

Explanation: An earlier version of this letter was faxed by the Hill Physicians Medical Group on April 14, 2026 to the Siraj K. Ahmed Pulmonary Disease practice. The sender was Toya [sic] Richardson and the receiver was “Mari” [sic] who identified herself as a Medical Assistant. The writer is Robert Kiraly aka Patient, a patient of the practice.

This document ends with a list of 7 questions. Some of the questions are medically significant. The Siraj K. Ahmed practice told Blue Shield repeatedly that it was aware of the questions and that it planned to answer them. On or about April 23, 2026, the practice reversed itself and told Blue Shield that it refused to answer the questions and that Patient should go, for the answers, to a sleep center that the practice had itself essentially accused of malpractice and whose only role had been to administer a test.

On or about April 27, 2026, the Siraj K. Ahmed practice went a step further. The practice seems to have falsely claimed to Hill Physicians Medical Group that it was entitled to refuse to answer the questions because Patient had, the practice claimed, left a “threatening” voicemail message. The timeline as documented by Blue Shield as well as this document demonstrates that the attempt by the practice to rewrite the history of this matter is facetious.

The term “threatening” is intended to convey the impression that an inappropriate or even illegal statement has been made. In fact, Patient has never left a voicemail message for the Siraj K. Ahmed practice that has been remotely inappropriate. Subsequent to the false statement by the practice, a defamation action is under consideration, but that is beyond the scope of this document.

One of the questions listed has to do with a required medical device that patient waited for a response on from April 09, 2026 to April 27, 2026. That is 18 days. The delay of 18 days is unequivocal malpractice.

Patient asserts that the Siraj K. Ahmed practice is not in compliance with the standards required to be eligible to be listed with Hill Physicians Medical Group and/or Blue Shield. He requests that the practice be delisted at both levels.

Timeline and story:

On March 31, 2026, Patient met with N.P. [Nurse Practitioner] Smitha Balachandran in Dr. Ahmed’s Modesto office. The N.P. provided sleep test results, which included Interruptions Per Hour of [IIRC] 116 and nadir blood oxygenation of 68%. The 68% figure was said to be an urgent issue calling for prompt treatment.

N.P. said that she’d try to have authorization for oxygen in place by end of her day. N.P. also asked an M.A. in the office, in front of Patient, to try to find a place for Patient to go to obtain oxygen. N.P. and Patient agreed that a CPAP order, though also a priority, could wait briefly. Patient was instructed to phone the office the next day [April Fool’s Day 2026] about these issues.

On April Fool’s Day 2026, Patient phoned the Siraj K. Ahmed practice. Nobody knew anything about the M.A. and the supposed oxygen vendor research. Nobody seemed to know anything, either, about Rx and/or DME orders related to a CPAP or oxygen.

On or circa April 02, 2026, Patient believes that he spoke with “Letty”, the office manager for the

practice. “Letty”, if that is who it was, stated that a separate company, Pacific Sleep Disorders Center, had not met its obligations and that this was holding things up.

On April 03, 2026, Patient was able to pick up DME, the equipment required, in Milpitas, CA. The manager of the DME office stated that Patient was, quote, “amazing” in terms of his ability to understand the equipment. However, Patient found, that night, that he was unable to get the equipment to work.

As of April 06, 2026, Patient still didn’t have a fully functioning DME setup. By this point, he had questions for the practice, including **medical questions not limited to DME issues**. The Siraj K. Ahmed practice confirmed to an HMO Care Navigator that it was receiving Patient’s questions and promised to deliver answers plus a full CPAP Rx that Patient had been promised repeatedly. Note: We’ll come back to the CPAP Rx issue in the List of Questions.

Circa the same day, Patient believes that he spoke directly with “Letty”. This is unconfirmed. It may not have been “Letty”. Patient offered sympathy related to a “family emergency” on “Letty’s” side that was said to be complicating things.

Circa the same day, or the next day, the practice provided Patient with a copy of a DME order, not an Rx at all, that proved to be useless. Patient was out in the hot sun trying to purchase a working CPAP mask out of his own pocket. He persuaded the practice to “fax” an Rx to a medical vendor. Note: Patient had been referred to the vendor by his HMO. Patient spent \$90 out of his own pocket to purchase a new mask. It didn’t work. The vendor invalidated whatever had been “faxed” and so Patient was back to square one on that.

On April 08, 2026, Patient was told by the property owner where Patient was staying, “You might die. Get out.”

There is a point to mentioning this. “Letty” has had a “family emergency”. O.K. **1.** Patient learned of his closest friend’s death circa his appointment with N.P. Smitha Balachandran. **2.** N.P. told Patient that he had a potentially fatal condition. **3.** And Patient is spending his days now looking for a place to live. The point is, things happen to everybody. The Siraj K. Ahmed medical practice needs to find a way to get basics done regardless.

On April 09, 2026, Patient returned an oxygen concentrator to the DME vendor, specifically, to the head of the vendor’s Modesto office. That manager showed Patient two alternative models. Patient **waited 18 days** to hear if either model would work and could be approved. **The delay is malpractice in and of itself even before the rest of April 2026 is taken into account.**

During this period, the Siraj K. Ahmed practice seems to have approved a second CPAP order at random. To be fair, exactly what happened hasn’t been confirmed. However, the second CPAP wasn’t needed or requested. It seems to have been ordered based on the fact that Patient had stated that questions were not being read. Instead of the questions being read, somebody said, “O.K. have another CPAP.”

As of April 23, 2026, Patient was three weeks into a medical situation that was supposedly likely to cause organ damage and basic questions [which the office acknowledged receiving] were not being answered, a DME approval that had been needed had been ignored for two weeks, and even something as simple as an Rx that has been promised repeatedly has not been provided. These issues would not usually be handled by the office manager, except for the Rx, and N.P. Smitha Balachandran said on March 31, 2026 that she could do that.

The practice eventually stated to HPMG that nobody but “Letty” could open her email. Note that Patient had spoken repeatedly with the practice by phone, the practice had been aware that questions had been sent, had acknowledged receiving the questions, and had promised to respond to them regardless of any alleged password issue.

On the same date, April 23, 2026, the Siraj K. Ahmed practice stated, as noted on page 1 above, that it would not answer the questions despite the assurances for weeks that it would do so. Four days later, on April 27, 2026, the practice alleged a non-existent “threatening” voicemail in an attempt to erase everything that had happened.

Patient is not likely to rate Siraj K. Ahmed highly. He is insistent, regardless, that the misconduct that has occurred be reviewed.

Seven Questions and Issues:

Q1. The practice’s position on the cause of Patient’s nadir blood oxygenation number of 68% isn’t clear. Is it the practice’s position that the number related to sleep apnea and that CPAP will address it? Or is it believed to be pulmonary disease? If it is pulmonary disease, what is the next step to diagnose?

Q2. How actually serious, or not serious, is the 68% number taking into account that it’s a nadir number and not an average number?

Q3. The 68% number is said to potentially cause “rapid organ damage”. What can be done to determine if such damage has occurred in Patient’s case? **Patient trusts that Siraj Ahmed understands this question is of interest.**

Q4. On April 09, 2026, Patient returned some DME, including an oxygen concentrator, to the manager of the DME vendor’s Modesto office. The reasons for the return will be explained if this is requested. The manager explained that his company offers three types of oxygen concentrator units:

(a) A small unit that does only Breathe on Demand mode.

(b) A mid-size unit that does both Breathe on Demand and Continuous Flow modes.

(c) A large unit that also does both Breathe on Demand and Continuous Flow. This is the type that Patient returned on April 09, 2026.

Would options (a), (b), or both (a) and (b) work in Patient’s case?

Q5. Patient is supposed to be on CPAP setting 20. For what it’s worth, the DME vendor set the CPAP to an auto-pressure range of about 4 to 20. It appears that the mask which Patient was given can't do the maximum of 20. If that is the case, would Patient get most of the benefit at, for example, a maximum of 16 or 18, or would too much benefit be lost?

Q6. As a related question, is auto-pressure of 4 to 20 [or other maximum number] acceptable or does it need to be a fixed number?

Q7. Patient requested, from Day One, and was promised most recently on March 31, 2026, not counting

the “fax” to a medical vendor, a long-term CPAP Rx similar to the old one that Patient has provided to the practice. [Smitha Balachandran has reviewed it.]

Patient has not waived the promised Rx by accepting DME in Milpitas, CA [and some of that DME has been returned].

The purpose of the Rx is in part, but only in part, to permit Patient to purchase masks and other CPAP-related DME where he wishes. [Note that HMO approval isn’t an issue if Patient does self-pay.] It is also, in the event that Patient acquires a new CPAP per se, to ensure that he is not locked into Apria or a similar vendor in the future.

Patient notes that multiple people in leadership at the current DME vendor are in agreement with his position on Apria.

In practice, a new CPAP shouldn’t be needed in the next few years, and some vendors will only accept a recent Rx. The Rx was discussed and promised, regardless, and one of the promises came not from front desk staff [who may not be permitted to make such promises] but from the N.P. [who **certainly can** make such promises].

Patient would like to see the promised Rx. It should state that mask form factor is up to the patient, that pressure setting is ideally 20 [or auto-pressure with a specified maximum], and that term is a number of years [though vendors may not honor that].

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