

Matthew H. Haberkorn, Esq., State Bar No. 152424  
HABERKORN & ASSOCIATES  
336 Bon Air Center, Suite 337  
Greenbrae, CA 94904  
Tel: 650-268-8378  
Fax: 650-332-1528  
E-mail: matthewhaberkorn@mac.com

Attorney for Plaintiffs ROCCO RAMOS, by and through his Guardian ad Litem, MONICA RAMOS; MONICA RAMOS, Individually, and RICHARD RAMOS, Individually

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA**

**IN AND FOR THE COUNTY OF ALAMEDA**

ROCCO RAMOS, by and through his  
Guardian ad Litem, MONICA RAMOS;  
MONICA RAMOS, Individually; and  
RICHARD RAMOS, Individually,

Plaintiffs,

vs.

ANGELA MICHELLE POLLARD, M.D.;  
ANGELA M. POLLARD MD INC.; ABOVE  
PARR WOMEN’S CENTER, a Medical  
Corporation; POLLARD WELLNESS, INC.;  
CHRISTINE MARIE KULLE, NP;  
RAELYSSA MUAAVA, an Individual;  
KALIAH MENDOZA, an Individual;  
DELLANIRA MOLINA, an Individual; THE  
REGENTS OF THE UNIVERSITY OF  
CALIFORNIA (“THE REGENTS”); and  
DOES 1 through 50, inclusive,

Defendants.

**CASE NO.: 24CV083414**

COMPLAINT FOR PERSONAL INJURY –  
MEDICAL NEGLIGENCE

1. Wrongful Life
2. Wrongful Birth
3. Intentional Tort – Medical Battery –  
Conditional Consent
4. Fraud – Intentional Misrepresentation
5. Breach of Fiduciary Duty
6. Negligence Per Se
7. Unjust Enrichment

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1 **FIRST CAUSE OF ACTION**

2 (Medical Malpractice – **Wrongful Life** – Baby ROCCO)

3 **THE PARTIES**

4 1. Plaintiff ROCCO RAMOS (hereinafter “Baby ROCCO”), by and through his  
5 Guardian ad Litem, MONICA RAMOS, is a minor, born on October 6, 2023, for whom a guardian  
6 or conservator of the estate or guardian ad litem has been appointed, and he is a resident of the  
7 County of Santa Clara. *See*, **Exhibit A**, Baby ROCCO on day two of life after delivery in Los  
8 Gatos and transfer to Lucille Packard Children’s Hospital’s Neonatal Intensive Care Unit at  
9 Stanford.

10 2. Plaintiffs MONICA RAMOS (hereinafter “MONICA”), Individually, and  
11 RICHARD RAMOS (hereinafter “RICHARD”), Individually, are natural persons, a married  
12 couple, and the biological parents of their son, Baby ROCCO. MONICA and RICHARD are  
13 residents of the County of Santa Clara.

14 3. The true names and capacities of the Defendants, DOES 1 through 50, whether  
15 individual, corporate, associate or otherwise, are unknown to Plaintiffs at the time of filing this  
16 Complaint and Plaintiffs, therefore, sue said Defendants by such fictitious names and will ask  
17 leave of court to amend this Complaint to show their true names or capacities when the same have  
18 been ascertained. Plaintiffs are informed and believe, and therefore allege, that each of the DOE  
19 Defendants is, in some manner, responsible for the events and happenings herein set forth and  
20 proximately caused injury and damages to the Plaintiffs as herein alleged.

21 4. At all times herein mentioned, each of the Defendants was the agent and employee  
22 of each of the remaining Defendants and was at all times herein mentioned acting within the scope  
23 of said agency and employment.

24 5. Plaintiffs are informed and believe, and hereby allege, that Defendant, ANGELA  
25 MICHELLE POLLARD, M.D. and DOES 1 through 5 (hereinafter collectively referred to as  
26 “ANGELA MICHELLE POLLARD, M.D.”), inclusive, at all times relevant hereto was and is a  
27 board certified obstetrician and gynecologist duly licensed to practice medicine in the State of  
28 California and doing business at 700 W. Parr Avenue, Suite 1, Los Gatos, California 95032, in

1 the County of Santa Clara. ANGELA MICHELLE POLLARD, M.D. is licensed by the State of  
2 California’s Medical Board (license number A 65598) and is a “health care provider” pursuant to  
3 California statutory law and as a HIPAA-covered entity bearing NPI number 1467463190.

4 6. Plaintiffs are informed and believe, and hereby allege, that Defendant, ANGELA  
5 M. POLLARD MD INC. and DOES 6 through 10 (hereinafter collectively referred to as  
6 “ANGELA M. POLLARD MD INC.”), inclusive, at all times relevant hereto was and is a  
7 corporation, incorporated in the State of California, bearing entity number 4760284 and doing  
8 business at 700 W. Parr Avenue, Suite 1, Los Gatos, California 95032, in the County of Santa  
9 Clara. ANGELA M. POLLARD MD INC. is a “health care provider” pursuant to California  
10 statutory law and as a HIPAA-covered entity bearing NPI number 1104593904.

11 7. Plaintiffs are informed and believe, and hereby allege, that Defendant, ABOVE  
12 PARR WOMEN’S CENTER, a Medical Corporation and DOES 11 through 15 (hereinafter  
13 collectively referred to as “ABOVE PARR WOMEN’S CENTER”), inclusive, at all times  
14 relevant hereto was and is a corporation, incorporated in the State of California, bearing entity  
15 number 2978753 and doing business at 700 W. Parr Avenue, Suite 1, Los Gatos, California 95032,  
16 in the County of Santa Clara. ABOVE PARR WOMEN’S CENTER is a “health care provider”  
17 pursuant to California statutory law and as a HIPAA-covered entity bearing NPI number  
18 1124263926.

19 8. Plaintiffs are informed and believe, and hereby allege, that Defendant, POLLARD  
20 WELLNESS, INC. and DOES 16 through 20 (hereinafter collectively referred to as “POLLARD  
21 WELLNESS, INC.”), inclusive, at all times relevant hereto was and is a corporation, incorporated  
22 in the State of California, bearing entity number 3191240 and doing business at 700 W. Parr  
23 Avenue, Suite 1, Los Gatos, California 95032, in the County of Santa Clara.

24 9. Plaintiffs are informed and believe, and hereby allege, that Defendants,  
25 CHRISTINE MARIE KULLE, NP and DOES 21 through 25 (hereinafter collectively referred to  
26 as “CHRISTINE MARIE KULLE, NP”), inclusive, at all times relevant hereto was and is a  
27 registered nurse practitioner duly residing at 476 E. Campbell Avenue, Campbell, California  
28 95008, in the County of Santa Clara, and doing business at 700 W. Parr Avenue, Suite 1, Los

1 Gatos, California 95032, in the County of Santa Clara. CHRISTINE MARIE KULLE, NP is  
2 licensed by the State of California’s Board of Registered Nursing (BRN) bearing license number  
3 20185. CHRISTINE MARIE KULLE, NP “health care provider” pursuant to California statutory  
4 law and as a HIPAA-covered entity bearing NPI number 1306154976.

5 10. Based upon information and belief, at all times alleged herein, CHRISTINE  
6 MARIE KULLE, NP was an employee of one or more of the other Defendants including, but not  
7 limited to, ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
8 ABOVE PARR WOMEN’S CENTER and/or THE REGENTS, and she acted, at least in part,  
9 within the course and scope of her employment.

10 11. Plaintiffs are informed and believe, and hereby allege, that Defendant,  
11 RAELYSSA MUAAVA, an Individual, and DOES 26 through 30 (hereinafter collectively  
12 referred to as “RAELYSSA MUAAVA”), inclusive, at all times relevant hereto was and is an  
13 individual doing business at 700 W. Parr Avenue, Suite 1, Los Gatos, California 95032, in the  
14 County of Santa Clara.

15 12. Based upon information and belief, at all times alleged herein, RAELYSSA  
16 MUAAVA was an employee of one or more of the other Defendants including, but not limited  
17 to, ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC., ABOVE  
18 PARR WOMEN’S CENTER and/or THE REGENTS, and she acted, at least in part, within the  
19 course and scope of her employment.

20 13. Plaintiffs are informed and believe, and hereby allege, that Defendants, KALIAH  
21 MENDOZA, an Individual, and DOES 31 through 35 (hereinafter collectively referred to as  
22 “KALIAH MENDOZA”), inclusive, at all times relevant hereto was and is an individual doing  
23 business at 700 W. Parr Avenue, Suite 1, Los Gatos, California 95032, in the County of Santa  
24 Clara.

25 14. Based upon information and belief, at all times alleged herein, KALIAH  
26 MENDOZA was an employee of one or more of the other Defendants including, but not limited  
27 to, ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC., ABOVE  
28

1 PARR WOMEN’S CENTER and/or THE REGENTS, and she acted, at least in part, within the  
2 course and scope of her employment.

3 15. Plaintiffs are informed and believe, and hereby allege, that Defendants,  
4 DELLANIRA MOLINA, an Individual, and DOES 36 through 40 (hereinafter collectively  
5 referred to as “DELLANIRA MOLINA”), inclusive, at all times relevant hereto was and is an  
6 individual doing business at 700 W. Parr Avenue, Suite 1, Los Gatos, California 95032, in the  
7 County of Santa Clara.

8 16. Based upon information and belief, at all times alleged herein, DELLANIRA  
9 MOLINA was an employee of one or more of the other Defendants including, but not limited to,  
10 ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC., ABOVE PARR  
11 WOMEN’S CENTER and/or THE REGENTS, and she acted, at least in part, within the course  
12 and scope of her employment.

13 17. Plaintiffs are informed and believe, and hereby allege, that Defendant, THE  
14 REGENTS OF THE UNIVERSITY OF CALIFORNIA (“THE REGENTS”) and DOES 41  
15 through 50 (hereinafter collectively referred to as “THE REGENTS”), is and was at all times  
16 alleged herein, a public entity doing business at 1111 Franklin Street, 8th Floor, Oakland,  
17 California 94607-5200, in the County of Alameda.

18 18. Based upon information and belief, at all times alleged herein, one or more of THE  
19 REGENTS’ subsumed entities, is a “health care provider” pursuant to California statutory law  
20 and as a HIPAA-covered entity. *California Government Code* § 905.6 exempts THE REGENTS  
21 from claim-filing provisions of the Tort Claims Act.

22 19. THE REGENTS disseminated to the public at large – as late as January 12, 2023  
23 – the following concerning *California Code of Civil Procedure* § 416.50:

24 University of California campuses and medical centers are **subsumed entities of**  
25 **The Regents and not independent legal entities**; therefore, service of process on  
26 campuses, medical centers, their officials, or other campus or medical center  
27 entities is not proper service on [THE REGENTS]. (C.C.P. §416.50)  
28 Consequently, when designating parties in a complaint in a civil action arising  
from a dispute involving [THE REGENTS] or any of its subsumed campuses or  
medical centers, [THE REGENTS] is the proper party to name as defendant. It is

1 not necessary to name as a defendant the involved campus or medical center in  
2 addition to [THE REGENTS] [emphasis added].”

3 California *Code of Civil Procedure* § 416.50 states:

4 (a) A summons may be served on a public entity by delivering a copy of the  
5 summons and of the complaint to the clerk, secretary, president, presiding officer,  
6 or other head of its governing body.

7 (b) As used in this section, “public entity” includes . . . the Regents of the  
8 University of California . . .

9 20. THE REGENTS issued University of California Policy on Affiliations with  
10 Certain Health Care Organizations on November 30, 2023, with an effective date of December 1,  
11 2023, that states, in pertinent part, as follows:

12 The University of California is a public trust established by the California  
13 Constitution whose mission is ‘to serve society as a center of higher learning,  
14 providing long-term societal benefits through transmitting advanced knowledge,  
15 discovering new knowledge, and functioning as an active working repository of  
16 organized knowledge. That obligation, more specifically, includes undergraduate  
17 education, graduate and professional education, research, and other kinds of public  
18 service, which are shaped and bounded by the central pervasive mission of  
19 discovering and advancing knowledge.’

20 To advance this public mission, the University’s health centers, clinics, and health  
21 professional schools regularly enter into Affiliations with public and private health  
22 care organizations to improve quality and access for members of the University  
23 community and the people of the State of California, particularly those in  
24 medically underserved communities, and to support the University’s education  
25 and research mission.

26 The purpose of this policy is to establish standards for engagement with such  
27 Affiliates that protect and advance the University’s public mission and values,  
28 including its commitment to inclusion, diversity, equity, and accountability, and  
to ensure such Affiliations do not compromise the University’s commitment to  
evidence-based care for all patients.

21. Based upon information and belief, the following entities are business  
organizations, forms unknown, and are subsumed entities and affiliates of Defendant THE  
REGENTS: UCSF Benioff Children’s Physicians (UBCP) and UCSF Benioff Children’s  
Physicians Foundation. Said entities are, and were, at all times alleged herein, doing business at  
6425 Christie Avenue, Suite 220, Emeryville, California 94608, in the County of Alameda.

1           22.     Based upon information and belief, UCSF Benioff Children’s Physicians (UBCP)  
2 and UCSF Benioff Children’s Physicians Foundation are deemed to be “health care providers”  
3 pursuant to California statutory law and are each HIPAA-covered entities bearing NPI numbers  
4 enumerated by Center for Medicare & Medicaid Services (CMS) as part of the overall provisions  
5 of the HIPAA Administration Simplification Act.

6           23.     Based upon information and belief, the following entity is a business organization,  
7 form unknown, and a subsumed entity and affiliate of THE REGENTS: UCSF Benioff Children’s  
8 Hospital San Francisco. UCSF Benioff Children’s Hospital San Francisco does business at 1975  
9 4th Street, San Francisco, California 94158, in the County of San Francisco, and said entity is  
10 deemed to be a “health care provider” pursuant to California statutory law and a HIPAA-covered  
11 entity bearing an unknown NPI number enumerated by Center for Medicare & Medicaid Services  
12 (CMS) as part of the overall provisions of the HIPAA Administration Simplification Act.

13           24.     Based upon information and belief, the following entity is a business organization,  
14 form unknown, and a subsumed entity and affiliate of THE REGENTS: UCSF Benioff Children’s  
15 Hospital Oakland. UCSF Benioff Children’s Hospital Oakland does business at 747 52nd Street,  
16 Oakland, California 94609, in the County of Alameda, and said entity is deemed to be a “health  
17 care provider” pursuant to California statutory law and a HIPAA-covered entity bearing an  
18 unknown NPI number enumerated by Center for Medicare & Medicaid Services (CMS) as part  
19 of the overall provisions of the HIPAA Administration Simplification Act.

20           25.     THE REGENTS’ subsumed entities and affiliates – UCSF Benioff Children’s  
21 Physicians Foundation (UBCP) and UCSF Benioff Children’s Physicians (UBCP) – are  
22 considered by THE REGENTS as a multispecialty physician foundation, and part and parcel of  
23 an associated clinically integrated network whose “**primary goal is to foster physician**  
24 **collaboration to deliver the most advanced maternal and pediatric care throughout Northern**  
25 **California and beyond** [emphasis added].” THE REGENTS disseminates to the public at large  
26 the following:

27                   We are committed to valuing diversity and contributing to an inclusive working  
28                   environment. We have Pediatric and Adolescent Care, After Hours Care,

1 Ophthalmology, **OB-GYN and Maternal-Fetal Medicine** clinics located  
2 throughout the San Francisco Bay area [emphasis added].

3 Additionally, THE REGENTS disseminates to the public at large the following:

4 UCSF Benioff Children’s Physicians (UCBP) is a multispecialty physician  
5 foundation, and an associated clinically integrated network. ***Collaboratively***  
6 ***operated by UCSF Benioff Children’s Hospital Oakland and UCSF Benioff***  
7 ***Children’s Hospital San Francisco, UBCP links physicians in world-***  
8 ***renowned medical systems to provide patients with integrated care that***  
9 ***results in better health outcomes*** at lower costs [emphasis added].

10 All participating physicians become part of a clinically integrated health network  
11 focused on exceptional quality and coordinated care with benefits such as access  
12 to after-hours clinic advice and the UBCP Clinical Council.

13 Both options [*Affiliate Participation Model not included herein intentionally*]  
14 offer these distinct ways for physicians to take part in the network:

### 15 **Partner Model**

16 Designed for physicians looking for financial integration with UBCP, leveraging  
17 its size and scale in contracting and other MSO services, while maintaining  
18 ownership and control of all other aspects of their practices.

- 19 • Clinically integrated
- 20 • EHR subsidy
- 21 • Pediatric After-Hours advice services
- 22 • Ability to retain management
- 23 • Access to UBCP payor contracts
- 24 • Revenue Management Services Provided by UBCP
- 25 • Participation in Leadership Council Committees

26 26. In addition to the foregoing, THE REGENTS disseminates to the public at large  
27 the following:

28 The collaboration between UCSF Benioff Children’s Hospitals and UCSF  
Medical Center aligns primary care pediatricians, pediatric subspecialists and  
**maternal-fetal medicine specialists** to broaden the continuum of care, sparking  
innovation and continuous improvement while also **providing an unprecedented**  
**depth and breadth of specialty expertise to children and families across**  
**northern California** [emphasis added].

As a member of UBCP, you’ll be part of a clinically integrated network.



1           **Your practice will be identified as part of UCSF Health, a trusted brand with**  
2           **high credibility in the region, the country and the world** [emphasis added].

3           UCSF Medical Center consistently places in the top 10 of US hospitals in its  
4           annual ranking.

5           27.     THE REGENTS disseminates to the public at large that its Partner Participation  
6           Model is designed for physicians looking for financial integration with UBCP, leveraging THE  
7           REGENTS' size and scale in contracting and other MSO services, while the partners maintain  
8           ownership and control of all other aspects of their practices. California's Department of Managed  
9           Health Care defines MSO's (Management Services Organizations) as business organizations that  
10          provide the necessary administrative infrastructure, scale and technology for risk bearing  
11          organizations to function successfully in their relationships with contracted payers and regulators.

12          28.     Plaintiffs allege that at all times referenced herein, THE REGENTS disseminated  
13          to the public at large that ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD  
14          MD INC. and ABOVE PARR WOMEN'S CENTER are – and were – partners of UCSF Benioff  
15          Children's Physicians Foundation (UBCP), UCSF Benioff Children's Physicians (UBCP) and  
16          THE REGENTS. Simultaneous with THE REGENTS' foregoing representation to the public at  
17          large, ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC. and  
18          ABOVE PARR WOMEN'S CENTER, individually and/or collectively, held and continue to  
19          hold, themselves out as a "Partner of" UCSF Benioff Children's Physicians" (UBCP) and  
20          therefore, THE REGENTS – as evidenced by signage outside the offices for these healthcare  
21          providers. **See, Exhibit B,** photos from the office of ANGELA MICHELLE POLLARD, M.D.,  
22          ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN'S CENTER, POLLARD  
23          WELLNESS, INC. and CHRISTINE MARIE KULLE, NP located at 700 W. Parr Avenue, Suite  
24          1, Los Gatos, California 95032, incorporated by reference herein.

25          29.     Based upon information and belief, there exists a written agreement between the  
26          parties, ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC. and  
27          ABOVE PARR WOMEN'S CENTER on the one hand, and UCSF Benioff Children's Physicians  
28          Foundation (UBCP), UCSF Benioff Children's Physicians (UBCP) – THE REGENTS on the  
                other hand. The above-named parties intended to form a partnership pursuant to the "Partner

1 Model” identified herein above, and the essential elements of a partnership – sharing profits,  
2 losses, and control – are evidenced by the Partner Model which THE REGENTS “designed for  
3 physicians looking for financial integration with UBCP.”

4 30. Based upon information and belief, and at all relevant times alleged herein, THE  
5 REGENTS has had the right to control the activities of its agents including, but not limited to,  
6 ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC. and ABOVE  
7 PARR WOMEN’S CENTER. Said right to control is a significant test of an agency relationship.

8 31. Plaintiffs allege that at all times referenced herein, while THE REGENTS has the  
9 right to control the activities of its agents – including ANGELA MICHELLE POLLARD, M.D.,  
10 ANGELA M. POLLARD MD INC. and ABOVE PARR WOMEN’S CENTER – said right of  
11 control need not have been exercised and THE REGENTS need not to have actually supervised  
12 the work of its agents. The existence of the principal’s (THE REGENTS) right to control the  
13 activities of its agents (ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD  
14 INC. and ABOVE PARR WOMEN’S CENTER) establishes the agency relationship.

15 32. Plaintiffs are informed and believe and thereon allege that at all times mentioned  
16 herein, each Defendant was the agent, servant, and employee of each of the remaining Defendants  
17 and was acting within the course and scope of said agency and employment, with permission and  
18 consent. Each Defendant, by and through its officers, directors, or managing agents, authorized,  
19 ratified, or otherwise approved the acts of the remaining Defendants and/or said officers,  
20 directors, or managing agents who participated in said acts by Defendants, and each of them.

21 **GENERAL ALLEGATIONS**

22 33. Defendants, and each of them, undertook the care and treatment of MONICA and  
23 rendered professional services in the diagnosis, care, and treatment of her beginning on March 1,  
24 2023, when she sought prenatal care for an unborn child, through and including the birth of Baby  
25 ROCCO on October 6, 2023, and thereafter. Said prenatal care was rendered by board-certified  
26 gynecologist and obstetrician ANGELA MICHELLE POLLARD, M.D., her practice groups /  
27 corporations ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and  
28 POLLARD WELLNESS, INC., CHRISTINE MARIE KULLE, NP and THE REGENTS. Under

1 the supervision of ANGELA MICHELLE POLLARD, M.D., or lack thereof, the physician was  
2 assisted by her individual and/or corporate employees, CHRISTINE MARIE KULLE, NP,  
3 RAEYSSA MUAAVA, KALIAH MENDOZA and DELLANIRA MOLINA.

4 34. ANGELA MICHELLE POLLARD, M.D. documented the following in  
5 MONICA's chart concerning the birth of Baby ROCCO at El Camino Hospital Los Gatos:

6 **L&D Delivery Note by Doctor Pollard at 10/6/2023 8:17 PM**

7 **Date of Delivery:** 10/6/2023

8 **Patient ID:** Monica is a 37 y.o. G3P2002 [pregnant with her third child and has  
9 two living full-term kids] who presented at **40w2d** in labor.

10 **Procedure:**

11 She had a spontaneous vaginal delivery of a live born male infant. The neonate  
12 was delivered in OP face position with blood tinged fluid. There was no nuchal  
13 cord. The body delivered easily. The cord was clamped and cut after a delay. **The**  
14 **neonate went to the pediatric staff due to concerns about the face**  
15 **presentation. Club feet and shortened arms were also noted.** The placenta was  
16 delivered spontaneously intact with three vessel cord seen. Inspection showed  
17 second degree laceration. Repair was done in the standard fashion.. The uterus was  
18 not explored manually [emphasis added].

19 35. The morning after his birth, Baby ROCCO was transferred to Lucile Packard  
20 Children's Hospital at Stanford ("LPCH"), for a higher level of care was available than was able  
21 to be provided at El Camino Hospital Los Gatos. On admission to LPCH's Neonatal Intensive  
22 Care Unit ("NICU") on October 7, 2023, Baby ROCCO's physicians documented the following:

23 **PREGNANCY SUMMARY:**

24 Prenatal history unremarkable. History of fetal growth restriction. NIPT negative.  
25 No history of alcohol or drug use. No medications taken during pregnancy. Noted  
26 to be in breech position and turned to face presentation before delivery. Delivered  
27 by NSVD; APGARS at 1 and 5 mins were 8 and 9, respectively.

28 **HISTORY OF PRESENT ILLNESS:**

Baby Rocco is a 1-day old, ex-40+2 born via uncomplicated NSVT to an  
experienced mother, transferred for evaluation of **multiple congenital anomalies**.  
**Prenatal course and genetic testing prior to delivery were unremarkable.**  
Following delivery, Rocco was breathing normally with a normal HR. **He was**  
**noted to have several congenital abnormalities not noted on prenatal US.**

1 Anomalies included high arched palate, low-set ears, prominent occiput,  
2 retrognathia, widely-spaced nipples, symbrachydactyly, contractures of bilateral  
3 upper extremities, and bilateral cleft feet. Decision was made to transfer to a Level  
4 3 NICU on DOL 1 for genetics evaluation [emphasis added].

5 36. On discharge from LPCH's NICU on October 13, 2023, physicians documented,  
6 in pertinent part, the following on Baby ROCCO's Discharge Summary: **Identification / Chief**  
7 **Complaint:** . . . 40+2 transferred for workup of multiple congenital anomalies c/f arthrogryposis  
8 (all postnatally diagnosed) tx [transfer] from ECH Los Gatos . . . **Principal Diagnosis:** multiple  
9 congenital anomalies c/f [concerning for] arthrogryposis. . .

10 37. On May 21, 2024, Baby ROCCO was seen and evaluated at LPCH, and his  
11 medical records document the following:

12 Progress Notes by Ana Carolina Tesi Rocha, MD at 5/21/2024 1100

13 **NEUROMUSCULAR CLINIC – INITIAL VISIT NOTE**

14 **RE:** Rocco [redacted for privacy purposes] Ramos

15 **Medical Record #:** [redacted for privacy concerns]

16 **Date of Birth:** 10/6/2023

17 **Clinic Visit Date:** 5/21/2024

18 **Referring Provider:**

19 Dawn Chandra Duane, MD

20 730 Welch Rd Ste 206

21 Child Neurology

22 Palo Alto, CA 94304

23 **Identification and Reason for Consultation:**

24 Rocco [redacted for privacy purposes] Ramos is a 7-month old male who presents  
25 to Child Neurology Clinic at Sunnyvale for an initial consultation at the request of  
26 Dr. Duane. He is accompanied by his mother and paternal grandmother, from  
27 whom additional history was obtained. Sources of information for this visit  
28 included review of the medical record and parental report.

**Chief complain[t]: Arthrogryposis**

History of Present Illness:

**Rocco is an adorable 7 months referred to neuromuscular clinic for initial  
evaluation of arthrogryposis.** In brief, Rocco was born after an uncomplicated  
pregnancy, full term. Apgar's were 8/9. His mother said the diagnosis was made at  
birth as there were no concerns brought up during prenatal care and fetal  
ultrasounds monitoring. Immediately after birth, he was found to have contractures  
of multiple joints consistent with arthrogryposis multiplex congenita, along with

1 symbrachydactyly, bilateral cleft feet and inability to flex the R knee. His  
2 neurological exam was significant for decreased bulk of bilateral UE> LE, arms  
3 held abducted and flexed at elbows with flicker movement detected at deltoid  
4 bilaterally. R leg fixed in extension, L leg flexed at knee, legs responsive to  
5 noxious stimulation and moving antigavity, moving toes spontaneously and  
6 patient able to support head and trunk on horizontal suspension. Rest of mental  
7 status appropriate for age and normal cranial nerves.

8 Brain MRI was done showing ectopic neurohypophysis and mildly thin corpus  
9 callosum. Craniofacial anomalies including low-set ears, high arched palate,  
10 retrognathia, prominent speno-occipital synchondrosis also reported. Spine MRI  
11 reported normal. Rocco was also seen by genetics and rapid genomic trip was done  
12 and resulted negative for any significant pathogenic variant.

13 **Extremities: Arthrogryposis affecting both distal > proximal joints with  
14 dimples and lack of development of hands (severe brachydactyly) /nails  
15 [missing] and feet bilaterally (talipes equinovarus). Shoulders internally  
16 rotated, elbows and knees extended with contractures of the joints  
17 respectively.**

18 38. On April 20, 2024, Elizabeth Celeste Ballinger, M.D., a physician at LPCH's  
19 Neurology Clinic, wrote a letter addressed to Baby ROCCO and "To Whom It May Concern"  
20 wherein she stated, in pertinent part, as follows:

21 Rocco [redacted for privacy purposes] Ramos is a patient followed by myself in  
22 the Stanford Child Neurology Clinic. I have been a part of Rocco's treatment team  
23 since birth and am familiar with his medical conditions and medical history. He  
24 carries a diagnosis of both arthrogryposis multiplex congenita as well as  
25 quadriplegic cerebral palsy, both of which are incurable, non progressive  
26 conditions that will nevertheless cause lifelong disability. He and his family should  
27 be provided with maximal therapeutic supports.

28 39. Baby ROCCO was born with a birth defect, and he and his family are forever  
gravely impacted by this diagnosed condition called arthrogryposis multiplex congenita (AMC)  
as well as quadriplegic cerebral palsy, both of which are incurable, non-progressive conditions  
that will nevertheless cause lifelong disability and special needs for a lifetime of care. Plaintiffs  
question why Baby ROCCO was born into this world when modern medicine – 23 years into the  
21st Century – has well-educated and well-trained licensed healthcare practitioners and easy  
accessibility to the necessary medical devices to avoid this life. While deeply sad, but patently  
true – had MONICA been given **any information whatsoever** that her unborn son then had any

1 sort of fetal anomaly as early as May 5, 2023 [18 weeks, 2 days gestational age], or as soon  
2 thereafter when given adequate information and advice from a board certified OB/GYN  
3 (obstetrician gynecologist) and/or more likely, an MFM (Maternal Fetal Medicine), to make an  
4 informed decision [her body, her choice to keep or terminate], she would have elected to have a  
5 second-trimester surgical abortion for pregnancy termination due to fetal anomalies.

6 40. All of MONICA’s prenatal ultrasounds were conducted at the offices of  
7 Defendants located at 700 W. Parr Avenue, Suite 1, Los Gatos, California 95032. Based upon  
8 information and belief, the ultrasound equipment at the Defendants’ Los Gatos offices was archaic,  
9 out-of-service, in need of maintenance and/or just not adequate to provide competent prenatal  
10 care in the Bay Area in 2023.

11 41. Obstetric ultrasonography is an important and common part of obstetric care in the  
12 United States. Ultrasound is used to monitor pregnancy and to diagnose and monitor medical  
13 conditions that are not related to pregnancy. The American College of Obstetricians and  
14 Gynecologists (“ACOG”), the American College of Radiology, the American Institute of  
15 Ultrasound in Medicine, the National Institute of Child Health and Human Development, the  
16 Society for Maternal–Fetal Medicine, and the Society of Radiologists in Ultrasound (hereinafter  
17 collectively referred to jointly as “ACOG”) have adopted *uniform terminology* for the  
18 performance of ultrasonography in the second trimester and the third trimester: standard, limited,  
19 and specialized.

20 42. On **March 1, 2023**, MONICA presented for her **first obstetrical visit** with  
21 Defendants. At this appointment, MONICA was at **8 weeks 5 days gestation**. CHRISTINE  
22 MARIE KULLE, NP documents in her patient’s medical records on file at Defendants’ Los Gatos  
23 office: “This is not a planned pregnancy but wanted. She is at 9w0d gestation. Her obstetrical  
24 history is significant for **advanced maternal age**. . . . Pregnancy history fully reviewed. . . .  
25 Indication for sonogram: Pregnancy dating/viability Transvaginal ultrasound performed in clinic  
26 on 3/1/2023.” See, **Exhibit C**, UCSF Benioff Children’s Hospital (THE REGENTS) Report of  
27 5/5/2023 Ultrasound from UCSF MyChart. **Today, there exist no similar ultrasound reports**  
28 **in UCSF’s MyChart for any subsequent ultrasounds performed during MONICA’s**

1 **prenatal care. Why not?** There are no handwritten notes from the ultrasound technician,  
2 however, the digitally scanned film-like note in the medical records for this study indicates the  
3 sonographer was CHRISTINE MARIE KULLE, NP. CHRISTINE MARIE KULLE, NP then  
4 documents as a charge for this encounter, among other items, **CPT** [Current Procedural  
5 Terminology (CPT®) codes provide a uniform nomenclature for coding medical procedures and  
6 services] **code 76801** which describes an ultrasound, pregnant uterus, real time image  
7 documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal  
8 approach, single or first gestation.

9 43. Based upon information and belief, the **March 1, 2023, transvaginal ultrasound**  
10 performed by CHRISTINE MARIE KULLE, NP was a standard ultrasound exam according to  
11 the uniform terminology of ACOG – standard ultrasound exam that checks the fetus’s physical  
12 development, screens for major congenital anomalies, and estimates gestational age. There exist  
13 only four still images of this ultrasound. RAELYSSA MUAAVA executed a sworn declaration  
14 on April 22, 2024, as custodian of records for ABOVE PARR WOMEN’S CENTER, writing  
15 “[u]ltrasound images were printed directly from ultrasound machine & other images were printed  
16 from patient’s file” when responding to the patient’s request for a complete set of medical records  
17 including, but not limited to, “any and all digital copies of all antenatal UTZ (ultrasonography)  
18 pertaining to Monica Ramos. . .” RAELYSSA MUAAVA, in regard to records unable to be  
19 produced, writes in his declaration “no static / dynamic images available. We only print still  
20 imaging.”

21 44. Based upon information and belief, given the custodian of record’s declaration set  
22 forth hereinabove, Defendants’ ultrasound equipment in their Los Gatos’ office did not have the  
23 capacity, at any time during MONCIA’s prenatal care, to maintain and store the patient’s medical  
24 records [real time visualization of imaging from the ultrasounds]. *One must ponder how ANGELA*  
25 *MICHELLE POLLARD, M.D. was able to interpret ultrasound any ACOG identified class of*  
26 *examinations with access to mere stills printed from real time visualization of the imaging.* The  
27 failure of a physician to maintain adequate and accurate records relating to the provision of  
28

1 services to their patients for at least seven years after the last date of service to a patient constitutes  
2 unprofessional conduct. *See, California Business & Professions Code §2266.*

3 45. On **March 24, 2023**, MONICA presented for her **second obstetrical follow up**  
4 **visit** with Defendants wherein she saw ANGELA MICHELLE POLLARD, M.D. A second  
5 ultrasound was done at this appointment, and this time it is documented as an NT ultrasound, or  
6 a nuchal scan or nuchal translucency scan/procedure that is a sonographic prenatal screening scan  
7 to detect chromosomal abnormalities in a fetus, though altered extracellular matrix composition  
8 and limited lymphatic drainage can also be detected. This ultrasound is also identified by  
9 ANGELA MICHELLE POLLARD, M.D. as an FT ultrasound conceivably meaning the first  
10 trimester of the pregnancy. The physician documents as part of her ultrasound findings  
11 “[a]natomy nl [normal]: brain, spine, diaphragm, stomach, bladder, 4 limbs with 2 hands and 2  
12 feet, placenta, heart, 2 orbits, upper and lower jaw.” Notes from the ultrasound technician are  
13 unsigned, however, the digitally scanned film-like note in the medical records for this study  
14 indicate the sonographer was CHRISTINE MARIE KULLE, NP. ANGELA MICHELLE  
15 POLLARD, M.D. then documents as a charge for this encounter, among other items, **CPT code**  
16 **76801** which describes an ultrasound, pregnant uterus, real time image documentation, fetal and  
17 maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach, single or first  
18 gestation.

19 46. Based upon information and belief, the **March 24, 2023**, ultrasound performed  
20 by CHRISTINE MARIE KULLE, NP was a standard ultrasound exam according to the uniform  
21 terminology of ACOG – standard ultrasound exam that checks the fetus’s physical development,  
22 screens for major congenital anomalies, and estimates gestational age. There exist only four still  
23 images of this ultrasound. RAELYSSA MUAAVA executed a sworn declaration on April 22,  
24 2024, as custodian of records for ABOVE PARR WOMEN’S CENTER wherein he writes  
25 “[u]ltrasound images were printed directly from ultrasound machine & other images were printed  
26 from patient’s file” when responding to the patient’s request for a complete set of medical records  
27 including, but not limited to, any and all digital copies of all antenatal UTZ pertaining to  
28



1 MONICA. RAELYSSA MUAAVA, in regard to records unable to be produced, writes in his  
2 declaration “no static / dynamic images available. We only print still imaging.”

3 47. On **April 21, 2023**, MONICA presented for her **third obstetrical follow up** visit  
4 with Defendants wherein she saw ANGELA MICHELLE POLLARD, M.D. No ultrasonography  
5 was performed.

6 48. On **May 5, 2023**, MONICA (18 weeks 2 days gestation) presented for her **fourth**  
7 **obstetrical follow up** visit with Defendants wherein she saw ANGELA MICHELLE POLLARD,  
8 M.D. A third ultrasound was done at this appointment, and this time it is documented as an  
9 “Ultrasound OB 2nd trimester level two (Clinic Performed)”. The physician documents as part  
10 of her ultrasound findings:

11 The following anatomy is visualized and is within normal limits Calvarium,  
12 intracranial anatomy, cerebellum, choroid plexus, cisterna magna, right and left  
13 lateral ventricle, fetal profile, fetal face, fetal lips and nose, fetal orbits, stomach,  
14 diaphragm, right and left kidney bladder, spine, umbilical cord insertion, three-  
15 vessel cord, four-chamber view of the heart, right and left ventricular outflow  
16 tracts, diaphragm, liver, right arm and hand, left arm and hand, right leg and foot,  
17 left leg and foot, genitalia male[.] *b*

16 The physician further noted the patient was at risk for chromosomal anomalies for  
17 maternal age > 34 yo. Notes from the ultrasound technician are unsigned, but whoever the  
18 technician is, he/she left a handwritten comment – “arms remained cross[.]”. The digitally  
19 scanned film-like note in the medical records for this study indicate the sonographer was  
20 CHRISTINE MARIE KULLE, NP. ANGELA MICHELLE POLLARD, M.D. then documents  
21 as a charge for this encounter, among other items, **CPT code 76811**.

22 49. Based upon information and belief, the **May 5, 2023**, ultrasound performed by  
23 CHRISTINE MARIE KULLE, NP was a specialized ultrasound exam according to the uniform  
24 terminology of ACOG – specialized ultrasound exam is performed if a problem is suspected based  
25 on risk factors or other tests. For example, if there are signs that the fetus is not growing well, the  
26 fetus’s growth rate can be tracked throughout pregnancy with specialized ultrasound exams.  
27 Depending on what the suspected problem might be, specialized techniques may be used, such as  
28 Doppler ultrasonography and 3-D ultrasonography. There exist only 19 still images of this

1 ultrasound. RAELYSSA MUAAVA executed a sworn declaration on April 22, 2024, as  
2 custodian of records for ABOVE PARR WOMEN’S CENTER wherein he writes “[u]ltrasound  
3 images were printed directly from ultrasound machine & other images were printed from patient’s  
4 file” when responding to the patient’s request for a complete set of medical records including, but  
5 not limited to, “any and all digital copies of all antenatal UTZ (ultrasonography) pertaining to  
6 Monica Ramos. . .” RAELYSSA MUAAVA, in regard to records unable to be produced, writes  
7 in his declaration “no static / dynamic images available. We only print still imaging.”

8 50. ANGELA MICHELLE POLLARD, M.D. submitted billing for this **May 5, 2023**,  
9 specialized ultrasound, to MONICA’s health insurance carrier utilizing the **CPT code 76811**.  
10 Said specialized ultrasound billing code is more costly (for a legitimate reason) than the standard  
11 ultrasound and generates more revenue to ANGELA MICHELLE POLLARD, M.D. and her  
12 cohorts – owners or lessors of the medical device/equipment, technicians operating the medical  
13 device/equipment, NPs operating (sometimes interpreting examinations) the medical  
14 device/equipment and physicians operating or interpreting the examinations of the ultrasound  
15 equipment – in Defendants’ Los Gatos office. This ultrasound, as well as all others performed  
16 during MONICA’s prenatal care, was done in the clinic or offices of Defendants located at 700  
17 W. Parr Avenue, Suite 1, Los Gatos, California 95032. Based upon information and belief, the  
18 ultrasound technician for this specialized ultrasound, and possibly others, was an unidentified,  
19 middle aged, Asian male – regardless of the fact that the digitally scanned film-like note in the  
20 medical records for this study indicate the sonographer was CHRISTINE MARIE KULLE, NP.

21 51. ACOG’s *Ultrasound in Pregnancy*, Practice Bulletin No. 175, Dec. 2016  
22 (Reaffirmed 2020), states as follows for the specialized exam:

23 **The components of the specialized examination are more extensive than for a**  
24 **standard ultrasound examination** and are determined on a case-by-case basis.  
25 Also referred to as a “**detailed**,” “**targeted**,” or “**76811**” ultrasound examination,  
26 the **specialized anatomic examination is performed when there is an increased**  
27 **risk of an anomaly based on the history, laboratory abnormalities, or the**  
28 **results of the limited examination or the standard examination.** Other  
specialized examinations include fetal Doppler ultrasonography, biophysical  
profile, fetal echocardiography, or additional biometric measurements.  
Specialized examinations are performed by an operator with formal training in this

1 area. Indications for specialized examinations also include the possibility of fetal  
2 growth restriction and multifetal gestation.

3 52. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.  
4 specifically ordered the 76811 targeted ultrasound be performed, for she later interpreted the study  
5 – or not – when rendering prenatal care to MONICA, and she billed an insurance company for  
6 said exam.

7 53. The Society for Maternal-Fetal Medicine issued a December 31, 2012, White  
8 Paper on Ultrasound Code 76811 which states as follows, in pertinent part:

9 The CPT 76811 (Ultrasound, pregnant uterus, **real time with image**  
10 **documentation**, fetal and maternal evaluation plus **detailed fetal anatomic**  
11 **examination**) is **not intended to be the routine scan** performed for all  
12 pregnancies. Rather, **it is intended for a known or suspected fetal anatomic,**  
13 **genetic abnormality (i.e., previous anomalous fetus, abnormal scan this pregnancy,**  
14 **etc.) or increased risk for fetal abnormality (e.g. AMA, diabetic, fetus at risk due**  
15 **to teratogen or genetics, abnormal prenatal screen). Thus, the performance of**  
16 **CPT 76811 is expected to be rare outside of referral practices with special**  
17 **expertise in the identification of, and counseling about, fetal anomalies.**

18 It is felt by all organizations involved in the codes development and description  
19 that only one medically indicated CPT 76811 per pregnancy, per practice is  
20 appropriate. Once this detailed fetal anatomical exam (76811) is done, a second  
21 one should not be performed unless there are extenuating circumstances with a  
22 new diagnosis. **It is appropriate to use CPT 76811 when a patient is seen by**  
23 **another maternal-fetal medicine specialist practice, for example, for a second**  
24 **opinion on a fetal anomaly,** or if the patient is referred to a tertiary center in  
25 anticipation of delivering an anomalous fetus at a hospital with specialized  
26 neonatal capabilities.

27 The 76811 includes all of the components of the 76805, plus a **detailed fetal**  
28 **anatomical survey** [emphasis added].

29 54. Plaintiffs allege that had ANGELA MICHELLE POLLARD, M.D. made an  
30 informed medical (not financial) decision that MONICA (advanced maternal age > 34 yo  
31 and . . .?) needed something other than a standard ultrasound examination on May 5, 2023, the  
32 OB/GYN should have either referred MONICA to a maternal fetal medicine (MFM)  
33 physician/practice for consultation, or she should have sent her patient to a qualified  
34 radiology/ultrasound clinic who performs these exams for OB/GYN's that do not maintain their  
35 own in-office machine capable of performing, recording and interpreting (by an MFM) a targeted

1 ultrasound examination. Plaintiffs further allege that ANGELA MICHELLE POLLARD, M.D.  
2 should have referred MONICA to an MFM. In fact, THE REGENTS' UBCP includes an MFM  
3 practice that, according to THE REGENTS, is the "Bay Area's most comprehensive and  
4 experienced high-risk obstetric practice." ANGELA MICHELLE POLLARD, M.D. had direct  
5 access to UBCP's MFM practice which, coincidentally, also meets the rigorous standards  
6 established by the State of California to be designated a Prenatal Diagnosis Center (PDC). **Why**  
7 **didn't MONICA have a targeted exam done at or in consultation with her physician's**  
8 **partner, THE REGENTS?** Since a reasonably careful obstetrician and gynecologist in the same  
9 situation would have referred MONICA to a specialist – an MFM – then ANGELA MICHELLE  
10 POLLARD, M.D. was negligent since she did not make such referral.

11 55. Based on information and belief, ANGELA MICHELLE POLLARD, M.D. and  
12 her Los Gatos office lacked the capability to perform a 76811 targeted ultrasound examination in  
13 May 2023, for the office lacked the medical device/equipment and technology to produce  
14 adequate results for an OB/GYN's interpretation and consultation with patients – unless the  
15 OB/GYN was actually present to view the real time visualization of the ultrasound – **this didn't**  
16 **happen on May 5, 2023.** Plaintiffs allege herein that ANGELA MICHELLE POLLARD, M.D.  
17 did not (and could not) adequately review the entire ultrasound examination done by her  
18 technician but listed sonographer CHRISTINE MARIE KULLE, NP. – including static and  
19 dynamic imaging from real time visualization of the examination – in accordance with ACOG's  
20 Practice Bulletin, the Society for Maternal-Fetal Medicine and the applicable standard of care.  
21 Plaintiffs also allege herein that ANGELA MICHELLE POLLARD, M.D. did not, and could not,  
22 have adequately, reviewed the targeted 76811 ultrasound examination, for:

- 23 • RAELYSSA MUAAVA declares, in regard to records unable to be produced on  
24 April 22, 2024, that "no static / dynamic images available. We only print still  
25 imaging";
- 26 • The ultrasound was performed by an unidentified, middle aged, Asian male – the  
27 technician; and

- The digitally scanned film-like note in MONICA’s medical records for this visit and study indicate the sonographer was CHRISTINE MARIE KULLE, NP.

56. Based on information and belief, ANGELA MICHELLE POLLARD, M.D. – in providing prenatal care on and after May 5, 2023 – could only have relied on the technician’s 19 still images from the lengthy 76811 targeted ultrasound and the preliminary findings documented on a handwritten note authored by either the technician [an unidentified, middle aged, Asian male] and/or the sonographer CHRISTINE MARIE KULLE, NP. ACOG and the Society for Maternal Fetal Medicine, Coding Committee make note that if any of the required fetal or maternal components are non-visualized due to fetal position, late gestational age, maternal habitus, etc., it **must** be clearly noted in the ultrasound report in order to meet the requirements to bill for the service. Nothing else existed for ANGELA MICHELLE POLLARD, M.D. to interpret, and ANGELA MICHELLE POLLARD, M.D. was not in the ultrasound examination room. ***How then could ANGELA MICHELLE POLLARD, M.D. interpret the so-called targeted examination and provide sound medical advice to MONICA about the findings or lack thereof?*** See, **Exhibit D** Report of 5/5/2023 Ultrasound from UCSF MyChart and **Exhibit E**, excerpt from the After Visit Summary handed to MONICA following this appointment.

57. “The second trimester ultrasound is commonly performed between 18- and 22-weeks’ gestation. Historically the second trimester ultrasound was often the only routine scan offered in a pregnancy and so was expected to provide information about gestational age (correcting menstrual dates if necessary), fetal number and type of multiple pregnancy, placental position and pathology, as well as detecting fetal abnormalities. Many patients now have several ultrasounds in their pregnancy with the first trimester nuchal translucency assessment becoming particularly common. **The second trimester ultrasound** is now less often required for dating or detection of multiple pregnancies but remains very important to detect placental pathology and, despite advances in first trimester anomaly detection, **remains an important ultrasound for the detection of fetal abnormalities. *In order to maximize detection rates, there is evidence that the ultrasound should be performed by operators with specific training in the detection of fetal***

1 abnormalities [emphasis added].” See, Bethune M, Alibrahim E, Davies B, Yong E. A pictorial  
2 guide for the second trimester ultrasound. Australas J Ultrasound Med. 2013 Aug;16(3):98-113.

3 58. The American Registry for Diagnostic Medical Sonography (ARDMS®)  
4 administers examinations and awards credentials in areas of ultrasound. Through its mission,  
5 ARDMS empowers sonographers to provide exceptional patient care through rigorous  
6 assessments and continual learning. It is part of the Inteleos™ family of Councils that includes  
7 the American Registry for Diagnostic Medical Sonography® (ARDMS®), the Alliance for  
8 Physician Certification and Advancement™ (APCA™), the Point-of-Care-Ultrasound  
9 Certification Academy (PCA™), and the Inteleos Foundation. An RDMS credential is designed  
10 to certify competence in the field of diagnostic medical sonography. To obtain the  
11 RDMS certification, you must meet the examination prerequisites and pass the physics  
12 [sonography Principles & Instrumentation (SPI) examination tests the requisite physical  
13 principles and instrumentation knowledge, skills and abilities essential to sonography  
14 professionals and students] and a corresponding specialty examination [the Obstetrics and  
15 Gynecology (OB/GYN) examination tests the requisite obstetrics and gynecology knowledge,  
16 skills and abilities essential to sonographer-level professionals] within five years.

17 59. A search of the ARDMS Directory of Registrants serves as a primary source  
18 verification of credentials by the ARDMS. It is the responsibility of an employer to confirm with  
19 sufficient identifiers that an individual, whose credentials are being reviewed, is the same person  
20 reported in the Directory. The ARDMS Directory of Registrants provides information regarding  
21 status in the following categories: Active Registrant: An individual who: (1) has successfully  
22 passed the appropriate examination(s), thereby earning a credential with official notification by  
23 ARDMS; and (2) is in compliance with continuing competency and/or annual renewal fee  
24 requirements.

25 60. Based upon information and belief, not one of Los Gatos Defendants involved in  
26 providing prenatal care to MONICA was an ARDMS credentialed sonographer. As alleged  
27 hereinabove, MONICA’s first three ultrasound examinations, as documented in her medical  
28

1 record, were conducted by CHRISTINE MARIE KULLE, NP and/or an unidentified, middle  
2 aged, Asian male technician.

3 61. Based upon information and belief, the Defendants' ultrasound equipment used in  
4 providing MONICA's prenatal care, more likely than not, was inadequate (and thus below the  
5 standard of care for this machine to be used for this 76811 targeted ultrasound examination by a  
6 healthcare provider rendering prenatal care) for various reasons including, but not limited to, the  
7 inability to record static / dynamic images from real time visualization of the examination for the  
8 physician's use in rendering and providing prenatal care to detect fetal abnormalities (multiple  
9 congenital anomalies) at or after MONICA's May 5, 2023.

10 62. Doctors, including primary care doctors as well as specialty doctors [OB/GYN],  
11 engage in upcoding when they use codes to reflect more expensive services than the ones they  
12 actually provided. For example, doctors may use a code to indicate that they performed a complex  
13 procedure, when they only performed a routine one. Another type of upcoding is to bill for a visit  
14 that involved more time than it actually did. Many services provided by doctors are billed using  
15 Evaluation and Management codes (E&M) that reflect the complexity of the patient visit. A  
16 common type of upcoding is using an E&M code for a more complex and time intensive patient  
17 visit than was actually provided.

18 63. ANGELA MICHELLE POLLARD, M.D. documented CPT code 99499 when  
19 referencing the prenatal examination she performed – or failed to perform – on and after the 76811  
20 targeted ultrasound performed on May 5, 2023. Health care providers use CPT code 99499 to  
21 report evaluation and management (E&M) services for which there is no specific code available.  
22 ANGELA MICHELLE POLLARD, M.D. further documented the following in relation to this  
23 prenatal visit: “PR UNLISTED E/M SERVICE [99499] Significant, Separately Identifiable  
24 Evaluation And Management Service By The Same Physician On The Same Day Of The  
25 Procedure Or Other Service [25].”

26 64. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
27 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN'S CENTER and/or CHRISTINE  
28 MARIE KULLE, NP, individually and/or jointly or in concert together, submitted billing to

1 MONICA’s health insurance provider for the May 5, 2023, 99499 prenatal examination and  
2 76811 targeted ultrasound examination.

3 65. Based upon information and belief, Defendants’ billing for the CPT 99499 unlisted  
4 evaluation and management (E&M) service and CPT code 76811 targeted ultrasound examination  
5 was and still is evidence of “[u]pcoding” – when a healthcare provider submits codes to Medicare,  
6 Medicaid (Medi-Cal), or private insurers for more serious (and more expensive) diagnoses or  
7 procedures than the provider actually diagnosed or performed. In other words, submitting bills  
8 for higher-paying services than those actually performed. This deliberate misrepresentation  
9 boosts reimbursement rates unjustly. Healthcare providers use billing codes to identify the  
10 services and procedures that they provide to patients. **Each code corresponds to a particular**  
11 **service or diagnosis and reflects the complexity of the work that the healthcare provider**  
12 **did.** With over 7,800 CPT codes healthcare providers use, it’s not hard to see how complex the  
13 system is and the potential for misuse and fraudulent billing practices. Government and private  
14 insurers use these codes to determine how much to pay for the services and procedures. When  
15 providers upcode medical bills for, they cheat those insurers of company’s funds.

16 66. MONICA, at all times herein referenced and during her prenatal care, was an  
17 insured on RICHARD’s health insurance policy. Said insurance was provided by Health Net  
18 through RICHARD’s employer, a governmental entity.

19 67. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
20 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
21 MARIE KULLE, NP violated California’s Insurance Frauds Prevention Act (“IFPA”), located  
22 under Section 1871.7 of the California *Insurance Code*.

23 68. On **May 19, 2023**, MONICA presented for her **fifth obstetrical follow up** visit  
24 with Defendants wherein she saw ANGELA MICHELLE POLLARD, M.D. No ultrasonography  
25 was performed, but ANGELA MICHELLE POLLARD, M.D. documented her billing for this  
26 visit as CPT code 99499 to report evaluation and management services for which there is no  
27 specific code – for a routine prenatal visit.



1           69. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
2 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
3 MARIE KULLE, NP, individually and/or jointly or in concert together, submitted billing to  
4 MONICA’s health insurance provider for this May 19, 2023, prenatal visit. Said routine prenatal  
5 visit was intentionally upcoded with the intent to cheat MONICA’s health insurance provider out  
6 of its company’s funds.

7           70. On **June 16, 2023**, MONICA presented for her **sixth obstetrical follow up** visit  
8 with Defendants wherein she saw ANGELA MICHELLE POLLARD, M.D. No ultrasonography  
9 was performed, but ANGELA MICHELLE POLLARD, M.D. documented her billing for this  
10 visit as CPT code 99499 to report evaluation and management services for which there is no  
11 specific code – for a routine prenatal visit.

12           71. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
13 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
14 MARIE KULLE, NP, individually and/or jointly or in concert together, submitted billing to  
15 MONICA’s health insurance provider for this June 16, 2023, prenatal visit. Said routine prenatal  
16 visit was intentionally upcoded with the intent to cheat MONICA’s health insurance provider out  
17 of its company’s funds.

18           72. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
19 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
20 MARIE KULLE, NP violated California’s Insurance Frauds Prevention Act (“IFPA”), located  
21 under Section 1871.7 of the California *Insurance Code*.

22           73. On **July 7, 2023**, according to ABOVE PARR WOMEN’S CENTER’s medical  
23 records produced in response to a signed Authorization for Release of Health and Medical  
24 Information Pursuant to HIPAA, an ultrasound was performed on this date, yet **there is no other**  
25 **record of a prenatal visit** on this date with any of the Defendants. Based upon information and  
26 belief, the ultrasound technician for this ultrasound, and possibly others, was an unidentified,  
27 middle aged, Asian male – regardless of the fact that the digitally scanned film-like note in the  
28 medical records for this study indicate the sonographer was CHRISTINE MARIE KULLE, NP.

1 **Other than a one page handwritten and unsigned note from the technician, and nine still**  
2 **images, no records exist of this examination** to even know if ANGELA MICHELLE  
3 POLLARD, M.D., ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER  
4 and/or CHRISTINE MARIE KULLE, NP provided the results of said exam to MONICA in any  
5 fashion whatsoever for purposes of providing prenatal care.

6 74. On **July 20, 2023**, MONICA presented for her **seventh obstetrical follow up** visit  
7 with Defendants wherein she saw ANGELA MICHELLE POLLARD, M.D. No ultrasonography  
8 was performed, but ANGELA MICHELLE POLLARD, M.D. documented her billing for this  
9 visit as CPT code 99499 to report evaluation and management services for which there is no  
10 specific code – for a routine prenatal visit.

11 75. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
12 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
13 MARIE KULLE, NP, individually and/or jointly or in concert together, submitted billing to  
14 MONICA’s health insurance provider for this July 20, 2023, prenatal visit. Said routine prenatal  
15 visit was intentionally up coded with the intent to cheat MONICA’s health insurance provider out  
16 of its company’s funds.

17 76. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
18 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
19 MARIE KULLE, NP violated California’s Insurance Frauds Prevention Act (“IFPA”), located  
20 under Section 1871.7 of the California *Insurance Code*.

21 77. On **August 25, 2023**, MONICA (34 weeks 2 days gestation) presented for her  
22 **eighth obstetrical follow up** visit with Defendants wherein she saw ANGELA MICHELLE  
23 POLLARD, M.D. A fourth ultrasound was done at this appointment and documented as  
24 “Ultrasound OB 2nd trimester level two (Clinic Performed)”. The physician documents as part  
25 of her ultrasound findings:

26 The following anatomy is visualized and is within normal limits Calvarium,  
27 intracranial anatomy, cerebellum, choroid plexus, cisterna magna, right and left  
28 lateral ventricle, fetal profile, fetal face, fetal lips and nose, fetal orbits, stomach,  
diaphragm, right and left kidney bladder, spine, umbilical cord insertion, three-  
vessel cord, four-chamber view of the heart, right and left ventricular outflow

1 tracts, diaphragm, liver, right arm and hand, left arm and hand, right leg and foot,  
2 left leg and foot, genitalia male.

3 The physician further noted the patient was at an advanced maternal age > 35+ third  
4 trimester with fetus presenting in a breech position. Notes from the ultrasound technician are  
5 unsigned. The digitally scanned film-like note in the medical records for this study indicate the  
6 sonographer was CHRISTINE MARIE KULLE, NP. ANGELA MICHELLE POLLARD, M.D.  
7 then documents as a charge for this encounter, among other items, **CPT code 76816**.

8 78. Based upon information and belief, the **August 25, 2023**, ultrasound performed  
9 by CHRISTINE MARIE KULLE, NP was a specialized ultrasound exam according to the  
10 uniform terminology of ACOG – specialized ultrasound exam is performed if a problem is  
11 suspected based on risk factors or other tests. For example, if there are signs that the fetus is not  
12 growing well, the fetus’s growth rate can be tracked throughout pregnancy with specialized  
13 ultrasound exams. Depending on what the suspected problem might be, specialized techniques  
14 may be used, such as Doppler ultrasonography and 3-D ultrasonography. There exist only five  
15 still images of this ultrasound. RAELYSSA MUAAVA executed a sworn declaration on April  
16 22, 2024, as custodian of records for ABOVE PARR WOMEN’S CENTER wherein he writes  
17 “[u]ltrasound images were printed directly from ultrasound machine & other images were printed  
18 from patient’s file” when responding to the patient’s request for a complete set of medical records  
19 including, but not limited to, any and all digital copies of all antenatal UTZ pertaining to  
20 MONICA. RAELYSSA MUAAVA, in regard to records unable to be produced, writes in his  
21 declaration “no static / dynamic images available. We only print still imaging.”

22 79. ANGELA MICHELLE POLLARD, M.D. submitted billing for this **August 25, 2023**,  
23 specialized ultrasound to MONICA’s health insurance carrier utilizing the CPT code 76816. Said  
24 specialized ultrasound billing code is more costly (for a legitimate reason) than the standard  
25 ultrasound and generates more revenue to ANGELA MICHELLE POLLARD, M.D. and her  
26 cohorts – owners or lessors of the medical device/equipment, technicians operating the medical  
27 device/equipment, NPs operating (sometimes interpreting examinations) the medical  
28 device/equipment and physicians operating or interpreting the examinations of the ultrasound  
equipment – in Defendants’ Los Gatos office. This ultrasound, as well as all others performed

1 during MONICA’s prenatal care, was done in the clinic or offices of Defendants located at 700  
2 W. Parr Avenue, Suite 1, Los Gatos, California 95032. Based upon information and belief, the  
3 ultrasound technician for this specialized ultrasound, and possibly others, was an unidentified,  
4 middle aged, Asian male – regardless of the fact that the digitally scanned film-like note in the  
5 medical records for this study indicate the sonographer was CHRISTINE MARIE KULLE, NP.

6 80. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.  
7 ordered that the 76816 ultrasound be performed, for she later interpreted – or not – the study in  
8 total when rendering prenatal care to MONCIA, and she billed an insurance company for said  
9 exam.

10 81. In view of ANGELA MICHELLE POLLARD, M.D.’s billing for the  
11 aforementioned 76816 ultrasound examination performed at Defendant’s office, the OB/GYN  
12 should have reviewed the entire ultrasound examination – including static and dynamic imaging  
13 – in accordance with ACOG’s Practice Bulletin, and the applicable standard of care. Plaintiffs  
14 allege herein that ANGELA MICHELLE POLLARD, M.D. did not, and could not, have reviewed  
15 the 76816 ultrasound examination, for:

- 16 • RAELYSSA MUAAVA’s declares, in regard to records unable to be produced on  
17 April 22, 2024, that “no static / dynamic images available. We only print still  
18 imaging”;
- 19 • The ultrasound was performed by an unidentified, middle aged, Asian male – the  
20 technician; and
- 21 • The digitally scanned film-like note in MONICA’s medical records for this visit  
22 and study indicate the sonographer was CHRISTINE MARIE KULLE, NP.

23 82. Based on information and belief, ANGELA MICHELLE POLLARD, M.D. – in  
24 providing prenatal care on and after August 25, 2023 – could only have relied on the technician’s  
25 five still images from the lengthy 76816 ultrasound and the preliminary findings documented on  
26 a handwritten note authored by either the technician [an unidentified, middle aged, Asian male]  
27 and/or the sonographer CHRISTINE MARIE KULLE, NP.

1           83.     Based upon information and belief, the Defendants’ ultrasound equipment used in  
2 providing all prenatal care, more likely than not, was inadequate (and thus below the standard of  
3 care) for various reasons including, but not limited to, the ability to record static / dynamic images  
4 for the physician to use in providing prenatal care to detect fetal abnormalities (multiple  
5 congenital anomalies) at or after MONICA’s August 25, 2023, 76816 ultrasound examination.

6           84.     Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
7 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
8 MARIE KULLE, NP, individually and/or jointly or in concert together, submitted billing to  
9 MONICA’s health insurance provider for the August 25, 2023, 76816 ultrasound examination.

10          85.     Based upon information and belief, the aforementioned Defendants’ billing for the  
11 CPT code 76816 examination was and still is evidence of upcoding.

12          86.     Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
13 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
14 MARIE KULLE, NP violated California’s Insurance Frauds Prevention Act (“IFPA”), located  
15 under Section 1871.7 of the California *Insurance Code*.

16          87.     On **September 1, 2023**, MONICA (35 weeks 2 days gestation) presented for her  
17 **ninth obstetrical follow up** visit with Defendants wherein she saw CHRISTINE MARIE  
18 KULLE, NP. No ultrasonography was performed.

19          88.     On **September 13, 2023**, MONICA (37 weeks gestation) presented for her **tenth**  
20 **obstetrical follow up** visit with Defendants wherein she saw CHRISTINE MARIE KULLE, NP.  
21 No ultrasonography was performed.

22          89.     On **September 21, 2023**, MONICA (38 weeks gestation) presented for her  
23 **eleventh obstetrical follow up** visit with Defendants wherein she saw ANGELA MICHELLE  
24 POLLARD, M.D. No ultrasonography was performed, but ANGELA MICHELLE POLLARD,  
25 M.D. documented her billing for this visit as CPT code 99499 to report evaluation and  
26 management (E&M) services for which there is no specific code – for a routine prenatal visit but  
27 where the mother’s advanced maternal age and the baby’s breech position are noted.

1 90. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
2 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
3 MARIE KULLE, NP, individually and/or jointly or in concert together, submitted billing to  
4 MONICA’s health insurance provider for this September 21, 2023, prenatal visit. Said routine  
5 prenatal visit was intentionally upcoded with the intent to cheat MONICA’s health insurance  
6 provider out of its company’s funds.

7 91. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
8 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
9 MARIE KULLE, NP violated California’s Insurance Frauds Prevention Act (“IFPA”), located  
10 under Section 1871.7 of the California *Insurance Code*.

11 92. On **September 22, 2023**, MONICA underwent an outpatient procedure at El  
12 Camino Hospital – performed by ANGELA MICHELLE POLLARD, M.D. – where an external  
13 cephalic version (ECV is a method used to turn a breech baby to a head-down position during  
14 pregnancy) was performed and proved to be successful.

15 93. On **September 28, 2023**, MONICA (39 weeks 1 day gestation) presented for her  
16 **twelfth obstetrical follow up** visit with Defendants wherein she saw ANGELA MICHELLE  
17 POLLARD, M.D. No ultrasonography was performed, but ANGELA MICHELLE POLLARD,  
18 M.D. documented her billing for this visit as CPT code 99499 to report evaluation and  
19 management (E&M) services for which there is no specific code – for a routine prenatal visit but  
20 where the mother’s advanced maternal age is noted.

21 94. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
22 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
23 MARIE KULLE, NP, individually and/or jointly or in concert together, submitted billing to  
24 MONICA’s health insurance provider for this September 28, 2023, prenatal visit. Said routine  
25 prenatal visit was intentionally upcoded with the intent to cheat MONICA’s health insurance  
26 provider out of its company’s funds.

27 95. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
28 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE

1 MARIE KULLE, NP violated California’s Insurance Frauds Prevention Act (“IFPA”), located  
2 under Section 1871.7 of the California *Insurance Code*.

3 96. On **October 5, 2023**, the day before Baby ROCCO was born, MONICA (40 weeks  
4 1 day gestation) presented for her **thirteenth obstetrical follow up** visit with Defendants wherein  
5 she saw ANGELA MICHELLE POLLARD, M.D. A fifth ultrasound was done at this  
6 appointment, and the physician documents as part of her ultrasound findings:

7 The following anatomy is visualized and is within normal limits Calvarium,  
8 intracranial anatomy, cerebellum, choroid plexus, cisterna magna, right and left  
9 lateral ventricle, fetal profile, fetal face, fetal lips and nose, fetal orbits, stomach,  
10 diaphragm, right and left kidney bladder, spine, umbilical cord insertion, three-  
11 vessel cord, four-chamber view of the heart, right and left ventricular outflow  
12 tracts, diaphragm, liver, right arm and hand, left arm and hand, right leg and foot,  
13 left leg and foot, genitalia male.

14 97. Just one day before Baby ROCCO was born, ANGELA MICHELLE POLLARD,  
15 M.D. ordered, had performed, and conceivably read and interpreted – or not – a CPT Code 76815  
16 ultrasound examination (this ultrasound documents fetus number, fetal heart beat, and fetal  
17 position) for purposes of providing prenatal care to MONICA. Amniotic fluid volume and  
18 placental location were not assessed. Yet, neither ANGELA MICHELLE POLLARD, M.D., her  
19 technician [an unidentified, middle aged, Asian male] or the sonographer [CHRISTINE MARIE  
20 KULLE, NP] make any reference to the **multitude of congenital anomalies** evident at delivery  
21 the next day.

22 98. Based upon information and belief, the **October 5, 2023**, ultrasound performed  
23 by CHRISTINE MARIE KULLE, NP was a specialized ultrasound exam according to the  
24 uniform terminology of ACOG – specialized ultrasound exam is performed if a problem is  
25 suspected based on risk factors or other tests. For example, if there are signs that the fetus is not  
26 growing well, the fetus’s growth rate can be tracked throughout pregnancy with specialized  
27 ultrasound exams. Depending on what the suspected problem might be, specialized techniques  
28 may be used, such as Doppler ultrasonography and 3-D ultrasonography. There exist only 11 still  
images of this ultrasound. RAELYSSA MUAAVA executed a sworn declaration on April 22,  
2024, as custodian of records for ABOVE PARR WOMEN’S CENTER wherein he writes  
“[u]ltrasound images were printed directly from ultrasound machine & other images were printed

1 from patient’s file” when responding to the patient’s request for a complete set of medical records  
2 including, but not limited to, any and all digital copies of all antenatal UTZ pertaining to  
3 MONICA. RAELYSSA MUAAVA, in regard to records unable to be produced, writes in his  
4 declaration “no static / dynamic images available. We only print still imaging.”

5 99. ANGELA MICHELLE POLLARD, M.D. submitted billing for this **October 5, 2023**,  
6 specialized ultrasound, to MONICA’s health insurance carrier utilizing the CPT code 76815. Said  
7 specialized ultrasound billing code is more costly (for a legitimate reason) than the standard  
8 ultrasound and generates more revenue to ANGELA MICHELLE POLLARD, M.D. and her  
9 cohorts – owners or lessors of the medical device/equipment, technicians operating the medical  
10 device/equipment, NPs operating (sometimes interpreting examinations) the medical  
11 device/equipment and physicians operating or interpreting the examinations of the ultrasound  
12 equipment – in Defendants’ Los Gatos office. This ultrasound, as well as all others performed  
13 during MONICA’s prenatal care, was done in the clinic or offices of Defendants located at 700  
14 W. Parr Avenue, Suite 1, Los Gatos, California 95032. Based upon information and belief, the  
15 ultrasound technician for this specialized ultrasound, and possibly others, was an unidentified,  
16 middle aged, Asian male – regardless of the fact that the digitally scanned film-like note in the  
17 medical records for this study indicate the sonographer was CHRISTINE MARIE KULLE, NP.

18 100. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.  
19 ordered that the 76816 ultrasound be performed, for she later interpreted – or not – the study in  
20 total when rendering prenatal care to MONCIA, and she billed an insurance company for said  
21 exam.

22 101. In view of ANGELA MICHELLE POLLARD, M.D.’s billing for the  
23 aforementioned 76816 ultrasound examination performed at Defendant’s Los Gatos office, the  
24 OB/GYN should have reviewed the entire ultrasound examination – including static and dynamic  
25 imaging – in accordance with ACOG’s Practice Bulletin, and the applicable standard of care.  
26 Plaintiffs allege herein that ANGELA MICHELLE POLLARD, M.D. did not, and could not, have  
27 reviewed the 76816 ultrasound examination, for:



- 1 • RAELYSSA MUAAVA’s declares, in regard to records unable to be produced  
2 on April 22, 2024, that “no static / dynamic images available. We only print still  
3 imaging”;
- 4 • The ultrasound was performed by an unidentified, middle aged, Asian male – the  
5 technician; and
- 6 • The digitally scanned film-like note in MONICA’s medical records for this visit  
7 and study indicate the sonographer was CHRISTINE MARIE KULLE, NP.

8 102. Based on information and belief, ANGELA MICHELLE POLLARD, M.D. – in  
9 providing prenatal care on and after October 5, 2023 – could only have relied on the technician’s  
10 11 still images from the lengthy 76816 ultrasound and the preliminary findings documented on a  
11 handwritten note authored by either the technician [an unidentified, middle aged, Asian male]  
12 and/or the sonographer’s [CHRISTINE MARIE KULLE, NP].

13 103. Based upon information and belief, the Los Gatos Defendants’ ultrasound  
14 equipment used in providing all prenatal care, more likely than not, was inadequate (and thus  
15 below the standard of care) for various reasons including, but not limited to, the ability to record  
16 static / dynamic images for the physician to use in providing prenatal care to detect fetal  
17 abnormalities (multiple congenital anomalies) at or after MONICA’s October 5, 2023, 76816  
18 ultrasound examination.

19 104. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
20 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
21 MARIE KULLE, NP, individually and/or jointly or in concert together, submitted billing to  
22 MONICA’s health insurance provider for the October 5, 2023, 76816 ultrasound examination.

23 105. Based upon information and belief, the aforementioned Defendants’ billing for the  
24 CPT code 76816 examination was and still is evidence of upcoding.

25 106. Based upon information and belief, ANGELA MICHELLE POLLARD, M.D.,  
26 ANGELA M. POLLARD MD INC., ABOVE PARR WOMEN’S CENTER and/or CHRISTINE  
27 MARIE KULLE, NP violated California’s Insurance Frauds Prevention Act (“IFPA”), located  
28 under Section 1871.7 of the California *Insurance Code*. \



1           110. On the dates and times aforesaid – as alleged herein and concerning the prenatal  
2 care at issue in this matter – ANGELA MICHELLE POLLARD, M.D., in accordance with ACOG  
3 (and others as alleged hereinabove) and the applicable standard of care, must have reviewed all  
4 the ultrasound examinations in providing prenatal care to MONICA including, but not limited to,  
5 studying the images, interpreting the findings, and making appropriate recommendations. It is  
6 beyond the scope of a sonographer’s practice to interpret ultrasound studies.

7           111. Based upon information and belief, a physician who improperly bills for a  
8 diagnostic procedure not performed can face serious consequences such as criminal charges,  
9 disciplinary actions, and potential liability in a medical malpractice action. These consequences  
10 underscore the importance of adhering to ethical billing practices and maintaining the integrity of  
11 medical documentation. Plaintiffs’ allegations set forth hereinabove concerning Defendants who  
12 submitted false insurance claims using CPT codes for services not provided is at the heart of  
13 whether Defendants breached the applicable standard of care – that physicians exercise a  
14 reasonable degree of skill, knowledge, and care ordinarily possessed and exercised by members  
15 of the medical profession under similar circumstances. Billing for a procedure not performed  
16 (ultrasounds performed by unknown technician / NP and not properly studying, interpreting and  
17 making recommendations) could be seen as a breach of this standard, potentially leading to  
18 liability if it results in harm to the patient (or their unborn child).

19  
20           112. In a health care setting, *res ipsa loquitur* consists of three elements: (1) the  
21 accident or injury must be of a kind which ordinarily does not occur in the absence  
22 of someone's negligence; (2) it must be caused by an agency or instrumentality  
23 within the “exclusive” control of the defendant or group of defendants; and (3) the  
24 accident or injury must not have been due to any voluntary action or contribution  
25 on the part of the plaintiff. The three conditions or elements of *res ipsa loquitur*  
26 must concur to make the doctrine applicable. Public policy favors usage of the  
27 doctrine in health care cases. The latter principle comes from the fact of  
28 defendants' special responsibilities to their patients and patients near complete, if  
not slavish, dependence on the defendants who provided them services. Enforcement of such a policy, moreover, does little violence to defendants' rights, in light of the trust relationship they occupy, imposing on them the duty to explain how the injury occurred or at least to justify its occurrence on bases other than on their faulty delivery of care or treatment.

1 The application of *res ipsa loquitur* classically has followed some untoward  
2 medical event under circumstances. Such circumstances, therefore, fairly cast the  
burden of explanation on those who, as wakeful professionals having the helpless  
victim in their control, knew or should know what had taken place.

3 2 Cal. Med. Malprac. L. & Prac. § 13:21 (2017 ed.)

4 113. In medical malpractice, it's "common knowledge in some settings suffices,  
5 without expert testimony, to satisfy a reasonable mind that diagnosis or care went awry. . . . If the  
6 alleged negligence relates to matters or conduct which fall reasonably within the ken of the  
7 average layperson, the jury may determine the liability of the person charged without the aid of  
8 experts. See, 2 Cal. Med. Malprac. L. & Prac. § 13:21 (2017 ed.)

9 114. Plaintiffs' harm – Baby ROCCO being born with congenital anomalies and  
10 concerns for arthrogryposis multiplex congenita (AMC) – ordinarily would not have occurred  
11 unless someone was negligent. Plaintiffs' harm occurred while MONICA (and her unborn fetus)  
12 was (were) under the prenatal care and control of Defendants. MONICA's and her unborn son's  
13 voluntary actions did not cause or contribute to the event[s] that harmed Plaintiffs. In other words,  
14 the evidentiary rule of *res ipsa loquitur* applies here regarding both the wrongful life and wrongful  
15 birth causes of action set forth herein above and below:

16 (a) the accident or injury must be of a kind which ordinarily does not occur in the absence  
17 of someone's negligence – **a baby is not ordinarily born into this world, 23 years into the 21st**  
18 **Century, with congenital anomalies and concerns for arthrogryposis multiplex congenita**  
19 **(AMC);**

20 (b) it must be caused by an agency or instrumentality within the "exclusive" control of the  
21 defendant or group of defendants – **Defendants provided all prenatal care to MONICA**  
22 **including use of their own in-office ultrasound equipment for all ultrasound examinations**  
23 **performed during MONICA's prenatal care from March 1, 2023, through and including**  
24 **October 5, 2023; and**

25 (c) the accident or injury must not have been due to any voluntary action or contribution  
26 on the part of the plaintiff – the missed diagnosis of one or more congenital anomalies from at  
27 least May 5, 2023, was the result of ANGELA MICHELLE POLLARD, M.D.'s **breach of her**  
28 **duty to refer MONICA to a specialist (MFM), improper administration and use of the**

1 **ultrasound** (by the unidentified technician and CHRISTINE MARIE KULLE, NP), **improper**  
2 **studying and interpretation of the ultrasound** (by ANGELA MICHELLE POLLARD, M.D.)  
3 for she, individually, was responsible for interpreting each and every ultrasound performed in  
4 Defendants’ office. Plaintiffs allege herein that ANGELA MICHELLE POLLARD, M.D. was  
5 unable to interpret any ultrasonography studies wherein she was not present during the actual  
6 ultrasound examination, for RAELYSSA MUAAVA has already declared that “no static /  
7 dynamic images [are] available. We only print still imaging[.]” Given the missed diagnosis (any  
8 congenital anomalies and/or concerns for AMC), ANGELA MICHELLE POLLARD, M.D. was  
9 operating in the dark and completely unable to make appropriate recommendations to her patient.  
10 It is beyond the scope of a sonographer’s practice to interpret ultrasound studies.

11 115. In addition to the evidentiary rule of *res ipsa loquitor* which acts as a presumption  
12 affecting the burden of producing evidence, Plaintiffs allege herein that the rule as to shifting the  
13 burden of proof, as in *Haft v. Lone Palm Hotel*, 3 Cal.3d 756 (1970), applies to the case at hand  
14 where we are presented with **non-negligent plaintiffs** where there is a substantial probability that  
15 a defendant's negligence was a cause of an accident, and **when defendant's negligence makes it**  
16 **impossible, as a practical matter**, for the plaintiff to prove causation conclusively. *Smith v.*  
17 *Americania Motor Lodge*, 39 Cal.App.3d 1, 5 (1974).

18 116. Defendants should have had the ability to maintain and store MONICA’s medical  
19 record – in its entirety and including – all ultrasound examinations, including real time  
20 visualization of the fetus, and not just a few still printed images taken during the multiple  
21 examinations that consisted of real time visualization of the fetus at various points in time during  
22 the developing stages of life. Defendants have nothing other than what is referenced hereinabove.

23 117. Plaintiffs allege, based on information and belief, that Defendants never had the  
24 ability to record the real time visualization of the fetus, for their medical device (ultrasound  
25 machine) was archaic, out-of-service, in need of maintenance and/or just not adequate to provide  
26 competent prenatal care to the Bay Area in modern times.

27 118. In the alternative to the foregoing allegation, Plaintiffs allege, based upon  
28 information and belief, that Defendants, individually and/or in concert, destroyed the evidence

1 (real time visualization in the form of video, static and/or dynamic imaging) immediately after  
2 Baby ROCCO was born on October 6, 2023. When ANGELA MICHELLE POLLARD, M.D.  
3 delivered the baby –like others in the room – she was shocked by the baby delivered right before  
4 her eyes. **Unlike Defendants, Plaintiffs have videos that tell the story!** In view of the foregoing,  
5 Plaintiffs assert that the burden of proof has now shifted to Defendants for their own negligence  
6 makes it impossible – or not – as a practical matter, for Plaintiffs to prove causation conclusively.  
7 See, **Exhibit F**, April 17, 2024, communication from RAELYSSA MUAAVA to MONICA  
8 concerning the absence of video of ultrasounds.

9 119. On the dates and times aforesaid herein this entire Complaint, the Defendants, and  
10 each of them, failed to exercise the proper degree of knowledge and skill and so negligently,  
11 carelessly, recklessly, wantonly, and unlawfully treated, provided care, monitoring, examination,  
12 and other professional services in that, among other things, they failed to adequately and properly  
13 diagnose and treat MONICA from at least May 5, 2023 – if not before – through and including  
14 her son’s birth on October 6, 2023, and later.

15 120. Baby ROCCO claims that Defendants were negligent because they failed to inform  
16 MONICA of the risk that her unborn child would be born with any congenital or fetal anomaly  
17 let alone **multiple congenital abnormalities**. Defendants’ negligent or wrongful acts or  
18 omissions prevented ROCCO’s mother from terminating her pregnancy, resulting in the birth of  
19 ROCCO with severe disabilities and defects. But for Defendants’ negligence, ROCCO would  
20 not have been born to experience the pain and suffering attributable to the disabilities.

21 121. ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
22 ABOVE PARR WOMEN’S CENTER, POLLARD WELLNESS, INC. and CHRISTINE MARIE  
23 KULLE, NP negligently failed to refer to a specialist as alleged hereinabove and negligently  
24 failed to diagnose any fetal anomaly including, but not limited to, multiple congenital  
25 abnormalities and arthrogryposis multiplex congenita (AMC), during the May 5, 2023, targeted  
26 ultrasound examination or at any other ultrasound examination thereafter.

27 122. Baby ROCCO was born with a disability – arthrogryposis multiplex congenita  
28 (AMC) and quadriplegic cerebral palsy.



1 abnormalities and arthrogryposis multiplex congenita, during the May 5, 2023, targeted  
2 ultrasound examination as well as ultrasound examinations thereafter.

3 129. Baby ROCCO was born with a disability – arthrogryposis multiplex congenita  
4 (AMC) and quadriplegic cerebral palsy.

5 130. Had MONICA received **any information whatsoever** that her unborn son had  
6 any sort of fetal anomaly as early as May 5, 2023 [18 weeks, 2 days gestational age], or as soon  
7 thereafter when given adequate information and advice from a board-certified OB/GYN  
8 (obstetrician gynecologist) and/or an MFM, to make an informed decision, she would not have  
9 carried her unborn son to term.

10 131. Defendants’ negligence was a substantial factor in causing MONICA and  
11 RICHARD to have to pay extraordinary expenses to care for Baby ROCCO.

12 132. As a direct and proximate result of the negligence, carelessness, recklessness,  
13 wantonness, and unlawfulness of Defendants, and each of them, and the resulting incident, as  
14 aforesaid, and based upon information and belief, Baby ROCCO, was born with severe  
15 disfigurement and disability to his person, all to MONICA’s and RICHARD’s damage in a sum  
16 within the jurisdiction of this Court and to be shown according to proof.

17 133. By reason of the foregoing, MONICA and RICHARD have been required to  
18 employ the services of hospitals, physicians, surgeons, nurses and other professional services, and  
19 they has been compelled to incur extraordinary expenses (medical care and training) necessary to  
20 care for and treat Baby ROCCO’s arthrogryposis multiplex congenita (AMC) and quadriplegic  
21 cerebral palsy. MONICA and RICHARD are informed and believe, and thereon allege, that  
22 further services of said nature will be required by Baby ROCCO in an amount to be shown  
23 according to proof.

24 **THIRD CAUSE OF ACTION**

25 (Intentional Tort – Medical Battery – Conditional Consent – MONICA)

26 134. MONICA realleges and incorporates by reference the allegations in paragraphs 1  
27 through 133 hereinabove as if again set forth in full.



1 135. MONICA consented to a medical procedure (continued prenatal care including  
2 labor and delivery), but only on the condition that her CPT code 76811 targeted and specialized  
3 ultrasound examination performed on May 5, 2023, did not reveal any known or suspected fetal  
4 anomaly, anatomic anomaly, genetic abnormality or increased risk for fetal abnormality and/or  
5 other things that would cause an OB/GYN to order such an ultrasound examination without  
6 referral to a specialist – MFM. See, **Exhibit D** Report of 5/5/2023 Ultrasound from UCSF  
7 MyChart and **Exhibit E**, excerpt from the After Visit Summary handed to MONICA following  
8 this appointment.

9 136. Defendants proceeded to provide MONICA with prenatal care and without the  
10 foregoing condition having occurred.

11 137. Defendants intended to perform the procedure – continued prenatal care including  
12 labor and delivery – with knowledge that the condition had not occurred.

13 138. MONICA was harmed as set forth hereinabove.

14 139. Defendants’ conduct was a substantial factor in causing MONICA’s harm as set  
15 forth hereinabove.

#### 16 **FOURTH CAUSE OF ACTION**

17 (Fraud – Intentional Misrepresentation – MONICA)

18 140. MONICA realleges and incorporates by reference the allegations in paragraphs 1  
19 through 139 hereinabove as if again set forth in full.

20 141. MONICA alleges that ANGELA MICHELLE POLLARD, M.D., ANGELA M.  
21 POLLARD MD INC., ABOVE PARR WOMEN’S CENTER, POLLARD WELLNESS, INC.  
22 and CHRISTINE MARIE KULLE, NP made a false representation to MONICA that harmed her.

23 142. ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
24 ABOVE PARR WOMEN’S CENTER, POLLARD WELLNESS, INC. and CHRISTINE MARIE  
25 KULLE, NP represented to MONICA that a fact was true – that her CPT code 76811 targeted and  
26 specialized ultrasound examination performed on May 5, 2023, revealed anatomy that was  
27 “visualized and within normal limits Calvarium, intracranial anatomy, cerebellum, choroid plexus,  
28 cisterna magna, right and left lateral ventricle, fetal profile, fetal face, fetal lips and nose, fetal

1 orbits, stomach, diaphragm, right and left kidney, bladder, spine, umbilical cord insertion, three-  
2 vessel cord, four-chamber view of the heart, right and left ventricular outflow tracts, diaphragm,  
3 liver, right arm and hand, left arm and hand, right leg and foot, left leg and foot, genitalia male[.]”

4 143. ANGELA MICHELLE POLLARD, M.D.’s, ANGELA M. POLLARD MD  
5 INC.’s, ABOVE PARR WOMEN’S CENTER’S, POLLARD WELLNESS, INC.’s and  
6 CHRISTINE MARIE KULLE, NP’s representation was false.

7 144. ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
8 ABOVE PARR WOMEN’S CENTER, POLLARD WELLNESS, INC. and CHRISTINE MARIE  
9 KULLE, NP made the representations recklessly and without regard for the truth of the matter.

10 145. ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
11 ABOVE PARR WOMEN’S CENTER, POLLARD WELLNESS, INC. and CHRISTINE MARIE  
12 KULLE, NP intended that MONICA rely on their representation.

13 146. MONICA reasonably relied on ANGELA MICHELLE POLLARD, M.D.’s,  
14 ANGELA M. POLLARD MD INC.’s, ABOVE PARR WOMEN’S CENTER’S, POLLARD  
15 WELLNESS, INC.’s and CHRISTINE MARIE KULLE, NP’s representation.

16 147. MONICA was harmed.

17 148. MONICA’s reliance on ANGELA MICHELLE POLLARD, M.D.’s, ANGELA  
18 M. POLLARD MD INC.’s, ABOVE PARR WOMEN’S CENTER’S, POLLARD WELLNESS,  
19 INC.’s and CHRISTINE MARIE KULLE, NP’s representation was a substantial factor in causing  
20 her harm.

21 **FIFTH CAUSE OF ACTION**

22 (Breach of Fiduciary Duty – MONICA)

23 149. MONICA realleges and incorporates by reference the allegations in paragraphs 1  
24 through 148 hereinabove as if again set forth in full.

25 150. A physician, registered nurse practitioner and the physician’s practice groups owe  
26 what is known as a fiduciary duty to their patients. A fiduciary duty imposes on physicians,  
27 registered nurse practitioners and physician practice groups, as licensed healthcare providers, a  
28 duty to act with the utmost good faith in the best interests of their patient.

1 151. MONICA alleges that she was harmed by ANGELA MICHELLE POLLARD,  
2 M.D.'s, ANGELA M. POLLARD MD INC.'s, ABOVE PARR WOMEN'S CENTER's,  
3 POLLARD WELLNESS, INC.'s and CHRISTINE MARIE KULLE, NP's breach of the fiduciary  
4 duty to use reasonable care.

5 152. ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
6 ABOVE PARR WOMEN'S CENTER, POLLARD WELLNESS, INC. and CHRISTINE MARIE  
7 KULLE, NP were MONICA's prenatal healthcare providers.

8 153. ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
9 ABOVE PARR WOMEN'S CENTER, POLLARD WELLNESS, INC. and CHRISTINE MARIE  
10 KULLE, NP acted on MONICA's behalf for purposes of providing prenatal care.

11 154. ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
12 ABOVE PARR WOMEN'S CENTER, POLLARD WELLNESS, INC. and CHRISTINE MARIE  
13 KULLE, NP failed to act as reasonably careful licensed healthcare providers would have acted  
14 under the same or similar circumstances.

15 155. MONICA was harmed.

16 156. ANGELA MICHELLE POLLARD, M.D.'s, ANGELA M. POLLARD MD  
17 INC.'s, ABOVE PARR WOMEN'S CENTER's, POLLARD WELLNESS, INC.'s and  
18 CHRISTINE MARIE KULLE, NP's conduct was a substantial factor in causing MONICA's  
19 harm.

20 **SIXTH CAUSE OF ACTION**

21 (Negligence Per Se – Plaintiffs)

22 157. Plaintiffs reallege and incorporate by reference the allegations in paragraphs 1  
23 through 156 hereinabove as if again set forth in full.

24 158. ANGELA MICHELLE POLLARD, M.D., ANGELA M. POLLARD MD INC.,  
25 ABOVE PARR WOMEN'S CENTER, POLLARD WELLNESS, INC. and CHRISTINE MARIE  
26 KULLE, NP violated California's IFPA at California *Insurance Code* §1871.7, California *Health*  
27 *& Safety Code* §§123100 and 123110 and based on information and belief, other state and federal  
28 laws.



1 RICHARD are informed and believe, and thereon allege, that further services of said nature will  
2 be required for Baby ROCCO in an amount to be proven at trial.

3 D. All other general/noneconomic and special/economic damages to which Plaintiffs are  
4 entitled in sums according to proof.

5 E. For interest provided by law including, but not limited to, California *Civil Code* Sec.  
6 3291.

7 F. Costs of suit and for such other and further relief as the Court deems proper.

8  
9 Dated: July 15, 2024

HABERKORN & ASSOCIATES

10  
11 

12 \_\_\_\_\_  
13 Matthew H. Haberkorn, Esq.  
14 Attorney for Plaintiffs ROCCO RAMOS, by  
15 and through his Guardian ad Litem, MONICA  
16 RAMOS; MONICA RAMOS, Individually, and  
17 RICHARD RAMOS, Individually  
18  
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28

# **EXHIBIT A**







# **EXHIBIT B**

# 700 W. Parr Directory

## First Floor

El Camino Health

Suite  
A

Mauro Ruffy, MD

Paul Huang, MD

Sheila Savur, MD

Yazeed Gussous, MD

Saigeetha Sundaramurthy, MD

Sophie Bliss, PA

Silicon Valley ENT & Sinus Center

Suite  
B

Philip T. Ho, MD, FACS

William Hamilton Chiropractic, Inc.

Suite  
B

Mindy Acupuncture

Suite  
B

Applied Orthotics and Prosthetics

Michael Dodd, Co, BOCPO

Araceli Batuhan, C Ped, Certified Orthotic Fitter

Suite  
D

Jeffrey T. Holmes, MD, JD, MBA

Orthopedic Surgery

Premier Physicians Management, Co, LLC

Suite  
E

Rahimi Dental Group

Suite  
J

Mamal R. Rahimi, DDS

## Second Floor

Medi Weightloss Clinics

Suite  
I

Angela Pollard, MD

Betty Peters, NP

Angela Pollard, MD

Suite  
I

Christine Kulle NP

El Camino Health - ASPIRE

Suite  
K

Family and Cosmetic Dentistry

Steven Guekguezian, DDS

Suite  
M

**SUITE I**

⠠⠠⠠⠠⠠⠠

**Angela Pollard, MD**

Christine Kulle, NP

**Medi Weightloss Clinics**

Angela Pollard, MD

Betty Peters, NP

A Partner of:



**UCSF Benioff Children's**  
Physicians

# **EXHIBIT C**

Name: Monica Ramos | DOB: 3/18/1986 | MRN: 85793985 | PCP: Name Unknown Provider | Legal Name: Monica Ramos

## US OB TRANSVAGINAL

### Results

UCSF Medical Center

UCSF Benioff Children's Hospital

**Angela Pollard MD**

408-343-8539

MRN: 85793985  
Patient Name: Ramos, Monica  
Date of Birth: 3/18/1986

Requesting Physician: Christine Marie Kulle  
Accession Number: 10022957084  
Exam Date:

Exam(s): US OB TRANSVAGINAL (CLINIC PERFORMED)  
Exam Status: Final

Initial OB ultrasound performed by Christine Kulle NP-C, CNM

Single intrauterine pregnancy at 8w5d

CRL-2.10 cm

FHR present-171 bpm

FM-present

YS present

EDD 10/06/2023

IMPRESSION:

Indication for sonogram: Pregnancy dating/viability

Transvaginal ultrasound performed in clinic on 3/1/2023

Intrauterine pregnancy noted: 8w5d week fetus with cardiac motion. Fundal location. Yolk sac present. [Fetal dating by Hadlock criteria.]

Cervix: Normal

Adnexa: no abnormalities noted. No free fluid

Impression: Viable, singleton IUP visualized with size consistent with dates by LMP.

# **EXHIBIT D**

Name: Monica Ramos | DOB: 3/18/1986 | MRN: 85793985 | PCP: Name Unknown Provider | Legal Name: Monica Ramos

**A Note to Patients:** Symptoms are concisely summarized to inform treatment recommendations. For reasons of privacy and brevity, this note does not attempt to capture all experiences that were discussed.

## Progress Notes

Angela Pollard at 5/5/2023 2:30 PM

---

18w2d here for ultrasound  
No complaints

**OB ULTRASOUND 5/5/23** see report and photos

SIUP, breech PRESENTATION  
PLACENTA grade 1, anterior no previa  
Adequate amniotic fluid level  
Active FM and tone  
FHR 155 bpm

EFW 238 g c/w 18w2d and EDC 10/4/23 50%ile

No adnexal or uterine masses  
Cervical length 4.2 cm

The following **anatomy** is **visualized** and is **within normal limits**  
Calvarium, intracranial anatomy, cerebellum, choroid plexus, cisterna magna, right and left lateral ventricle, fetal profile, fetal face, fetal lips and nose, fetal orbits, stomach, diaphragm, right and left kidney, bladder, spine, umbilical cord insertion, three-vessel cord, four-chamber view of the heart, right and left ventricular outflow tracts, diaphragm, liver, right arm and hand, left arm and hand, right leg and foot, left leg and foot, genitalia male

- 1. AMA (advanced maternal age) multigravida 35+, second trimester**      **Ultrasound OB 2nd trimester level two (Clinic Performed)**
- 2. Suspected fetal anomaly not found**      **Ultrasound OB 2nd trimester level two (Clinic Performed)**
- 3. 18 weeks gestation of pregnancy**

Patient is at risk for chromosomal anomalies for maternal age > 34 yo. We reviewed at length the various modalities for detecting aneuploidy. Techniques discussed include amniocentesis, chorionic villi sampling, Cell free DNA/NIPT noninvasive prenatal



testing, level 2 ultrasound, NT nuchal translucency scan, and the California Screening Test for birth defects (both 1st and 2nd TM screens). Benefits and limitations were discussed at length. Obstetrix referrals for additional evaluation was also reviewed. We will offer fetal monitoring with NST at 32 weeks.

Advanced maternal age is an independent risk factor for stillbirth, even after accounting for maternal medical history (ie HTN, DM, obesity). The relative risk of stillbirth is increased with increasing maternal age. Stillbirth risk is most notable after about 37 weeks of gestation, and the risk also increases sharply at 40 weeks of gestation, which suggests that older women are "postterm" sooner.

# **EXHIBIT E**

## Appointment Details

AMB Complete AVS Notes

Some of this information might have changed since your visit. This is what your chart included on the day of your visit.



### AFTER VISIT SUMMARY

**Monica Ramos** DoB: 3/18/1986 **5/5/2023 2:30 PM** Angela Pollard MD 408-343-8539

#### Instructions

**Read the attached information**  
Fetal Ultrasound: Second-Trimester (English)

**Return in about 4 weeks**  
(around 6/2/2023).

#### Today's Visit

You were seen on Friday May 5, 2023. The following issues were addressed:

- AMA (advanced maternal age) multigravida 35+, second trimester
- **Suspected fetal anomaly not found**
- 18 weeks gestation of pregnancy

#### What's Next

<p><b>MAY 19 2023</b></p>	<p><b>PRENATAL with Angela Michelle Pollard, MD</b> Friday May 19 3:00 PM</p>	<p><b>Angela Pollard MD</b> 700 W PARR AVE STE I Los Gatos CA 95032-1416 408-343-8539</p>
<p><b>JUN 16 2023</b></p>	<p><b>PRENATAL with Angela Michelle Pollard, MD</b> Friday June 16 3:30 PM</p>	<p><b>Angela Pollard MD</b> 700 W PARR AVE STE I Los Gatos CA 95032-1416 408-343-8539</p>
<p><b>JUL 14 2023</b></p>	<p><b>PRENATAL with Angela Michelle Pollard, MD</b> Friday July 14 3:00 PM</p>	<p><b>Angela Pollard MD</b> 700 W PARR AVE STE I Los Gatos CA 95032-1416 408-343-8539</p>

#### Facts About Your Prenatal Visit (All Dating Information Is Approximate)

Due Date	How Far Along Am I?	Pregnancy Weight Gain
10/4/2023	<b>18 weeks 2 days</b>	13 lb (5.9 kg)

#### OB Vitals

Your Vital Signs

# **EXHIBIT F**



Menu



Visits



Messages



Test Results



Medications



M Monica ▾

← Conversation List

## Patient information - Monica Ramos 3/18/86

Bookmark

Move to trash

### Participants




Angela Pollard




Raelysa M

All messages have been loaded.

You   
Apr 17 at 6:34 AM

Please share my medical records from the beginning of time to the present and please include a CD containing all ultrasound studies performed on me and my unborn child including, but not limited to, still images and video. This is being requested for the continued care of me and my baby. Thank you!

You   
Apr 17 at 6:35 AM

Email to [Monicacbernardo@gmail.com](mailto:Monicacbernardo@gmail.com) or home address 1705 Lexington St. Santa Clara, Ca 95050



Raelysa M  
Apr 17 at 10:10 AM

Hello Monica,  
Yes we can send over your medical records from initial prenatal visit, postpartum + ultrasounds  
**The ultrasound machine does not record**, we only have still images would you like for me to send all of those ?  
I would just need you to sign a release of health information form, could I email this to you ?

Showing 3 of 3

Reply

You cannot reply to this conversation. It is too old to be replied to.