

FACILITY INFORMATION

Facility Name: NATALIE BEKETOVA

National Provider Identifier(NPI): 1992142947

Address: 26213 VEVA WAY

City/State/Zip Code: Calabasas, CA 91302

Business Telephone Number: 8184564746

Reason for Visit: Observational Site Visit

1. AUTHORIZED REPRESENTATIVE OR INTERVIEWEE

Name of Authorized Representative(s) or Interviewee(s) 1

NATALIE BEKETOVA- ADMINISTRATOR

Name of Authorized Representative(s) or Interviewee(s) 2

Name of Authorized Representative(s) or Interviewee(s) 3

Name of Authorized Representative(s) or Interviewee(s) 4

2. VISIT DATES

Date of First Visit

11/27/2023



Time of First Visit

02:30 PM

Date of Second Visit



Time of Second Visit

3. FACILITY INSPECTION**A. PERFORMANCE STANDARD #3**

Performance standard #3 requires IDTFs to maintain a physical facility on an appropriate site.
(Photograph Required)

Office Suite-Mall

- ☐ Yes
☒ No

Private Residence

- ☒ Yes
☐ No

Other

- ☐ Yes
☒ No

1. Is the ITDF located on an appropriate site?

- ☒ Yes
☐ No

2. Is the IDTF handicap accessible?

- ☐ Yes
☒ No

3. Were there patients in the facility during the inspection?

- ☐ Yes
☒ No

4. If this IDTF is at a fixed location, does the facility contain adequate space for testing, including all tests listed on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and storage of business and medical records?

- ☐ Yes
☐ No
☒ N/A

Office Suite-Office Building

- ☐ Yes
☒ No

Warehouse

- ☐ Yes
☒ No

If "Other", Please Describe

If "No", Please Describe

If "No", Please Describe

The provider is a mobile provider of IDTF services. Patients are seen at their private residence.

If "No", Please Describe

The provider is a mobile provider of IDTF services. Patients are seen at their private residence.

If "No", Please Describe

5. If this IDTF is a mobile facility, does the mobile unit have access to facilities for hand washing, adequate patient privacy accommodations, and a home office location for the storage of business and medical records?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

B. PERFORMANCE STANDARD #4

Performance standard #4 requires IDTFs to have all applicable diagnostic testing equipment available at the physical site (excluding portable diagnostic testing equipment).

1. Does the IDTF maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial/registration numbers, at the physical site?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

2. Did the IDTF make the portable equipment or mobile unit(s) available for inspection?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

3. Does the IDTF maintain a current inventory of diagnostic equipment, including diagnostic testing equipment serial/registration numbers?

- ☒ Yes
- ☐ No

If "No", Please Describe

4. Has the IDTF provided updates to the MACs regarding equipment changes in accordance with existing regulation?

- ☒ Yes
- ☐ No

If "No", Please Describe

C. PERFORMANCE STANDARD #5

Performance standard #5 requires IDTFs to maintain a primary business phone under the name of the business.

1. Is the business telephone located at the IDTF or within the home office for the mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

2. Is the business telephone number listed in local telephone directory or is it available through directory assistance?

- ☒ Yes
☐ No

If "No", Please Describe

D. PERFORMANCE STANDARD #6

Performance standard #6 requires IDTFs to have comprehensive liability insurance in the amount \$300,000 per facility.

1. Did the IDTF provide proof of insurance upon request?

- ☒ Yes
☐ No

If "No", Please Describe

E. PERFORMANCE STANDARD #7

Performance standard #7 states that IDTFs must agree not to directly solicit patients; this includes, but is not limited to, a prohibition on telephone, computer, or in-person contacts.

How does the IDTF solicit new business?

Describe:

They receive referrals from doctors.

F. PERFORMANCE STANDARD #8

Performance standard #8 requires IDTFs to maintain a protocol regarding beneficiaries' complaints.

1. Does the supplier have a written complaint resolution procedure established?

- ☒ Yes
☐ No

If "No", Please Describe

G. PERFORMANCE STANDARD #9

Performance standard #9 requires IDTFs to post these standards for beneficiary review.

1. Has the IDTF posted the standards found at 42 CFR § 410.33 in the IDTF or home office for a mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

H. PERFORMANCE STANDARD #11

Performance standard #11 requires IDTFs to have their diagnostic equipment calibrated and maintained per manufacturer's equipment instructions and in compliance with applicable manufacturer's suggested maintenance and calibration standards.

1. Does the IDTF have proof that diagnostic equipment has been calibrated and maintained per equipment instructions in accordance with manufacturer's instructions?

- ☒ Yes
☐ No

If "No", Please Describe

2. Did the IDTF provide a copy of the maintenance log upon request?

- ☒ Yes
☐ No

If "No", Please Describe

I. PERFORMANCE STANDARD #12

Performance standard #12 requires IDTFs to have technical staff on duty with the appropriate credentials to perform the tests.

1. Can the IDTF furnish the applicable Federal/State licenses and/or certifications for the individuals performing these services?

- ☒ Yes
☐ No

If "No", Please Describe

2. Can technical staff identify the supervising physician(s)?

- ☒ Yes
☐ No

If "Yes", list name(s) of supervising physician(s) that was provided by the technician.

If "No", Please Describe

Notes

Harris Newmark- Supervising Supervisor.

3. Is the supervising physicians(s) on site?

- ☒ Yes
☐ No

If "No", Please Describe

4. Did the IDTF provide a written list of the technician(s) that will be furnishing services at this IDTF upon request?

- ☒ Yes
☐ No

If "No", Please Describe

5. Did the IDTF provide a written list of the supervising physician(s) that will be supervising services at this IDTF upon request?

- ☒ Yes
☐ No

If "No", Please Describe

J. PERFORMANCE STANDARD #13

Performance standard #13 requires IDTFs to have proper medical record storage and be able to retrieve medical records upon request within 2 business days.

1. Can the IDTF retrieve medical records within 2 business days

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the IDTF have proper medical records storage?

- ☒ Yes
☐ No

If "No", Please Describe

3. How are the records stored?

On-site

- ☒ Yes
☐ No

Electronically

- ☐ Yes
☒ No

Storage Facility

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

If "Other", Please Describe

K. PERFORMANCE STANDARD #14

Performance standard #14 requires IDTFs to permit CMS or its Contractors to conduct unannounced on-site inspections to confirm the IDTF's compliance.

1. Is the IDTF accessible during regular business hours?

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the facility maintain posted hours of operation?

- ☒ Yes
☐ No

If "Yes", list hours of operation below:

Monday - Time Open

9:00 AM

Monday - Time Close

5:00 PM

Monday - Appointment Needed

No

Tuesday - Time Open

9:00 AM

Tuesday - Time Close

6:00 PM

Tuesday - Appointment Needed

No

Wednesday - Time Open

9:00 AM

Wednesday - Time Close

5:00 PM

Wednesday - Appointment Needed

No

Thursday - Time Open

9:00 AM

Thursday - Time Close

2:00 PM

Thursday - Appointment Needed

No

Friday - Time Open

9:00 AM

Friday - Time Close

5:00

Friday - Appointment Needed

No

Saturday - Time Open

9:00 AM

Saturday - Time Close

2:00 Pm

Saturday - Appointment Needed

Yes

Sunday - Time Open

Closed

Sunday - Time Close

Closed

Sunday - Appointment Needed

No

If "No", Please Describe

L. PERFORMANCE STANDARD #15

Performance standard #15 states that with the exception of hospital-based and mobile IDTFs, a fixed-base IDTF is prohibited from the following:

Sharing a practice location with another Medicare-enrolled individual or organization;

Leasing or subleasing its operations or its practice location to another Medicare-enrolled individual or organization; or

Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization.

1. Does the IDTF share its practice location?

☐ Yes

☒ No

If "Yes", Please Describe

2. Does the IDTF share diagnostic equipment?

☐ Yes

☒ No

If "Yes", Please Describe

3. Does the IDTF lease or sublease its operation or its practice?

☐ Yes

☒ No

If "Yes", Please Describe

4. ADDITIONAL QUESTIONS FOR INSPECTOR

A. Was the inspector able to complete the site visit?

☒ Yes

☐ No

If "No", Please Describe

Additional Comments

11/27/2023 9:00 AM 818-456-4746
I called and spoke with the Receptionist and confirmed the office will be open today. The provider is a mobile provider of IDTF services. No photos of accommodations required. There is no business sign allowed by the Homeowner Association. All photos taken have been reviewed for clarity and accuracy.

C. Beyond what is disclosed in this site visit worksheet, was there any evidence obtained during the site visit that could indicate that the supplier is not in compliance with the provisions in 42 CFR 410.33?

☐ Yes

☒ No

If "Yes", Please Describe

D. Photographs Required

Photograph exterior of building (including business sign & hours of operation if possible)



Latitude: 34.1595502
Longitude: -118.6977468
Date: 11/27/2023 02:05 PM PST

Photograph interior facility entrance if located within a multiple tenant building (business signs & hours of operation, if possible)



Latitude: 34.1595502
Longitude: -118.6977468
Date: 11/27/2023 02:05 PM PST

E. Inspector's Information and Signature

I prepared this document, which is the report of my inspection of the noted facility pursuant to their enrollment in the Medicare program. This report is a true and accurate account of the events that occurred and transpired on the date(s) reported herein that this site visit was performed. I am capable and willing to testify as a witness at a hearing about the content of this report. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty or perjury that this information is true and correct to the best of my knowledge and belief.

Executed on

11/27/2023



Signature of Declarant



Printed Name

Jerome Banks

Organization

Deloitte

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1029. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)
PERFORMANCE STANDARDS**

Below is a list of the performance standards that an IDTF must meet in order to obtain or maintain their Medicare billing privileges. These standards, in their entirety, can be found in 42 C.F.R. section 410.33(g).

1. Operate its business in compliance with all applicable Federal and State licensure and regulatory requirements for the health and safety of patients.
2. Provide complete and accurate information on its enrollment application. Changes in ownership, changes of location, changes in general supervision, and adverse legal actions must be reported to the Medicare fee-for-service contractor on the Medicare enrollment application within 30 calendar days of the change. All other changes to the enrollment application must be reported within 90 calendar days.
3. Maintain a physical facility on an appropriate site. For the purposes of this standard, a post office box, commercial mail box, hotel or motel is not considered an appropriate site.
 - (i) The physical facility, including mobile units, must contain space for equipment appropriate to the services designated on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and the storage of both business records and current medical records within the office setting of the IDTF, or IDTF home office, not within the actual mobile unit.
 - (ii) IDTF suppliers that provide services remotely and do not see beneficiaries at their practice location are exempt from providing hand washing and adequate patient privacy accommodations.
4. Have all applicable diagnostic testing equipment available at the physical site excluding portable diagnostic testing equipment. A catalog of portable diagnostic equipment, including diagnostic testing equipment serial numbers, must be maintained at the physical site. In addition, portable diagnostic testing equipment must be available for inspection within two business days of a CMS inspection request. The IDTF must maintain a current inventory of the diagnostic testing equipment, including serial and registration numbers, provide this information to the designated fee-for-service contractor upon request, and notify the contractor of any changes in equipment within 90 days.
5. Maintain a primary business phone under the name of the designated business. The primary business phone must be located at the designated site of the business, or within the home office of the mobile IDTF unit. The telephone number or toll free numbers must be available in a local directory and through directory assistance.
6. Have a comprehensive liability insurance policy of at least \$300,000 per location that covers both the place of business and all customers and employees of the IDTF. The policy must be carried by a non-relative owned company. Failure to maintain required insurance at all times

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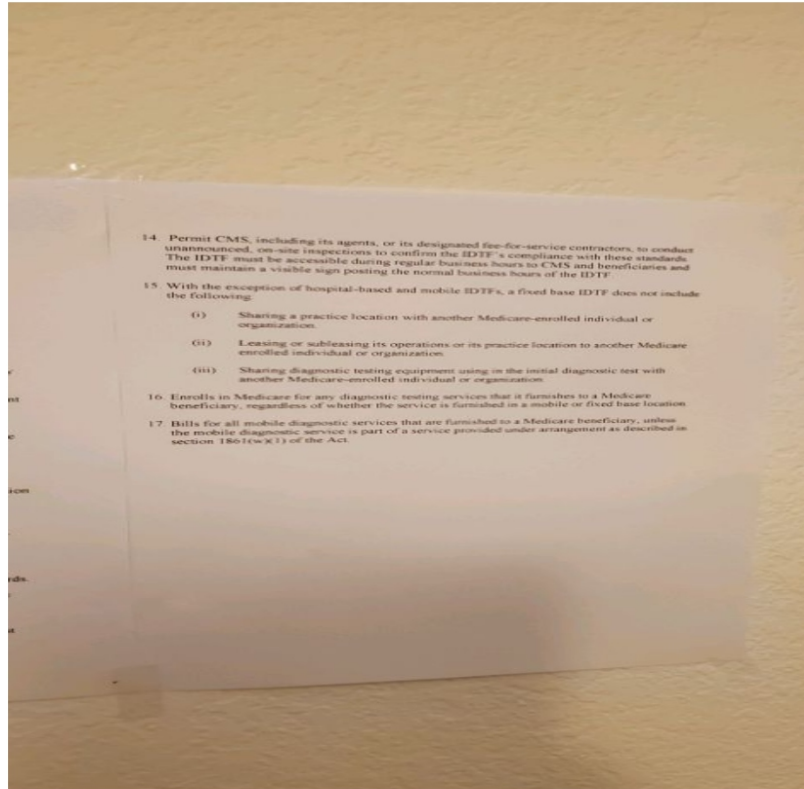
42 CFR

will result in revocation of the IDTF's billing privileges retroactive to the date the insurance lapsed. IDTF suppliers are responsible for providing the contact information for the issuing insurance agent and the underwriter. In addition, the IDTF must –

- (i) Ensure that the insurance policy must remain in force at all times and provide coverage of at least \$300,000 per incident, and
 - (ii) Notify the CMS designated contractor in writing of any policy changes or cancellations.
7. Agree not to directly solicit patients, which include, but is not limited to, a prohibition on telephone, computer, or in-person contacts. The IDTF must accept only those patients referred for diagnostic testing by an attending physician, who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Nonphysician practitioners may order tests as set forth in §410.32(a)(3).
8. Answer, document, and maintain documentation of a beneficiary's written clinical complaint at the physical site of the IDTF (For mobile IDTFs, this documentation would be stored at their home office.) This includes, but is not limited to, the following:
 - (i) The name, address, telephone number, and health insurance claim number of the beneficiary.
 - (ii) The date the complaint was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.
 - (iii) If an investigation was not conducted, the name of the person making the decision and the reason for the decision.
9. Openly post these standards for review by patients and the public.
10. Disclose to the government any person having ownership, financial, or control interest or any other legal interest in the supplier at the time of enrollment or within 30 days of a change.
11. Have its testing equipment calibrated and maintained per equipment instructions and in compliance with applicable manufacturers suggested maintenance and calibration standards.
12. Have technical staff on duty with the appropriate credentials to perform tests. The IDTF must be able to produce the applicable Federal or State licenses or certifications of the individuals performing these services.
13. Have proper medical record storage and be able to retrieve medical records upon request from CMS or its fee-for-service contractor within 2 business days.

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42 CFR



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Date: 11/27/2023 02:36 PM PST

42 CFR



Latitude: 34.1595502
Longitude: -118.6977468
Date: 11/27/2023 02:05 PM PST

Address



Latitude: 34.1597287
Longitude: -118.6979639
Date: 11/27/2023 02:35 PM PST

Business Records Storage

Alamo Medical
7540 DENMORE AVE
Van Nuys, CA 91411
JENNIFER GARCIA, R.T. (S) & DIAGNOSTIC
NANCY GARCIA, R.T. (S) & DIAGNOSTIC

SAFETY PERFORMANCE Inspection Report

Item	Model #	Location #
GE MEDICAL SYSTEMS ULTRASOUND	118780506	MOBILE
GE MEDICAL SYSTEMS TRANSDUCER BL-RS	122515PD6	MOBILE
GE MEDICAL SYSTEMS TRANSDUCER IS-RS	211331WX4	MOBILE

Items/Procedures
Electrical Outlet condition... voltage test/ohmic
Electrical Outlet condition... polarity tested
Electrical Outlet condition... cracked or damaged
Electrical Outlet condition... cracked or damaged
Check Leakage Current Test... ground patient area
Leakage Current Test... ground patient area
Battery Test... check condition and operation
Check All LEAD POSITIONS
Sweep Speed @... 10mm/sec and 100mm/sec
Chassis and Housing... general condition
Fuses/Circuit Breakers... ratings ok
Indicators and Displays... check condition and operation
Controls and Switches... check condition and operation
Alarms High/Low... check condition and operation
Lamps... check condition and operation
Quality of Trace... check condition and operation
Paper Speed... check condition and operation
Rate Accuracy @... 60bpm Bolus/pump 1.0bpm
Mounts and Fasteners... check condition and operation
Fittings and Connections... check condition and operation
Cooling Fan... check air flow
Clean Dust from Filter
Perform Output Test
Attach Dated and Initialed PM Tag

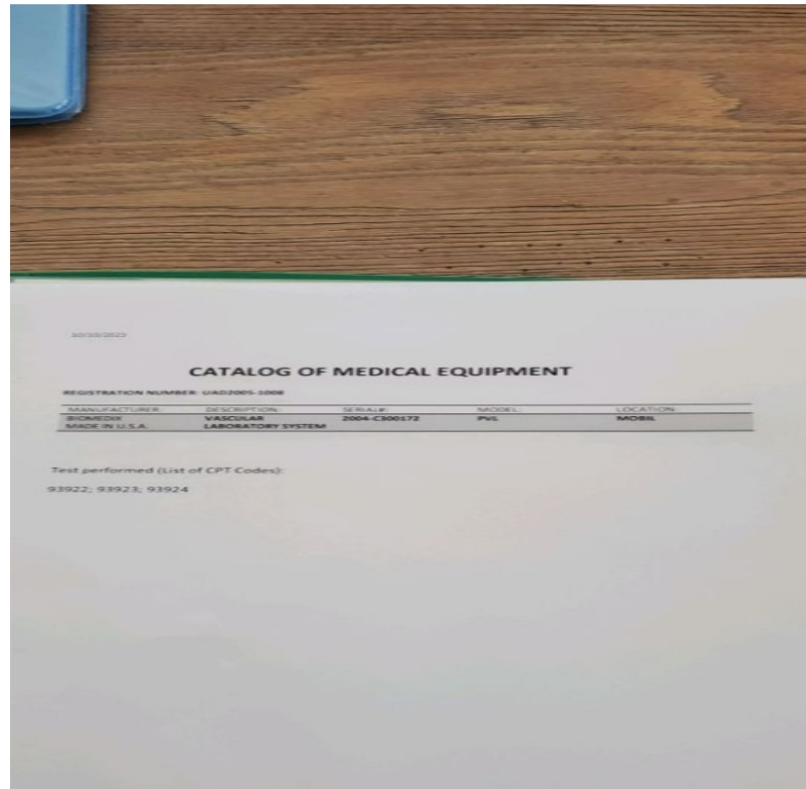
Result
PASS

Comments

Alamo Express Medical
Date of Service 11/27/23
Next Due Date 11/27/24
Inspected By #7070

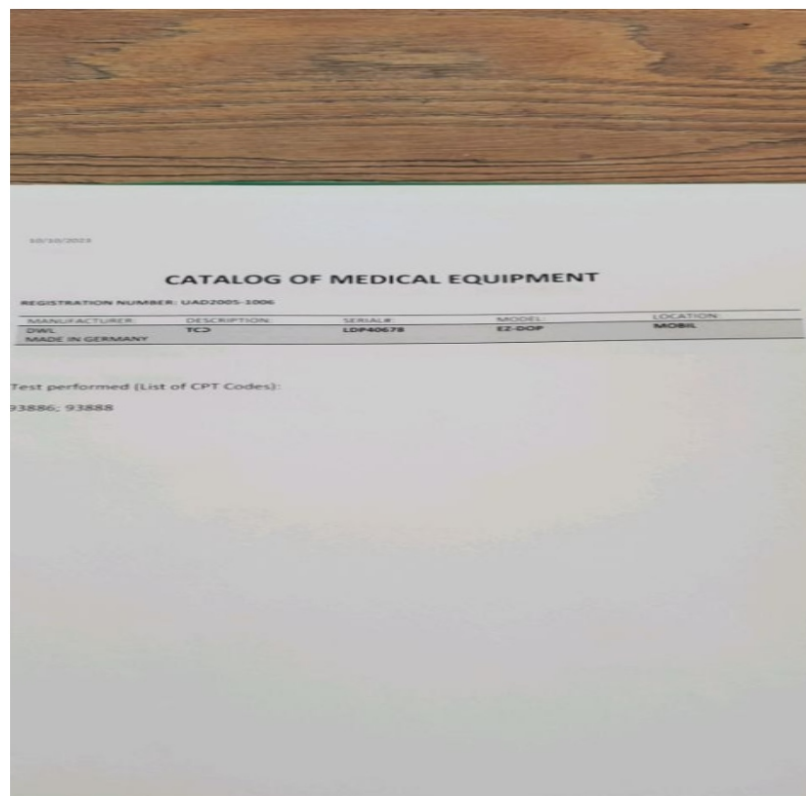
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Date: 11/27/2023 02:28 PM PST

Calibration Log



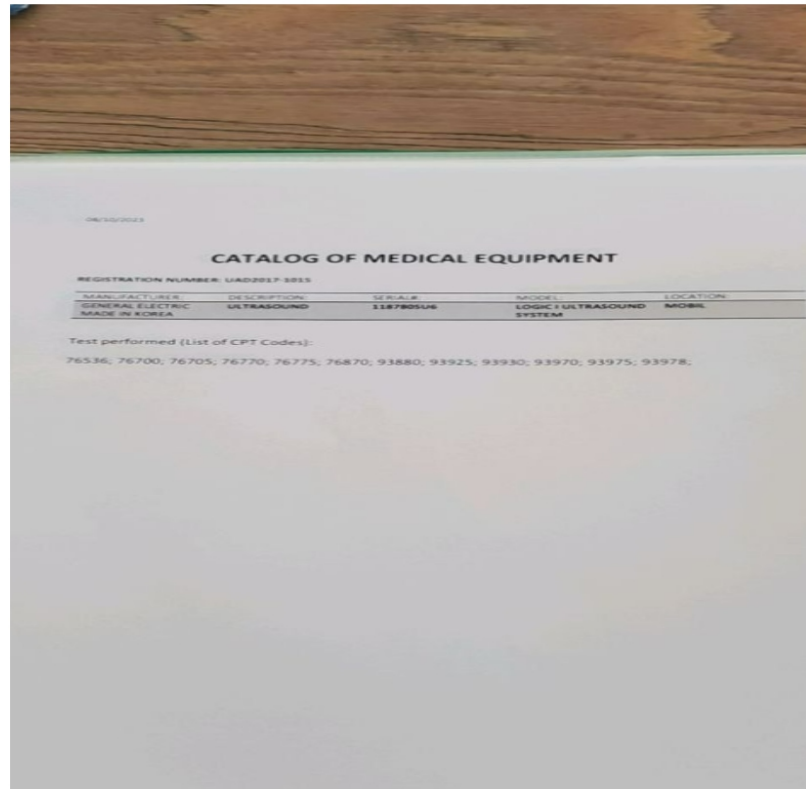
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Catalog of Portable Equipment - Bio-Medix PVL



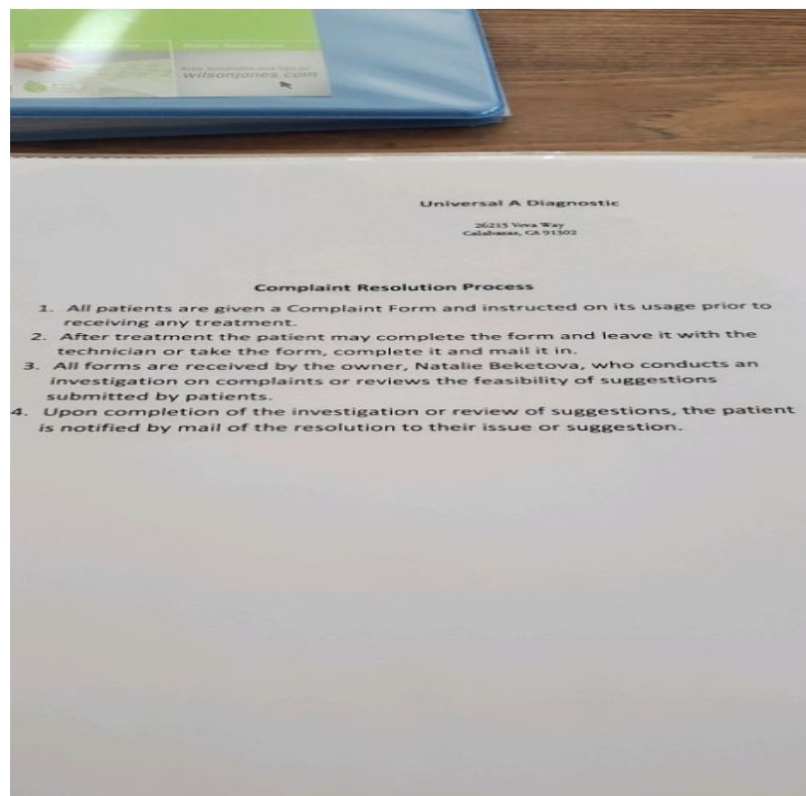
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Catalog of Portable Equipment - EZ-DOP



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Date: 11/27/2023 02:38 PM PST

Catalog of Portable Equipment - Ultrasound



Latitude: 34.1596956
Longitude: -118.6977874
Date: 11/27/2023 02:32 PM PST

Complaint Forms

PATIENT COMPLAINT FORM

DATE OF COMPLAINT		MEDICAL RECORD NUMBER	
PATIENT'S FIRST NAME	MI	LAST NAME	GENDER ☐ MALE ☐ FEMALE
PERMANENT STREET ADDRESS		CITY	STATE ZIP CODE
HOME TELEPHONE #	CELL TELEPHONE #	DATE OF BIRTH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
PRIMARY INSURANCE COMPANY	INSURANCE ID #	INSURANCE GROUP #	
SECONDARY INSURANCE COMPANY	INSURANCE ID #	INSURANCE GROUP #	
TERTIARY INSURANCE COMPANY	INSURANCE ID #	INSURANCE GROUP #	

REASON OF YOUR COMPLAINT:
Please check the boxes below which best describe the nature of your comment; provide details on the next page.

Compliment:

- ☐ Quality of Medical Care
- ☐ Staff Assistance / Support
- ☐ Caring & Compassionate
- ☐ Other

Complaint:

- ☐ Outstanding Customer Service
- ☐ Superior Facilities
- ☐ Timely Problem / Issue Resolution
- ☐ Friendly & Courteous Staff
- ☐ Substandard Care (e.g., misdiagnosis, negligent treatment, delay in treatment, improper referral, etc.)
- ☐ Unprofessional Conduct (e.g., breach of privacy or confidence, record alteration, provider impairment, etc.)
- ☐ Office Practice (e.g., inattentive, rude or abusive behavior; failure to adequately address patient needs, etc.)
- ☐ Substandard Facilities or Equipment (e.g., cleanliness concerns; cluttered; equipment inoperative, etc.)
- ☐ Scheduling or Appointment Issues (e.g., difficulty scheduling; not timely; no same-day available, etc.)
- ☐ Prescribing Issues (e.g., medication / dispensing errors; over / under prescribing; failure to respond, etc.)
- ☐ Other:

Name(s) of Staff About Whom You Are Commenting (regardless of whether it is a compliment or a complaint):

ive Comments (please be as clear and concise as possible; use extra pages if necessary):

Latitude: 34.1596956
Longitude: -118.6977874
Date: 11/27/2023 02:31 PM PST

Complaint Policy

Technician Name: **Aleksandar Beketau**
Technician Credentials: Licensed by ARDMS since 2004

1. RDMS (AB) exp. 12/31/2024
2. RVT (VT) exp. 12/31/2024

Test performed (List of CPT Codes):
76700, 76705, 76770, 76775, 76870, 93880, 93922, 93923, 93924, 93925,
93930, 93970, 93975, 93978, 93886, 93888

ARDMS
To verify status scan QR code or visit [ARDMS.org/VerifyStatus](https://www.ardms.org/VerifyStatus)

ARDMS HAS AWARDED CREDENTIALS TO
ALEKSANDAR BEKETAU
CREDENTIALS
RDMS(AB) RVT(VT)

ID # 81560 REGISTERED SINCE 2004 EXPIRES ON 12/31/2024

Latitude: 34.1597175
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Date: 11/27/2023 02:20 PM PST

Credentials - Aleksandar Beketau

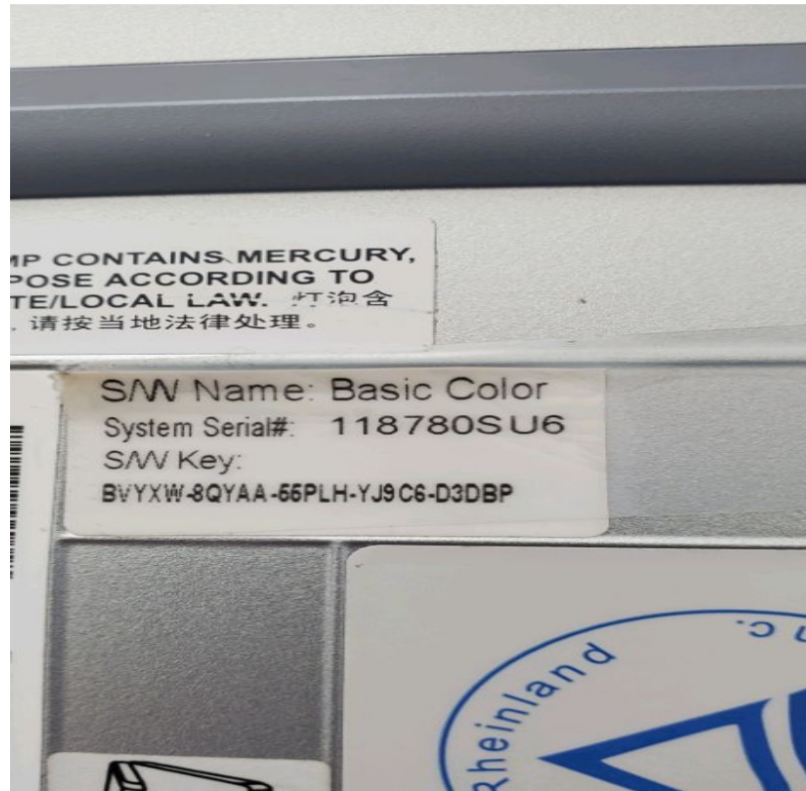


Credentials - Harris Newmark



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Equipment 01 - Photo



Latitude: 34.1595502
Longitude: -118.6977468
Date: 11/27/2023 02:08 PM PST

Equipment 01 - Serial Number



Latitude: 34.1595502
Longitude: -118.6977468
Date: 11/27/2023 02:09 PM PST

Equipment 02 - Photo



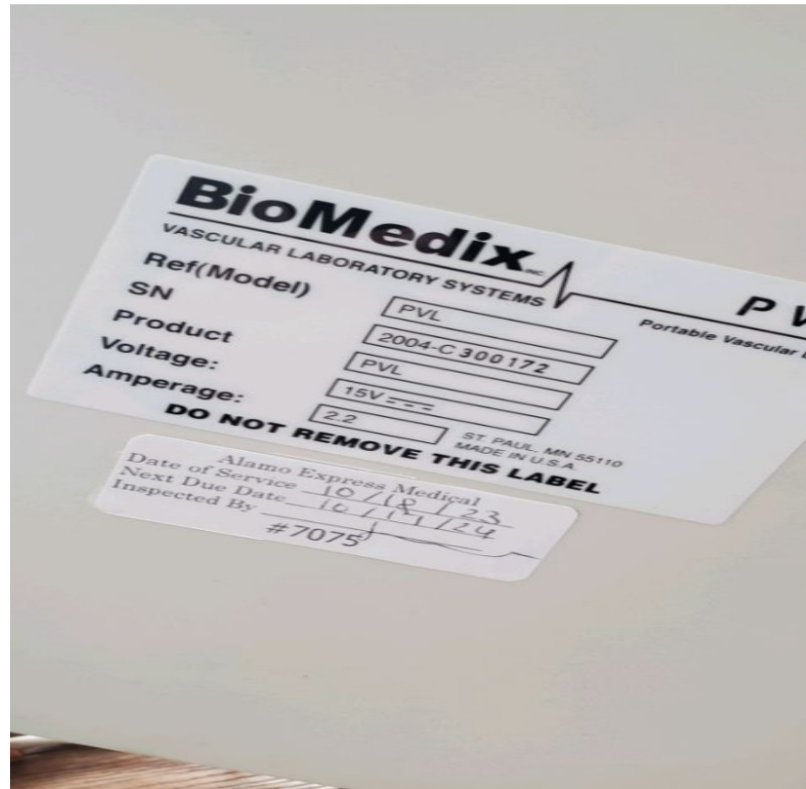
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Equipment 02 - Serial Number



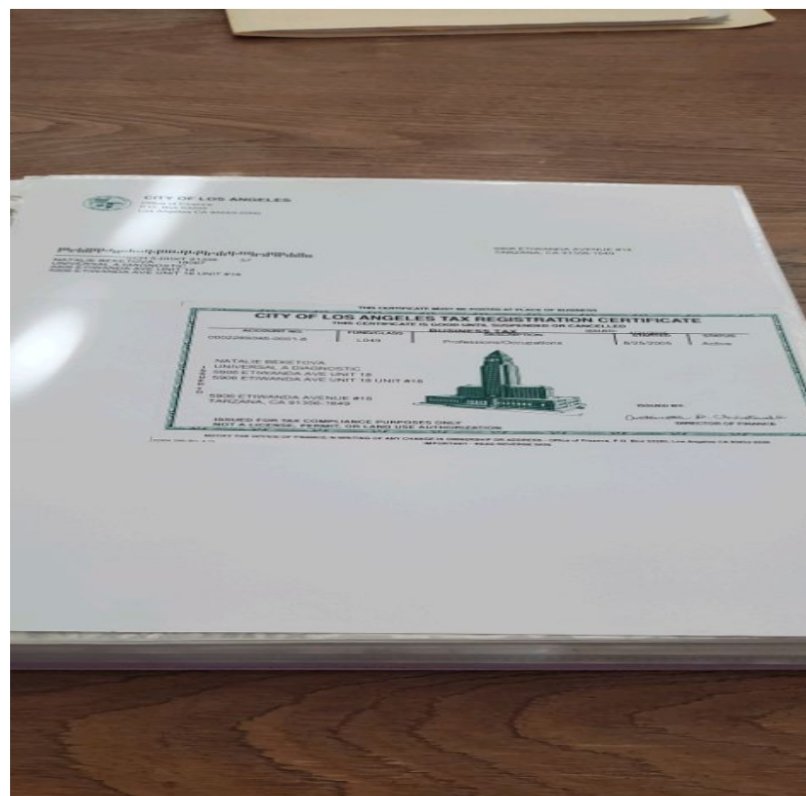
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Equipment 03 - Photo



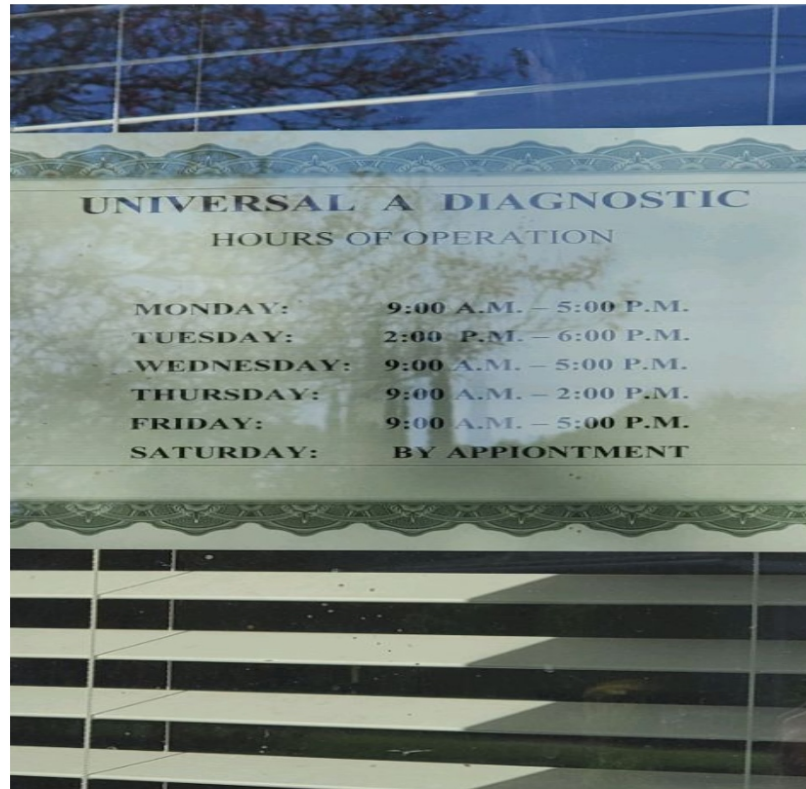
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Date: 11/27/2023 02:11 PM PST

Equipment 03 - Serial Number



Latitude: 34.1597175
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Date: 11/27/2023 02:25 PM PST

Federal/State Licenses



Latitude: 34.1597175
Longitude: -118.6978139
Date: 11/27/2023 02:14 PM PST

Hours of Operation

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. CL 1837787F Effective Date: 10/1/2023
12:01 STANDARD TIME

LIMITS OF INSURANCE		
Each Occurrence Limit		\$1,000,000
Medical & Advertising Injury Limit (Any One Person/Organization)		\$1,000,000
Medical Expense (Any One Person)		\$5,000
Damage To Premises Rented To You (Any One Premises)		\$100,000
Products/Completed Operations Aggregate Limit		Included
General Aggregate Limit		\$2,000,000
LIABILITY EXCEPTIBLE		\$0

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location	Address	City	State	Zip
1	28213 Vista Way	Calabasas	CA	91302

PREMIUM COMPUTATION

Code	Classification	Code No.	Premium Basis	P/Cs	Rate	At Other	Advance Premium	At Other
1	Advertising Service	81224	\$25 Per \$1,000 Total Rev	Included	100.044	100.000	\$500	\$500

MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:
(This Premium may be subject to adjustment.) **\$500 MP**

TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:
\$500 MP

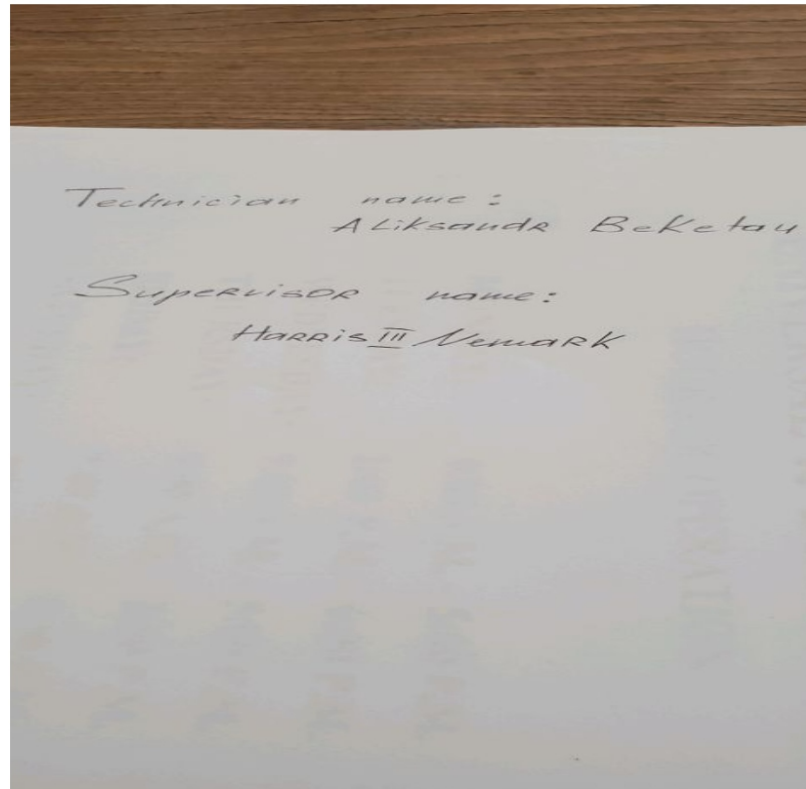
Average Form(s) (P/C's) and Endorsement(s) made a part of the policy at time of issue.
See Form EDD 101/93.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.
Includes copyrighted material of ISO Commercial Risk Services, Inc., with its permission.
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50 (10/03)

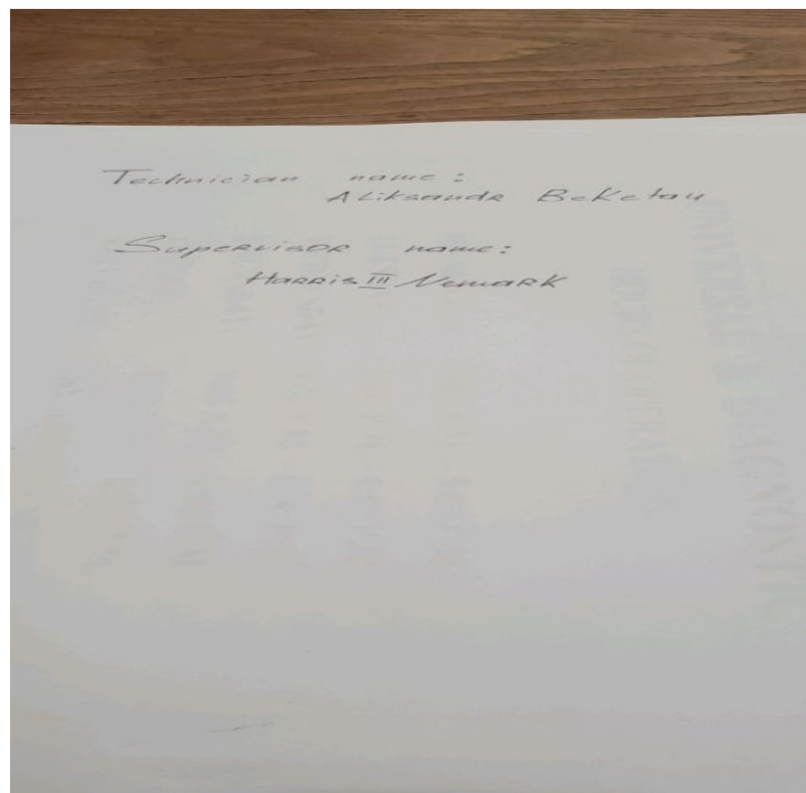
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Liability Insurance



Latitude: 34.1597175
Longitude: -118.6978139
Date: 11/27/2023 02:22 PM PST

Supervising Physician List



Latitude: 34.1597175
Longitude: -118.6978139
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Supervising Physician List

Technician name:
Alikandre Beketau

Supervisor name:
Harris III Nemark

Latitude: 34.1597175
Longitude: -118.6978139
Date: 11/27/2023 02:22 PM PST

Technician list

Technician name:
Alikandre Beketau

Supervisor name:
Harris III Nemark

Latitude: 34.1597175
Longitude: -118.6978139
Date: 11/27/2023 02:23 PM PST

Technician List