

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
OFFICE OF THE ADMINISTRATIVE DIRECTOR  
1515 Clay Street, Suite 1700  
Oakland, CA 94612  
Tel: (510) 286-7100; Fax: (510) 286-0687



May 11, 2022

Frank D. Gilman  
2001 4<sup>th</sup> Avenue  
San Diego, CA 92101

### **NOTICE OF PROVIDER SUSPENSION – WORKERS' COMPENSATION**

Dear Mr. Gilman:

The Administrative Director of the Division of Workers' Compensation (DWC) is required by Labor Code sections 139.21(a)(1)(B) and 139.21(a)(1)(C) to suspend you from participation in the California workers' compensation system for one or more of the following reasons: you have been suspended, due to fraud or abuse, from participation in the federal Medicare or Medicaid programs or the Medi-Cal program described in Labor Code section 139.21(a)(1)(B) and/or because your license, certification, or approval to provide healthcare services has been surrendered or revoked as described in Labor Code section 139.21(a)(1)(C). Enclosed are copies of the documents relied upon by the Administrative Director as the basis for taking this action.

Your suspension will start 30 calendar days after the date of mailing of this notice, unless you submit a written request for a hearing, which will stay the suspension pending the outcome of the hearing. Your request must be made within 10 calendar days of the date of mailing of this notice. If you do not request a hearing within the 10-day time limit, you will be suspended from participation in the California workers' compensation system pursuant to California Code of Regulations, title 8, section 9788.2(b).

Your request for a hearing must contain:

- Your current mailing address;
- The legal and factual reasons as to why you do not believe Labor Code section 139.21(a)(1) is applicable to you; and
- Your original signature or the original signature of your legal representative.

The scope of the hearing is limited to whether or not Labor Code section 139.21(a)(1) is applicable to you. The Administrative Director is required to suspend you unless you provide proof in the hearing that Labor Code section 139.21(a)(1) does not apply.

Your original request for a hearing and one copy of the request must be filed with the Administrative Director. Additionally, you must also serve one copy of the request for a

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hearing on the DIR Anti-Fraud Unit. The addresses for the Administrative Director and the Anti-Fraud Unit are:

Hearing Request  
Administrative Director  
Division of Workers' Compensation  
1515 Clay Street, Suite 1700  
Oakland, CA 94612

and

Hearing Request  
Department of Industrial Relations  
Office of the Director – Anti-Fraud Unit  
1515 Clay Street, Suite 701  
Oakland, CA 94612

The original and all copies of the request for hearing must have a proof of service attached. A sample proof of service, containing all necessary elements, can be found on the DWC website at <https://www.dir.ca.gov/dwc/forms.html>, under the category "Court Forms," and then "Proof of Service." The Administrative Director is required to hold your hearing within 30 days of the receipt of your written request. The hearing will be conducted by a hearing officer appointed by the Administrative Director. You will be notified shortly after the receipt of your request of the date and time of the hearing.

For more information about the suspension procedure, please refer to Provider Suspension Regulations, California Code of Regulations, title 8, sections 9788.1 - 9788.4, which can be found on the DWC website at <http://www.dir.ca.gov/dwc/DWCPropRegs/Provider-Suspension-Procedure/Clean-Version/Text-of-Regulations.doc>.

Sincerely,

/S/ George Parisotto

George Parisotto  
Administrative Director  
Division of Workers' Compensation

Encls:

- Decision and Order. *In the Matter of the Accusation Against: Frank D. Gilman, M.D.* California Medical Board, Department of Consumer Affairs Case No. 800-2016-022170, dated 4/12/2019. Stipulated Surrender of License effective 4/3/2019
- Declaration of Willa Morton In Support of Notice of Provider Suspension
- Proof of Service