did not receive any except his original evaluation. (See Dr. reports per visits)

To my knowledge there was never any additional lab testing or any MRIS done unless I insisted. When I requested that further testing be done at St. Francis Hospital (where she had received her previous cancer treatment and who possessed all of her medical records) Dr. Fetters adamantly resisted and verbally argued with me until I insisted on the testing.

Even so without further lab testing Dr. Fetters would list on his reports of our visits that [REDACTED] was doing well with his IV treatments. (refer to reports enclosed)

During office visits Dr. Fetters examined my wife, diagnosed her, and prescribed new medications and supplements (emphasizing and listing the cost of same-see papers enclosed) by holding her arm up at the wrist, pressing on her wrist, and counting. During these arm examinations he would find an obvious pressure point, press on it, causing involuntary movement of her arm and hand, and diagnose new vitamin deficiencies, always increasing her supplements

averaged approximately \$1,000.00 per month by the time she discontinued treatment.

Throughout [REDACTED] treatment with Dr. Fetters it seems he was more concerned with the cost of everything. He continually asked if treatment costs were an issue and would remind us that other patients were paying him considerably more trying to convince us that his costs were just the cost of healing. He would often suggest to us other financial resources we could access that we did not have available such as 401ks, etc. On several occasions I questioned his methods of treatment and the continued increased costs, but he just ignored my concerns.

Each time he added a new product or supplement he convinced my wife that the product suggested was especially designed for her specific illness.

From the moment of her initial cancer diagnosis by her oncologist we were informed that her condition was incurable.

The reasons why we went to Dr. Fetters was to get an honest second opinion and to see if there was alternative treatments to improve and extend [REDACTED] life. When Dr. Fetters saw how desperate my wife was to have a glimmer of hope of improvement, he took advantage of us and conned us for thousands of dollars. More importantly, however, he gave my wife false hope and during his course of treatment advised her to discontinue the medications that were best controlling her symptoms while requiring such a restricted diet and excessive supplements, IV treatments and exercise he robbed [REDACTED] and her family of the best quality of life she could experience in her final months.

Although [REDACTED] showed extreme weight loss under Dr. Fetters care he continued to advise her to lose weight. Her whole final days revolved around the regiment of food, exercise, and supplements he had prescribed consuming her

totally, not allowing her freedom to enjoy those days and months with family and friends to the best her illness would allow.

On [REDACTED] second-to last visit with Dr. Feters in December 2016 we had to sit and wait half hour before seeing the doctor. He then spent half hour with [REDACTED] and myself and charged us \$400.00 an hour.

On January 2017 we sat for over 1 hour waiting. When Dr. Feters came in he asked if we had waited long. I informed him we had waited 1 hour and should not have to pay. After he examined [REDACTED] by the arm method previously described he claimed he was late due to another patient having chest pains and leg pains, but we observed no indication of any emergency in his office.

On the January visit Dr. Feters wanted to add a new yogurt. Again this product was described as being developed specifically for [REDACTED] illness. [REDACTED] asked the doctor if she agreed to take the new yogurt if she could discontinue some of his other supplements. He hatefully asked "Why is money an issue?" By this time my wife grasped my arm because she knew I would be upset with the tone Dr. Feters was using with her and we left.

In January [REDACTED] was noticeable worse. Within 2 weeks she fell and was taken to the ER. She was then placed back in hospice care on January 25, 2017 and never recovered. By Jan. 29, 2017 [REDACTED] was totally bedfast with catheter and passed away February 3, 2017. However, if you review Dr. Fetter's notes on Jan. 10th (copy enclosed) he states. "Overall you are doing well with the IV treatments, vitamin C and B17" as he had reported on most of her visits.

Sincerely,

Timothy J. Hubbard



CONSUMER COMPLAINT
Office of the Indiana Attorney General
(R4 / 11-16)

INSTRUCTIONS: To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

| Section 1: Your Information | | | | |
|--|---------------------------------|--|-------------|---|
| Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. | | Street Address ██████████ | | |
| Full Name/Organization/Agency ██████████ | | City ██████ | State ██ | Zip Code ████ |
| If an Organization/Agency provide a Primary Contact Name | | County Out/State County | | Daytime Phone ██████████ |
| Age Group ██████████ | | Email Address ██████████ | | |
| | | May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| | | Are you or your spouse active military? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Section 2: Who is the Complaint Against? | | | | |
| Individual/Business Dr. Clifford Fetters | | Name of Individual/Representative you dealt with Dr. Clifford Fetters | | |
| Street Address Health & Wellness of Carmel | | City Carmel | State IN | Zip Code 46032 |
| County | Daytime Phone (317) 663-7123 | Email Address | | |
| Section 3: Transaction/Incident Details | | | | |
| 3-A: Date of Transaction/Incident 10/2/2017 | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input checked="" type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-profit/Church | | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By internet/Email | | |
| <input type="checkbox"/> At the location of the business | | <input type="checkbox"/> By telephone | | |
| <input type="checkbox"/> Away from the location of the business | | <input type="checkbox"/> By Social Media | | |
| <input type="checkbox"/> By mail | | <input type="checkbox"/> Other | | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | | <input type="checkbox"/> I responded to a printed advertisement |
| <input type="checkbox"/> I responded to a TV/radio ad | | <input checked="" type="checkbox"/> I went to the location of the business | | <input type="checkbox"/> Other, describe below |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | | |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the internet | | |
| 3-E: How did you Pay? | | | | |
| <input checked="" type="checkbox"/> Cash | | <input type="checkbox"/> Credit Card/Pre-pay | | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Check | | <input type="checkbox"/> Installment Loan | | <input type="checkbox"/> Medicare |
| | | <input type="checkbox"/> Pay-Pal | | <input type="checkbox"/> Wire Transfer |
| | | <input type="checkbox"/> Private Insurance | | <input type="checkbox"/> Other |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | \$15,000 | | |

Section 4 Actions Taken by Consumer

- Yes No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- Yes No 4-B: Have you hired a private attorney?
- Yes No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- Yes No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

Section 4 Actions Taken by Consumer - *continued*

- Yes No 4-E: Have you complained to the Individual/Business?
- Yes No 4-F: Have you filed a complaint with any other agency? If yes, list other agency: No

Section 5 Transaction/Incident Details – *attach additional pages if necessary*

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

Dr. Clifford Fetters is preying upon the sick and elderly who have cancer. He is telling them that he can cure their cancer if they have unlimited funds because regular insurance will not cover his treatments because his treatments are unproven. He told my father in my presence that he has never cured anyone of pancreatic cancer (which is what my father has) but, if my father would pay ANOTHER \$12,000 (he has already given him \$15,000 for miscellaneous vitamins and supplements) for this new dendretic treatment that he could give him a 30% chance of survival. Although today he promised him he could extend his life by years. He has absolutely no proven history of curing anyone's cancer or any factual evidence that his treatments work but he continues to tell people he can cure them and give them false hope while he is clearing out their bank accounts in the process.

I am a believer in using natural solutions for symptoms of minor illnesses and a lot of miscellaneous ailments so I do believe Dr. Fetters has helped people with those things. However he has setup a whole Cancer treatment center to "cure" people with his natural treatments and he still cannot give me one instance where he has cured someone's cancer. When I asked repeatedly for factual data regarding treatment outcomes his answer is continually ..."This is a new procedure in the last 3 years so we do not have any data yet." Which means he has none.

As a family member of someone who is dying of pancreatic cancer it is infuriating that he is giving my father false hope and draining his bank account at the same time with no repercussion for him stating these false claims.

Section 6 How would you like your Complaint resolved?

I would like for him to not be practicing medicine on cancer patients as he has had no formal training and has not had any proven success in treating cancer patients.

Section 7 WHAT HAPPENS NEXT?

The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

Section 8 Mail Completed Forms to:


Office of Attorney General
 Consumer Protection Division
 Government Center South, 5th Floor
 302 W. Washington Street
 Indianapolis, IN 46204
 317-232-6330 (phone) • 317-233-4393 (fax)
 www.IndianaConsumer.com

Section 9 Consent and Verification

Do you consent to disclosing the following information to the public? →

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The nature of the complaint and the individual/business name |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Your name |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Your phone number |

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

| | |
|--|--|
|  _____ Your signature | <u>October 17, 2017</u> _____ Date |
|--|--|



CONSUMER COMPLAINT
Office of the Indiana Attorney General
(R4 / 11-16)

INSTRUCTIONS: To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

| Section 1: Your Information | | | | |
|---|---------------------------------|--|---------------|---|
| Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. | | Street Address ████████████████████ | | |
| Full Name/Organization/Agency ████████████████████ | | City ████████ | State ██ | Zip Code ██████ |
| If an Organization/Agency provide a Primary Contact Name | | County ████████ | | Daytime Phone ██████████ |
| Age Group ████████████████████ | | Email Address ████████████████████ | | |
| | | May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| | | Are you or your spouse active military? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Section 2: Who is the Complaint Against? | | | | |
| Individual/Business Dr. Clifford Fetters MD | | Name of Individual/Representative you dealt with Dr. Fetters | | |
| Street Address 11900 N Pennsylvania St. ste 200 | | City Carmel | State IN | Zip Code 46032 |
| County Hamilton | Daytime Phone (317) 663-7123 | | Email Address | |
| Section 3: Transaction/Incident Details | | | | |
| 3-A: Date of Transaction/Incident August 2017 | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input checked="" type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-profit/Church | | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By internet/Email | | |
| <input type="checkbox"/> At the location of the business | | <input type="checkbox"/> By telephone | | |
| <input type="checkbox"/> Away from the location of the business | | <input type="checkbox"/> By Social Media | | |
| <input type="checkbox"/> By mail | | <input type="checkbox"/> Other | | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | | <input type="checkbox"/> I responded to a printed advertisement |
| <input type="checkbox"/> I responded to a TV/radio ad | | <input checked="" type="checkbox"/> I went to the location of the business | | <input type="checkbox"/> Other, describe below |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | | |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the internet | | |
| 3-E: How did you Pay? | | | | |
| <input checked="" type="checkbox"/> Cash | | <input type="checkbox"/> Credit Card/Pre-pay | | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Check | | <input type="checkbox"/> Installment Loan | | <input type="checkbox"/> Medicare |
| | | <input type="checkbox"/> Pay-Pal | | <input type="checkbox"/> Wire Transfer |
| | | <input type="checkbox"/> Private Insurance | | <input type="checkbox"/> Other |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | | | \$ |

Section 4 Actions Taken by Consumer

- Yes No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- Yes No 4-B: Have you hired a private attorney?
- Yes No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- Yes No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

Section 4 Actions Taken by Consumer - *continued*

- Yes No 4-E: Have you complained to the Individual/Business?
- Yes No 4-F: Have you filed a complaint with any other agency? If yes, list other agency: No

Section 5 Transaction/Incident Details – *attach additional pages if necessary*

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

My father was diagnosed with cancer 2 1/2 years ago. His cancer had progressed to a stage 4 before it was discovered. He sought out aggressive treatment with no results. He then decided to seek alternative treatment. He was referred to Dr. Fetters. Dr. Fetters was convinced that he could get my father in remission with his therapies. At this point in my dad's disease process he is grasping at straws and of course bought into Dr. Fetters programs. He has been paying cash out of pocket to receive IV vitamin infusions and OTC vitamins and supplements. He has also convinced my father to pay > \$5,000 to send his blood to Germany have it mixed with a substance that would cure his disease. Dr. Fetters has put my father on a strict diet that has caused him to loose > 60 lbs. He has also convinced my father that patients under his treatment do not need opiod pain medication. My father is no longer following his pain reegemin causing him to be in severe pain only being able to sit for minutes at a time without needing to reposition or stand which is very difficult due to his bone mets and fractured hip. On 4/25/2018. My father was receiving a Vitamin C infusion at a clinic operated by Dr. Fetters. He had an episode of low blood sugar. The staff were unable to get a reading on the glucometer. My father was in and out of consciousness. He was given glucose tablets and the decision of calling 911 was in the process of being made. He had a nurse assigned to his case by the name of Nikki. During the time of his blood sugar crisis Nikki was fired and removed from the building. I do not know the reason behind her being fired but the concern I have is that she was the one person who knew what was going on with my father at that time and the manager made a poor choice by removing her from patient care in the middle of a crisis. He did go to IU north where he was found to be in renal failure mind you he only has 1 kidney remaining. Dr. Fetters has been truly negligent in his care of my father.

Section 6 How would you like your Complaint resolved?

I would like Dr. Fetter's practices to be investigated. He did not run any labs or testing to ensure that my fathers treatments were beneficial and not harmful resulting in renal failure. It is my thought that this physician is taking advantage of people who are not capable of making rationale decisions at the end of their life and using that to his financial gain.

Section 7 WHAT HAPPENS NEXT?

The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

Section 8 Mail Completed Forms to:

Office of Attorney General
 Consumer Protection Division
 Government Center South, 5th Floor
 302 W. Washington Street
 Indianapolis, IN 46204
 317-232-6330 (phone) • 317-233-4393 (fax)
 www.IndianaConsumer.com

Section 9 Consent and Verification



CONSUMER COMPLAINT
Office of the Indiana Attorney General
(R5 / 12-17)

Ex. D

INSTRUCTIONS: To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.


Case No: 11619381

| Section 1: Your Information | | | |
|--|---------------------------------|--|--------------------------------|
| Salutation <input type="checkbox"/> Det. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. | | Street Address ██████████ | |
| Full Name/Organization/Agency ██████████ | | City ██████████ | State ██ |
| If an Organization/Agency provide a Primary Contact Name | | County ██████████ | Daytime Phone ██████-██████ |
| Age Group ██████████ | | Email Address ██████████ | |
| May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| Are you or your spouse active military? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Section 2: Who is the Complaint Against? | | | |
| Individual/Business DR. CLIFFORD FETTERS/ HEALTH & WELLNESS OF CARMEL | | Name of Individual/Representative you dealt with | |
| Street Address 11900 N PENNSYLVANIA ST SUITE 200 | | City CARMEL | State IN |
| County Hamilton | Daytime Phone (317) 795-1516 | Zip Code 46032 | |
| | | Email Address | |
| Section 3: Transaction/Incident Details | | | |
| 3-A: Date of Transaction/Incident | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input checked="" type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By Internet/email | |
| <input type="checkbox"/> At the location of the business | | <input checked="" type="checkbox"/> By telephone | |
| <input type="checkbox"/> Away from the location of the business | | <input type="checkbox"/> By Social Media | |
| <input type="checkbox"/> By mail | | <input type="checkbox"/> Other | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | |
| <input type="checkbox"/> I responded to a TV/radio ad | | <input type="checkbox"/> I went to the location of the business | |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the Internet | |
| | | <input type="checkbox"/> I responded to a printed advertisement | |
| | | <input checked="" type="checkbox"/> Other, describe below <u>THIS HAS BEEN ONGOING FOR SEVERAL YEARS.</u> | |
| 3-E: How did you Pay? | | | |
| <input type="checkbox"/> Cash | | <input type="checkbox"/> Credit Card/Pre-pay | |
| <input type="checkbox"/> Check | | <input type="checkbox"/> Installment Loan | |
| | | <input type="checkbox"/> Medicaid | |
| | | <input type="checkbox"/> Medicare | |
| | | <input type="checkbox"/> Pay-Pal | |
| | | <input type="checkbox"/> Private Insurance | |
| | | <input type="checkbox"/> Wire Transfer | |
| | | <input checked="" type="checkbox"/> Other <u>ITS A DOCTORS OFFICE SO CREDIT CARD OVER</u> | |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | \$ | |

Do you consent to disclosing the following information to the public? →

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The nature of the complaint and the individual/business name |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Your name |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Your phone number |

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

| | |
|---|------------------------------|
|  Your signature | <u>March 2, 2021</u> Date |
|---|------------------------------|